

Frequently Asked Questions (FAQs) - Centricity

Q. How do I bill for a Telemedicine visit?

A. Insurance carriers are changing the types of codes they require on a daily basis, and different carriers are requesting different types of bills. Therefore, all telemedicine is being held and will be reviewed before being sent for billing. The Superbill has been modified to support billing in the Telemedicine encounter type

- *For video visits* use regular E&M codes 99211-99215 for established patients and 99201-99205 for new patients. Fill in the number of minutes spent in direct contact with the patient.
- *For telephone-only visits*, select “Phone-only Visit” on the Superbill and just fill in the number of minutes spent with the patient. The back-office will assign a code.

Q. What verbiage do I need to include in the visit?

A. A new form, the Telemedicine form includes verbiage that is required for each telemedicine visit. It includes two statements deemed necessary for a telemedicine visit.

Telemedicine form: Problems V zzTEST

Telemedicine Visit

Type of visit: audio only
 audio and video (face to face)

Method used to connect with patient: telephone
 doxy.me
 facetime
 other

Location of provider: Clinical office
 Rutgers location other than clinical office
 Home or other non-Rutgers location

Location of patient (state): New Jersey
 New York
 Pennsylvania
 Florida
 Connecticut
 Delaware
 other

The patient was provided information about the risks and benefits of telehealth services and agreed to participate in such telehealth services.

The patient has been advised that information from this visit may be shared with their primary care provider or other physicians involved in their care unless they object.

v1.01

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Q. Can I use the telemedicine note for both audio and video visits?

A. Yes, a single encounter type “Telemedicine <location> Visit” should be used for video or telephone-only visit. In place of “<location>” is your home location of care. For example, “Telemedicine Cardiology Visit”.

Q. Can I do telephone only visits instead of video visits?

A. Yes, but keep in mind that we may get reimbursed more for video visits. This will certainly be the case after the Covid-19 emergency and may be the case now for some insurers. Therefore, we suggest using telephone-only visits only when

- The patient does not have video capability (e.g. only a flip phone or standard telephone)
- The patient declines a video visit for some reason.

Even simple problems are better addressed when there is face-to-face contact with the patient.

Q. What should we do if there is no appointment with a VisitID to link the note to?

A. If that is the case, submit the charges anyway. The back-office staff will be able to link it up on the back end. However, linking the VisitID will save them time and work. This is a task the medical students can do for you.

Q. Can telemedicine consults be done?

A. Yes. They should be billed in the same way as an in-office consultation. Please note that the ability to see new patients by telemedicine is only a temporary authorization during the Covid-19 emergency. Normally, telemedicine requires a previously-established relationship with the patient.

Q. What is part of the total time of my phone visit?

A. The length of the call. Only direct contact with the patient is included.

Note: Time Does Not Include:

- Resident teaching time
- Documentation in a medical record at a later date or time from the date of service

Q. Can I bill Counseling & Coordination for care with a phone visit?

A. Yes; just document this as you normally would.

Q. What is considered part of Counseling & Coordination of care time

A. Coordination of Care includes:

- Time spent with parties who have assumed responsibility for the care of the patient
- Time spent with other healthcare providers in discussion about the patient