

## Documenting a telehealth visit in your Medicare Advantage patient's record

Here's how to document telehealth services in your patient's record, including risk adjustment, HEDIS<sup>®</sup> measures, HCPCS/CPT\* codes, modifiers and place of service. The information in this document applies to your patients with Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> coverage.

The following requirements represent some of the common elements that must be documented in your patient's medical record:

- HIPAA requirements are temporarily relaxed during the COVID-19 public health emergency to allow the use of alternative channels for furnishing telehealth services such as FaceTime or Skype.
- Include a statement that the service was provided through telehealth (video and audio) and include the location of the patient and the provider, and obtain all applicable informed consent.
- Documentation requirements for a telehealth service are largely the same as for a face-to-face visit and should include a review of the history, review of systems, consultative notes or any information used to make a medical decision about the patient.

### Key modifications and allowances

Telehealth place of service and modifier 95:

- While the POS should normally be 02, during the COVID-19 public health emergency, you can use the POS where it would have otherwise taken place (e.g., office, hospital clinic) but requires modifier 95 to be appended to each service provided by telehealth.

Office outpatient evaluation and management services furnished by telehealth:

- Removes any requirements for documenting history and exam and allows providers to report using either
  - Medical decision-making as currently defined in the 1995 and 1997 guidelines
  - The 2021 rules for coding by time (all time associated with the E/M services on the day of the encounter)
- Document support for each of the diagnoses evaluated during the visit. Use the components from the acronym, "MEAT," to indicate support.
  - Monitoring = monitoring by ordering or referencing labs, imaging studies or other tests
  - Evaluation = test results, medication effectiveness, response to treatment
  - Assessment = of the status, progression or severity of the diagnosis
  - Treatment = with medication, surgical intervention, or lifestyle modification

Telehealth visits will have an impact on specific HEDIS<sup>®</sup> (Health Effectiveness Data Information Set) measures used to calculate CMS star ratings. Providers can use telehealth visits to encourage patients to schedule appointments **now** for care that needed to be postponed because they were previously required to be done in person.

## Summary of Medicare telemedicine services: HCPCS/CPT codes for telemedicine services

Type of service	What is the service?	HCPCS/CPT codes and guidance	Patient relationship with provider
<b>Telehealth visits</b>	A visit with a provider that uses telecommunication systems between a provider and patient.	For a complete list:  <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctshst.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctshst.pdf</a> *	New or established patients
<b>Virtual check-in</b>	A brief (5 to 10 minutes) check in with your practitioner by telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video or images submitted by an established patient.	<ul style="list-style-type: none"> <li>• HCPCS code G2012 (Brief medical discussion)</li> <li>• HCPCS code G2010 (Store and forwarded)</li> </ul>	New or established patients
<b>E-visits</b>	A communication between a patient and their provider through an online patient portal.	<p>Online digital E/M service</p> <ul style="list-style-type: none"> <li>• *99421: 5 to 10 minutes</li> <li>• *99422: 11 to 20 minutes</li> <li>• *99423: 21 or more minutes</li> </ul> <p>Online assessment cumulative time for up to 7 days</p> <ul style="list-style-type: none"> <li>• G2061: 5 to 10 minutes</li> <li>• G2062 to 11 to 20 minutes</li> <li>• G2063: 21 or more minutes</li> </ul>	New or established patients

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