

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 | 99212<br>Problem Focused (PF)            | 99213<br>Expanded PF                    | 99214<br>Detailed                   | 99215<br>Comprehensive                    |
|--|----------------|--|---|-------------------------------------|---|
| Document chief complaint and <b>2 of 3</b> key components  | History        | HPI: 1-3<br>ROS: N/A<br>PFSH: N/A        | HPI: 1-3<br>ROS: Pertinent<br>PFSH: N/A | HPI: 4+<br>ROS: 2-9<br>PFSH: 1 of 3 | HPI: 4+<br>ROS: 10-14<br>PFSH: 2 of 3     |
|  | Exam           | Organ Systems: Pertinent<br>Bullets: 1-5 | Organ Systems: 2-7<br>Bullets: 6+       | Organ Systems: 2-7<br>Bullets: 12+  | Organ Systems: 8+<br>Bullets: All bold +1 |
|  | MDM            | Straightforward                          | Low                                     | Moderate                            | High                                      |
| <b>OR</b>  |                |  |   |                                     |   |
| 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                                    |

**“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](#).



When documenting level of service based on time, include this helpful information:

*Spent \_\_\_ minutes with pt face to face and more than 50% of this time was spent in counseling and coordination of care.*

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

|  | Key Components | 99201<br>Problem Focused (PF)            | 99202<br>Expanded PF                    | 99203<br>Detailed                   | 99204<br>Comprehensive                    | 99205<br>Comprehensive                    |
|--|----------------|--|---|-------------------------------------|---|---|
| Document chief complaint and <b>3 of 3</b> key components  | History        | HPI: 1-3<br>ROS: N/A<br>PFSH: N/A        | HPI: 1-3<br>ROS: Pertinent<br>PFSH: N/A | HPI: 4+<br>ROS: 2-9<br>PFSH: 1 of 3 | HPI: 4+<br>ROS: 10-14<br>PFSH: 3 of 3     | HPI: 4+<br>ROS: 10-14<br>PFSH: 3 of 3     |
|  | Exam           | Organ Systems: Pertinent<br>Bullets: 1-5 | Organ Systems: 2-7<br>Bullets: 6+       | Organ Systems: 2-7<br>Bullets: 12+  | Organ Systems: 8+<br>Bullets: All bold +1 | Organ Systems: 8+<br>Bullets: All bold +1 |
|  | MDM            | Straightforward                          | Straightforward                         | Low                                 | Moderate                                  | High                                      |
| <b>OR</b>  |                |  |   |                                     |   |   |
| 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

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- 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 O2 - 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:
  - 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**.
  - When a telehealth service is billed under CAH Method II, use modifier **-GT**.
  - When telehealth service is furnished for purposes of diagnosis and treatment of an acute stroke, use modifier **-GO**.
- 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.

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