

Telehealth Video Visits Time-Based Coding

New Patient		
CPT Code	CPT Typical Time	CMS Typical Time
99201	10 Min	17 Min
99202	20 Min	22 Min
99203	30 Min	29 Min
99204	45 Min	45 Min
99205	60 Min	67 Min
Established Patient		
CPT Code	CPT Typical Time	CMS Typical Time
99212	10 Min	16 Min
99213	15 Min	23 Min
99214	25 Min	40 Min
99215	40 Min	55 Min

*CMS will allow telehealth office visits to be selected and documented based on total time on date of visit using CMS Typical Time column, other payers may follow CMS or CPT typical time

CMS Guidelines on Time-Based Coding During COVID-19 PHE

CMS is allowing, on an interim basis during the COVID-19 crisis, that these rules apply to office/outpatient visits performed via telehealth. A clinician can use time to select the code, with time defined as “all of the time associated with the E/M on the day of the encounter.” The typical times associated with office/outpatient E/M codes in CPT are what should be met for the purposes of level selection.

- Use total time that the practitioner (not staff) spends on that day of the visit, independent of whether counseling dominates the visit
- Provider time includes the following activities when performed:
 - preparing to see the patient (eg, review of tests)
 - obtaining and/or reviewing separately obtained history
 - performing a medically appropriate examination and/or evaluation
 - counseling and educating the patient/family/caregiver
 - ordering medications, tests, or procedures
 - referring/communicating with other health care professionals (when not separately reported)
 - documenting clinical information in the electronic or other health record
 - independently interpreting results (when not separately reported) and communicating results to the patient/family/caregiver
 - care coordination (when not separately reported)