Telehealth services help patients get the right level of service in the right place of service. During the COVID-19 National Public Health Emergency, that means patients outside of rural areas can receive telehealth visits while remaining in their own home. In addition, services may be provided to new and established patients during this time.

Eligibility Requirements

- Telehealth visits can be performed by physicians and non-physician providers.
- Consent for a video and audio visit must be documented. Verbal consent meets requirements. Once documented, consent is good for services provided within a year. Consent may be obtained by auxiliary personnel under general supervision.
- Services must be provided on a HIPAA compliant technology platform**

Documenting Telehealth E/M Visits

- For established patients, a physical exam is not required to be documented to support the level of service selected, as long as the history and MDM are adequately documented.
- Generally, for new patients, a physical exam, History, and MDM must be documented to support the selected level of service; because of this, it is unlikely that a new patient would have a level of service greater than 3 (99203) during a telehealth visit. However, during the PHE, level of service may be based on provider time, even if providers do not meet 50% counseling rule.

Technology & Consent Documentation

You may wish to create a smart phrase or other quick method of documenting technology and consent in your EHR. Insert the technology platform you use in the text below where it says “<technology platform>”:

“This visit was completed via <technology platform> due to the restrictions of the COVID-19 pandemic. All issues as below were discussed and addressed but no physical exam was performed unless allowed by visual confirmation on <technology platform>. If it was felt that the patient should be evaluated in clinic then they were directed there. Patient verbally consented to visit.”

**Services must be provided on a HIPAA compliant platform. However, during the COVID-19 National Public Health Emergency, HIPAA requirements will not be enforced for providers delivering telehealth services in good faith. For more information and suggested technology platforms, please refer to HHS guidance.
# Established Patients: Telehealth Visit Documentation to Support Level of Service

## Key Components

<table>
<thead>
<tr>
<th>99212</th>
<th>99213</th>
<th>99214</th>
<th>99215</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>99212 Problem Focused (PF)</strong></td>
<td><strong>99213 Expanded PF</strong></td>
<td><strong>99214 Detailed</strong></td>
<td><strong>99215 Comprehensive</strong></td>
</tr>
<tr>
<td>History</td>
<td>HPI: 1-3 ROS: N/A PFSH: N/A</td>
<td>HPI: 1-3 ROS: Pertinent PFSH: N/A</td>
<td>HPI: 4+ ROS: 2-9 PFSH: 1 of 3</td>
</tr>
<tr>
<td>MDM</td>
<td>Straightforward</td>
<td>Low</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

### Document chief complaint and 2 of 3 key components

- History
  - HPI: 1-3
  - ROS: N/A
  - PFSH: N/A
- Exam
  - Organ Systems: Pertinent
    - Bullets: 1-5
- MDM
  - Straightforward

### Exam

- Organ Systems: Pertinent
  - Bullets: 1-5

### MDM

- Straightforward

### OR

- Document time & reason, if 50% of the visit is spent counseling. During the PHE, counseling requirements have been waived.

  - 10 min
  - 15 min
  - 25 min
  - 40 min

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**“Bullets”** refer to individual observations or exam findings. For a new patient with a Level 3 visits, only at least 2 organ systems need to be documented, with at least 6 separate findings noted. Click to view [guidance on conducting a telehealth physical exam](#).

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# New Patients: Telehealth Visit Documentation to Support Level of Service

## Key Components

<table>
<thead>
<tr>
<th>99201</th>
<th>99202</th>
<th>99203</th>
<th>99204</th>
<th>99205</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>99201 Problem Focused (PF)</strong></td>
<td><strong>99202 Expanded PF</strong></td>
<td><strong>99203 Detailed</strong></td>
<td><strong>99204 Comprehensive</strong></td>
<td><strong>99205 Comprehensive</strong></td>
</tr>
<tr>
<td>History</td>
<td>HPI: 1-3 ROS: N/A PFSH: N/A</td>
<td>HPI: 1-3 ROS: Pertinent PFSH: N/A</td>
<td>HPI: 4+ ROS: 2-9 PFSH: 1 of 3</td>
<td>HPI: 4+ ROS: 10-14 PFSH: 3 of 3</td>
</tr>
</tbody>
</table>
| Exam | Organ Systems: Pertinent
  - Bullets: 1-5 | Organ Systems: 2-7
  - Bullets: 6+ | Organ Systems: 2-7
  - Bullets: 12+ | Organ Systems: 8+
  - Bullets: All bold +1 |
| MDM | Straightforward | Straightforward | Low | Moderate | High |

### Document chief complaint and 3 of 3 key components

- History
  - HPI: 1-3
  - ROS: N/A
  - PFSH: N/A
- Exam
  - Organ Systems: Pertinent
    - Bullets: 1-5
- MDM
  - Straightforward

### OR

- Document time & reason, if 50% of the visit is spent counseling. During the PHE, counseling requirements have been waived.

  - 10 min
  - 20 min
  - 30 min
  - 45 min
  - 60 min
Billing Tips

- Telehealth E/M codes are selected based on level of service.

- During the National Public Health Emergency, providers should select the place of service where the visit would typically occur if there was not a public health crisis. If the visit would typically have occurred via telehealth, Place of Service should be 02 - Telehealth. However, if the service would typically have been provided in-person, **the place of service code should reflect that location**.

- During the National Public Health Emergency, **modifier 95- Telehealth** may be added to claims that would normally have occurred in-person but are now being furnished via telehealth.

- Additional modifiers may be used for very limited circumstance:
  
  o When a telehealth service is furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii, use modifier **-GQ**.
  
  o When a telehealth service is billed under CAH Method II, use modifier **-GT**.
  
  o When telehealth service is furnished for purposes of diagnosis and treatment of an acute stroke, use modifier **-G0**.

- Telehealth visits are reimbursed at the same rate as face-to-face visits.

- Healthcare **providers may elect to reduce or waive cost sharing** for telehealth visits during the COVID-19 National Health Emergency.

- If additional **services allowable via telehealth** are provided during the visit (e.g., annual depression screen), you may also bill for those services.