

Specialty Practice

Documentation Requirements for Telehealth Services

- Policy:** It is the policy of [Organization name here] to ensure documentation requirements for telehealth services supports safe and quality health care services to qualified beneficiaries in a HIPAA-compliant environment.
- Purpose:** To explain the documentation requirements for the provision of telehealth services, from a Medicare Rules and Regulations perspective.
- Scope:** This document is applicable for specialty practices, in accordance with the rules and regulations of the Centers for Medicare & Medicaid Services (CMS). Each organization should check their state regulations for further requirements and opportunities.

*Temporary PHE Guidance**

“Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor’s office or hospital which puts themselves and others at risk.”

For further reading: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

-Documentation should include that telehealth was used to provide service during COVID-19.

“CMS is temporarily eliminating paperwork requirements and allowing clinicians to spend more time with patients. Medicare will now cover respiratory-related devices and equipment for any medical reason determined by clinicians so that patients can get the care they need; previously Medicare only covered them under certain circumstances.”

“CMS is providing temporary relief from many audit and reporting requirements so that providers, health care facilities, Medicare Advantage health plans, Medicare Part D prescription drug plans, and states can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.”

For further reading: <https://www.cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf>

*Temporary guidance related to Public Health Emergency (PHE)

This document is provided by gpTRAC as a sample/template only. This should be edited in order to meet your organization’s specific needs and requirements.

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Procedures:

I. Minimal Documentation Requirements for a Virtual-Type Visit.

- A. Documentation will be at the same level that would ordinarily be provided if the services furnished via telehealth were conducted in person.
- B. Telehealth-specific documentation for a virtual-type visit must be included.
 1. It must be documented that the encounter was conducted via telehealth.
 2. The patient identity must be verified (name, date of birth).
 3. The method of telehealth used must be documented (phone call, secure two-way interactive video connection).
 4. Document the provider's physical location (clinic [other], home, other) to include:
 - a) The state the provider is located in.
 - b) If the provider is at home during the visit, document, "Provider home, via secure clinic portal."
 5. The patient's physical location (clinic [name], home, other) must be documented. and include the state.
 6. The patient consent must be included in the documentation.
(Refer to Specialty Practice Consent policy)
 7. Document the start and stop times spent conducting the telehealth visit.
 8. Identify any additional clinical participants and their roles.
 9. Any vital sign information captured should annotate if it was obtained through patient reporting, visualized by the provider or other clinical staff on the patient's equipment, or if it was obtained through remote physiological monitoring.

II. Actions for an Emergency Situation During a Virtual-Type Visit.

(Refer to Specialty Practice Distant Site policy)

Tips:

- *Ensure any paper documentation is scanned and entered into the patient's EMR.*
- *Create a text phrase in the EMR noting the visit was conducted by telehealth or create a telehealth visit template where the text is embedded. Use Smart text, if available.*