

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.
- 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.
- 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.



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 Problem Focused (PF) | 99213 Expanded PF | 99214 Detailed | 99215 Comprehensive |
|---|----------------|--|---|-------------------------------------|---|
| Document chief complaint and 2 of 3 key components | History | HPI: 1-3 ROS: N/A PFSH: N/A | HPI: 1-3 ROS: Pertinent PFSH: N/A | HPI: 4+ ROS: 2-9 PFSH: 1 of 3 | HPI: 4+ ROS: 10-14 PFSH: 2 of 3 |
| | 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 | Low | Moderate | High |
| OR | | | | | |
| Document time & reason, if 50% of the visit is spent counseling | | 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.



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 Problem Focused (PF) | 99202 Expanded PF | 99203 Detailed | 99204 Comprehensive | 99205 Comprehensive |
|---|----------------|--|---|-------------------------------------|---|---|
| Document chief complaint and 3 of 3 key components | History | HPI: 1-3 ROS: N/A PFSH: N/A | HPI: 1-3 ROS: Pertinent PFSH: N/A | HPI: 4+ ROS: 2-9 PFSH: 1 of 3 | HPI: 4+ ROS: 10-14 PFSH: 3 of 3 | HPI: 4+ ROS: 10-14 PFSH: 3 of 3 |
| | 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 | Organ Systems: 8+ Bullets: All bold +1 |
| | MDM | Straightforward | Straightforward | Low | Moderate | High |
| OR | | | | | | |
| Document time & reason, if 50% of the visit is spent counseling | | 10 min | 20 min | 30 min | 45 min | 60 min |

Billing Tips

- Codes are selected based on level of service; the place of services is O2 - Telehealth. If additional **services allowable via telehealth** are provided during the visit (e.g., annual depression screen), you may also bill for those services.
- During the COVID-19 National Health Emergency, modifiers are not necessary except for three limited scenarios:
 - 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.

Suggested Citation:

Showalter, G. (2020, March 26). Telehealth E/M Visits: Caring for Patients Using Real-Time Videoconferencing in Original Medicare. Loengard, A., Findley, J. (Eds.). <https://caravanhealth.com/>
