**Telephone E/M Workflow**

Workflow may vary depending on who is involved in the process. While staff can support delivery of services, only provider time can be counted towards billable service.

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**FRONT DESK**
- Receives patient or provider request to schedule visit
- Assesses patient technology
- Schedules telephone E/M
- Insurance verification
- Obtains and documents consent¹
- Prepares patient for visit²

**MA/NURSE**
- Reviews chart, confirms consent
- Opens EHR encounter note
- Connects to patient, verifies patient identity, completes check-in
- Completes pre-visit paperwork, medication & diagnosis review/reconciliation, documents vitals if available
- Warm hand off to provider

**PROVIDER**
- Receives warm hand off
- Opens note & connects to patient
- Performs evaluation and creates management plan
- Recommends care management, if appropriate
- Warm hand off to nurse to complete visit/education
- Finishes note, documents time spent & drops bill

**MA/NURSE**
- Receives warm hand off, connects to patient
- Enrolls in care management or schedules follow-up
- Provides education and answers additional questions
- Disconnects

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¹Consent must include notification of cost-sharing; verbal consent is sufficient. Once consent for Communication Technology-Based Services (CTBS) has been obtained, it will cover all CTBS for one year.

²Patient should be prepared to have a phone call that may last 30 minutes. They should be in a private, quiet location where they can speak freely with their provider. If they are using a mobile device, be sure it is fully charged before the call.

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**Suggested Citation:**