



Telehealth and Other Virtual Care Documentation Reminders During COVID-19

Medicare, Medicaid, and commercial insurers continue to announce new flexibilities and expand telehealth coverage in response to the COVID-19 emergency. While telehealth services have expanded rapidly, the documentation requirements for any form of virtual care (telehealth service or non-telehealth digital online service) *remain the same* as those for documenting in-person care.

Each insurer has established telehealth policies and coding guidelines, however, the guidance varies by carrier. For example:

- Some commercial insurers, such as CIGNA, have announced that they will closely monitor and audit claims for inappropriate services that *should not be* performed virtually.
- Medicare opted to provide additional clarification on performing Evaluation Management (E/M) services via telehealth that require performance of 3/3 elements (history, examination, and MDM).
 - E/M services may be performed via telehealth. History and MDM are readily accomplished via telehealth communication. Examination via telehealth is limited, but pertinent observations (e.g., as skin color, skin lesions/rashes, quality of respiration and evidence of wheezing or dyspnea, vital signs as reported by the patient) are feasible and may be counted toward an examination. The provider should note the limitation of the examination based on the telehealth context. **Documentation requirements for E/M services (and all telehealth services) have not been changed by CMS.** The medical record should include mention of the fact that the service is being performed via audio/visual telehealth technology.

Below are additional documentation reminders and resources:

Documentation Reminders

1. If a code is time-based, evidence of time must be documented including a start and end time.

2. Physicians select the level of E/M for services delivered via telehealth using either time or medical decision making. Time is defined as **all time** associated with the E/M on the day of the encounter.
 - a. A time-based E/M service, during which >50% of time is spent in counseling/coordination of care, may be performed via telehealth.
3. The current typical times associated with office E/M that should be met for the purposes of level selection are included in the [E/M guidebook](#).
4. CMS has removed any requirements regarding documentation of history and/or physical exam in the medical record for office/outpatient E/M encounters provided via telehealth.
5. Real-time (synchronous) videos, such as during a video visit or video phone call, are not required to be stored.
6. If exchanged asynchronously, videos, images and communications must be stored and retained according to [state regulation](#).
7. [Kentucky Medicaid](#) recommends documentation requirements beyond including the POS of 02 when providing telehealth, or telehealth-like services via telephone or audio-only internet connection to include a notation as to whether the service was a telehealth service or a telehealth-like service delivered via telephone or audio-only internet connection.
8. Modifier reminders:
 - a. CPT Modifier 95 or GT: Used for Synchronous Telemedicine Services Rendered via a Real-Time Interactive Audio and Video Telecommunication System. Synchronous telemedicine service is defined as real-time interaction between a physician or other qualified healthcare professional and a patient who is located at the distant site from the physician or other qualified healthcare professional.
 - b. HCPCS modifier GQ: Used to report services delivered via asynchronous telecommunications system. By coding and billing the GQ modifier, the healthcare provider is certifying that the asynchronous medical file was collected and transmitted.

Resources

- [Kentucky COVID-19 Actions and Guidance Related to Telehealth](#)
- [Medicare MLN Telehealth](#)
- [Medicare Covered Telehealth Services](#)

Always check with insurers for complete billing, coding, and place of service instructions as they may vary:

- [Aetna](#)

- [CGS Medicare \(Kentucky\)](#)
- [CIGNA](#)
- [Humana](#)
- [UHC](#)
- [Medicare](#)
- [Medicaid](#)

[KMA's COVID-19 website](#) also contains important information on the new telehealth guidance as well as the various financial resources available to physicians through the grant and loan programs established or expanded by the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Coronavirus Economic Stabilization Act (CESA).