

Telehealth Documentation

Telehealth services should follow the same documentation requirements that are required when the services are rendered in person, with the following additions:

- Telehealth Consents: Different than a consent to treat. Check with each commercial payer, State Medicaid Plan, and Medicare for requirements. During the PHE, verbal consent is allowed.
- Method of Telehealth Delivery and vendor (audio only or via audio & video)
- Location of Provider
- Location of Patient
- Any participants that may be present
- Total Time Spent (including non-direct time when coding based on time)
- Whether a provider personally observed vitals or if the vitals were self-reported (recommended)

Documenting Telehealth E/M Visits

NEW PATIENT			ESTABLISHED PATIENT		
CPT	MDM	2021 TIME RANGE	CPT	MDM	2021 TIME RANGE
99201	Deleted	N/A	99211	N/A	N/A
99202	Straightforward	15-29 min	99212	Straightforward	10-19 min
99203	Low Complexity	30-44 min	99213	Low Complexity	20-29 min
99204	Moderate Complexity	45-59 min	99214	Moderate Complexity	30-39 min
99205	High Complexity	60-74 min	99215	High Complexity	40-54 min

Only two key pathways for code selection for visit codes 99202-99205 and 99211-99215 remain: medical decision making (MDM) and total time on the day of the encounter

Elements of MDM include:

- The number and complexity of problems addressed in the encounter
- The amount or complexity of data to be reviewed and analyzed
- Risk of complications or morbidity of patient management, including social determinants of health and decisions not to admit a patient or intervene

Changes to the “Time” component:

- Time is now “total time,” not just face-to-face time
- You can now include time spent doing non face to face work on the day of the encounter, like reviewing records or documenting in the chart



Teaching Physicians & Preceptors

For the duration of the PHE, CMS has amended the teaching physician regulations to allow supervision by interactive telecommunications technology (i.e., real-time audio and video) to satisfy the requirement for the presence of a teaching physician for the key portion of the service. The medical record must reflect whether the teaching physician was physically or virtually present for the key portion of the service, including the specific portion of the service for which the teaching physician was present through interactive, audio/visual real-time technology.

CMS will also allow teaching physicians to review the services provided with the resident during, or immediately after, the visit through interactive telecommunications technology. This exception is in place through the later of the end of the calendar year in which the PHE ends.

Documenting Telephone E/M Codes

Telephone E/M visits are different than Audio Only Telehealth visits.

Some state Medicaid plans allow audio only E/M codes (replacing in-person care): 99202-99205 & 99212-99215. Certain payers allow audio only E/M codes during the PHE and a few commercial payers have added audio only telehealth permanently under certain conditions.

- Example: A patient must be established, and an in-person visit must occur within 12 months.

Telephone E/M visits are also known as telephone triage, and they are performed by a qualifying FQHC Core Provider (except during the PHE, when an RN may bill incident to a qualifying provider). [Source](#)



TIP FROM CHRISTINA

Document office visits as you normally would with 2021 E/M coding guidelines.

Leave the modifiers and

place of service codes up to your billing department. Modifiers for telehealth only represent technology used. Note that this changes often.

Each payer requires either a POS 02 or a POS 10 (or during the public health emergency, the POS that a patient would have been seen for in-person care). Check each payer's policy for state-specific documentation.