



Telephone Visits: Definitions, Coding, and Documentation

CP3 Toolkit: Expanding Access

The information below, adapted from San Mateo Medical Center, details the components that a telephone visit must include and offers guidance regarding coding and documentation.

1. In order to meet the definition of a “Telephone Visit,” the visit must be with an established patient. It also must meet *one or more* of the following requirements:

- Involves medical decision making and/or care coordination that necessitates the involvement of a Provider, Nurse, or PharmD, such as changes in treatment plans and medications
- Serves as a substitute for in-person clinic visits
- Involves refills of medications that would have otherwise necessitated a clinic or emergency room visit
- Serves as a follow-up to a previous in-person clinic visit
- Involves counseling, patient education, informed consent (e.g., for ordered diagnostic and laboratory tests) and motivational interviewing

2. The following do NOT qualify as Telephone Visits:

- Appointment reminder call
- Communication of normal routine results or other information that can be communicated by non-licensed staff
- Telephone consults that result in an in-person visit within the next 24 hours¹

3. Coding + Documentation: The following CPT codes² can be used for telephone visits:

- 99441-99443: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointments:
 - 5-10 minutes
 - 11-20 minutes
 - 21-30 minutes

¹ Source: CPT 2016 Guidelines

² Source: CPT 2017 Professional. Note: Keep GPP and APM tracking in mind when selecting codes.



- Other Options: For telephone evaluation and management service by a physician or other non-physician who may not report evaluation and management services (e.g., speech-language pathologists, physical therapists, occupational therapists, social workers, dieticians), see 98966-98968.

- Documentation Requirements: The Telephone Visit should be documented in the medical record. Minimum required documentation elements include:
 1. Notation that patient consented to the consult held via telephone
 2. Names of all people present during a telemedicine consultation and their role
 3. Chief complaint or reason for telephone visit
 4. Relevant history, background, and/or results
 5. Assessment
 6. Plan and next steps
 7. Total time spent on medical discussion