Quick reference

UPDATED 5/6/20

Telehealth documentation and consent

UPDATED INFO

Since previous publication, this content has been updated

Telemedicine visits must meet the same documentation standards[A] as face-to-face encounters.[B] Patient consent requirements for services via remote technology are indicated below.

TYPE OF SERVICE	WHAT IS THE SERVICE?	DOCUMENTATION REQUIREMENTS	Patient Relationship with Provider
CONSENT 	Specific consent for telemedicine services is required annually.	✓ Can be obtained verbally and documented in the record ✓ Allowed at the time of service prior to initiation of services	For new[C] or established patients.
MEDICARE TELEHEALTH VISITS[E] 	A visit with an eligible provider[D] that uses telecommunication systems between a provider and a patient.	✓ Visit occurred via telemedicine ✓ Time visit started and ended ✓ Physical location of the patient ✓ Physical location of the eligible provider ✓ Names of all persons participating in the telemedicine service and their role in the encounter ✓ Selection of E/M levels for codes 99201-99215 when performed through telemedicine may be based on either medical decision-making alone or time ✓ Visits include differential diagnosis, active diagnosis, prognosis, risks, benefits of treatment, plan of care, instructions subjective and objective observations, compliance risk reduction and any coordination of care with other providers	For new[C] or established patients.
TELEPHONE VISITS[F] 	Audio-only telephone evaluation and management services that fully substitute for in-person visits that otherwise would have occurred.	✓ Date and time of encounter ✓ Chief complaint / reason for call ✓ Relevant history, background and results ✓ Medical decision-making or care coordination that necessitates involvement of an eligible provider ✓ Added to the list of Medicare telehealth services	For new[C] or established patients.
VIRTUAL CHECK-IN[G] 	A brief (5-10 minutes) check in with your provider via telephone or other approved telecommunications device to decide whether an office visit or service is needed, or a remote evaluation of recorded video and/or images submitted by an established patient.	✓ Date and time of check-in started ✓ Time spent ✓ Medical decision making ✓ Communication is not related to a visit within the past 7 days ✓ Results of the communication are not anticipated to lead to a medical visit within the next 24 hours (or the soonest available appointment)	For established patients.
E-VISITS[H] 	A communication between a patient and their provider through an online patient portal. Includes up to 7 days cumulative time.	✓ Medical decision making as a result of e-visit ✓ Time spent	For new or established patients, including up to 7 days cumulative time.

Notes

A Review Medicare Learning Network guide for Evaluation and Management Services https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf.

B CMS has removed any requirements regarding documentation of history and/or physical exam for office/outpatient E/M encounters via telehealth. CMS is maintaining the current definition of medical decision making. CMS has confirmed that code level selection for E/M codes 99201 - 99215 may be based on either medical decision making alone or time alone *only when performed via telemedicine and during the public health emergency.* The "typical times for purposes of level selection for an office/outpatient E/M are the times listed in the CPT code descriptor." Time should be based upon the eligible provider's time and does not include staff time. https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

C To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency. Current waivers allow this service for both new and established patients even though the codes are defined as established.

D "CMS is waiving the requirements of section 1834(m)(4)€ of the Act and 42 CFR 410.78(b)(2) which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services …" https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

E Review state-specific Medicaid and third-party insurance plans to determine whether services are covered, and which codes are recognized. Providers may use popular non-public facing applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype.

F Payment rates for audio services have increased to match payment rates under the PFS for office/outpatient visits with established patients. https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf (page 230)

G May be provided "via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image … practitioners may respond to patient's concern by telephone, audio/video, secure text messaging, email, or use of patient portal." https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

H Clinicians who may not independently bill for E/M visits (e.g., physical therapists, occupational therapists, speech language pathologists) can also provide these e-visits. https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet ■