





Quick reference

Telehealth documentation and consent

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.

UPDATED INFO

Yellow highlights denote updated content from previous published versions

TYPE OF SERVICE	WHAT IS THE SERVICE?	DOCUMENTATION REQUIREMENTS	Patient Relationship with Provider
CONSENT 	Specific consent for telemedicine services is required annually.	<ul style="list-style-type: none"> ✓ Can be obtained verbally and documented in the record ✓ Allowed at the time of service prior to initiation of services 	For new ^E or established patients.
MEDICARE TELEHEALTH VISITS^C 	A visit with a provider that uses telecommunication systems between a provider and a patient.	<ul style="list-style-type: none"> ✓ Visit occurred via telemedicine ✓ Time visit started and ended ✓ Physical location of the patient ✓ Physical location of the 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, instructions, compliance risk reduction and any coordination of care with other providers 	For new ^E or established patients.
VIRTUAL CHECK-IN^P 	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.	<ul style="list-style-type: none"> ✓ 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^P 	A communication between a patient and their provider through an online patient portal. Includes up to 7 days cumulative time.	<ul style="list-style-type: none"> ✓ 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*. Time requirements for E/M levels are published in CPT 2020 (Clarification in CMS Open Hours call 4/13/20). Time should be based upon the physician's time and does not include staff time.

C Review state-specific Medicaid and third-party insurance plans to determine whether services are covered, and which codes are recognized.

D Providers must be authorized to furnish E/M services and may use popular *non-public facing* applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. Current waivers allow this service for both new and established patients even though the codes are defined as established.

E 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. ■