TELEMEDICINE AUDIO/VISUAL - DOCUMENTATION FOR CPT CODE 99241

CPT 99241 is a problem focused office or other outpatient consultation for a new or established patient. However, this code can also be used for Telemedicine Services using audio/visual real-time technology. Documentation requirements for a telehealth service are the same as for a face-to-face consultation encounter, therefore the following criteria must be met as consultation documentation is very specific:

a. **Request** – a verbal or written request from a physician or appropriate source documented.
b. **Reason** – the requesting physician must state specific reason (patient complaint or condition).
c. **Report** – the consulting physician must render their opinion and return a written report of findings/treatment options to the requesting physician.

*When billed as a Telemedicine Service use the place of service code "02"and append modifier "GT". Medicare Part B does cover consultation codes. Provider's documentation should include both patient and provider location and identified as telemedicine services.

All Three key components are required:

- A problem focused history
- A problem focused examination
- Straightforward medical decision making

A Problem Focused History includes all of the following components:

- A chief complaint
- A problem focused history of present illness (1 – 3 HPI elements)
  Elements include location, quality, severity, timing, context, modifying factors or associated signs or symptoms
- ROS and PFSH – Not required.

A Problem Focused Exam includes the following 2 options:

- A problem focused examination of 1 – 5 bullets from 1 or more body areas or organ systems for '97 Guidelines
- **OR** the exam of 1 body area or organ system for '95 Guidelines

Straightforward Medical Decision Making – meets or exceeds 2 out of 3 of the following components:

- Number of diagnoses or treatment options ≤ 1 problem points
- Amount and complexity of data to be reviewed ≤ 1 data points
- Assessment of risk (complications, morbidity, mortality) = Straightforward

Time used as the sole component and basis for 99241:

The provider may document that out of the total time of 15 minutes or more, over 50% of the encounter time was spent face-to-face counseling and/or coordinating care. Documentation must be specifically noted regarding some of the following details:

- Prognosis
- Differential Diagnosis
- Risks and Benefits of Treatment
- Instructions
- Compliance
- Discussion with Another Health Care Provider

Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of service of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.

TELEMEDICINE AUDIO/VISUAL - DOCUMENTATION FOR CPT CODE 99242

CPT 99242 is an expanded problem focused office or other outpatient consultation for a new or established patient. However, this code can also be used for Telemedicine Services using audio/visual real-time technology. Documentation requirements for a telehealth service are the same as for a face-to-face consultation encounter, therefore the following criteria must be met as consultation documentation is very specific:

a. **Request** – a verbal or written request from a physician or appropriate source documented.
b. **Reason** – the requesting physician must state specific reason (patient complaint or condition).
c. **Report** – the consulting physician must render their opinion and return a written report of findings/treatment options to the requesting physician.

*When billed as a Telemedicine Service use the place of service code "02"and append modifier "GT". Medicare Part B does cover consultation services. Provider's documentation should include both patient and provider location and identified as telemedicine services.

All Three key components are required:

- An expanded problem focused history
- An expanded problem focused examination
- A medical decision making of low complexity

A Problem Focused History includes all of the following components:

- A chief complaint
- An expanded problem focused history of present illness (1 – 3 HPI elements)
  HPI elements include location, quality, severity, timing, context, modifying factors or associated signs or symptoms
- A review of 1 system pertinent to the problem
- PFSH – Not required

A Comprehensive Exam includes the following 2 options:

- An expanded problem focused examination of 6 bullets from 1 or more body areas or organ systems for '97 Guidelines
- **OR** the exam of 2 – 7 body area or organ system (minimal detail exam, checklist type) for '95 Guidelines

Low Complexity Medical Decision Making – meets or exceeds 2 out of 3 of the following components:

- Number of diagnoses or treatment options = 2 problem points
- Amount and complexity of data to be reviewed = 2 data points
- Assessment of risk (complications, morbidity, mortality) = Low

Time used as the sole component and basis for 99242:

The provider may document that out of the total time of 30 minutes or more, over 50% of the encounter time was spent face-to-face counseling and/or coordinating care. Documentation must be specifically noted regarding some of the following details:

- Prognosis
- Differential Diagnosis
- Risks and Benefits of Treatment
- Instructions
- Compliance
- Discussion with Another Health Care Provider

Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of service of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.

TELEMEDICINE AUDIO/VISUAL - DOCUMENTATION FOR CPT CODE 99243

CPT 99243 is a detailed office or other outpatient consultation for a new or established patient. However, this code can also be used for Telemedicine Services using audio/visual real-time technology. Documentation requirements for a telehealth service are the same as for a face-to-face consultation encounter, therefore the following criteria must be met as consultation documentation is very specific:

a. **Request** – a verbal or written from a physician or appropriate source documented
b. **Reason** – the requesting physician must state specific reason (patient complaint or condition)
c. **Report** – the consulting physician must render their opinion and return a written report of findings/treatment options to the requesting physician.

*When billed as a Telemedicine Service use the place of service code "02"and append modifier "GT". Medicare Part B does not cover consultation services. Provider's documentation should include both patient and provider location and identified as telemedicine services.

All Three key components are required:

- A detailed history
- A detailed examination
- A medical decision making of low complexity

A Detailed History includes all of the following components:

- A chief complaint
- An extended history of the present illness (4 or more HPI elements)
  HPI elements include location, quality, severity, timing, context, modifying factors or associated signs or symptoms **OR** the status of 3 chronic conditions if using '97 guidelines
- A review of 2-9 systems
- At least one pertinent element of the PFSH (Past medical, family and Social History)

A Detailed Exam includes the following 2 options:

- An examination of 12 bullets from two or more organ systems or 2 bullets from 6 organ systems for '97 Guidelines
- **OR** an exam of 2 – 7 body areas or organ systems (expanded documentation of findings, not checklist type) for '95 Guidelines.

Low Complexity Medical Decision Making – meets or exceeds 2 out of 3 of the following components:

- Number of diagnoses or treatment options = 2 problem points
- Amount and complexity of data to be reviewed = 2 data points
- Assessment of risk (complications, morbidity, mortality) = Low

Time used as the sole component and basis for 99243:

The provider may document that out of the total time of 40 minutes or more, over 50% of the encounter time was spent face-to-face counseling and/or coordinating care. Documentation must be specifically noted regarding some of the following details:

- Prognosis
- Differential Diagnosis
- Risks and Benefits of Treatment
- Instructions
- Compliance
- Discussion with Another Health Care Provider

Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of service of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.

TELEMEDICINE AUDIO/VISUAL - DOCUMENTATION FOR CPT CODE 99244

CPT 99244 is a comprehensive office or other outpatient consultation for a new or established patient. However, this code can also be used for Telemedicine Services using audio/visual real-time technology. Documentation requirements for a telehealth service are the same as for a face-to-face consultation encounter, therefore the following criteria must be met as consultation documentation is very specific:

a. **Request** – a verbal or written request from a physician or appropriate source documented
b. **Reason** – the requesting physician must state specific reason (patient complaint or condition)
c. **Report** – the consulting physician must render their opinion and return a written report of findings/treatment options to the requesting physician.

*When billed as a Telemedicine Service use the place of service code "02"and append modifier "GT". Medicare Part B does not require the GT modifier. Provider's documentation should include both patient and provider location and identified as telehealth services.

All Three key components are required:

- A comprehensive history
- A comprehensive examination
- A medical decision making of moderate complexity

A Comprehensive History includes all of the following components:

- A chief complaint
- An extended history of the present illness (4 or more HPI elements)
  Elements include location, quality, severity, timing, context, modifying factors or associated signs or symptoms **OR** the status of 3 chronic conditions if using 97 guidelines
- A review of 10 systems
- A complete review of the PFSH (Past medical, family and Social History), 2 histories for established patients and all 3 history categories for new patients

A Comprehensive Exam includes the following 2 options:

- An examination of 2 bullets from each of the nine organ systems for '97 Guidelines
- **OR** a general multi-system/complete examination of a single organ system for '95 Guidelines

Moderate Complexity Medical Decision Making – meets or exceeds 2 out of 3 of the following components:

- Number of diagnoses or treatment options = 3 problem points
- Amount and complexity of data to be reviewed = 3 data points
- Assessment of risk (complications, morbidity, mortality) = Moderate

Time used as the sole component and basis for 99243:

The provider may document that out of the total time of 60 minutes or more, over 50% of the encounter time was spent face-to-face counseling and/or coordinating care. Documentation must be specifically noted regarding some of the following details:

- Prognosis
- Differential Diagnosis
- Risks and Benefits of Treatment
- Instructions
- Compliance
- Discussion with Another Health Care Provider

Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of service of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.

TELEMEDICINE AUDIO/VISUAL - DOCUMENTATION FOR CPT CODE 99245

CPT 99245 is a comprehensive office or other outpatient consultation for a new or established patient. However, this code can also be used for Telemedicine Services using audio/visual real-time technology. Documentation requirements for a telehealth service are the same as for a face-to-face consultation encounter, therefore the following criteria must be met as consultation documentation is very specific:

a. **Request** – a verbal or written request from a physician or appropriate source documented.
b. **Reason** – the requesting physician must state specific reason (patient complaint or condition).
c. **Report** – the consulting physician must render their opinion and return a written report of findings/treatment options to the requesting physician.

*When billed as a Telemedicine Service use the place of service code "02"and append modifier "GT". Medicare Part B does not cover consultation services. Provider's documentation should include both patient and provider location and identified as telehealth services.

All Three key components are required:

- A comprehensive history
- A comprehensive examination
- A medical decision making of high complexity

A Comprehensive History includes all of the following components:

- A chief complaint
- A comprehensive history of present illness (4 or more HPI elements)
  HPI elements include location, quality, severity, timing, context, modifying factors or associated signs or symptoms **OR** the status of 3 chronic conditions.
- A complete review of systems – 10 or more systems or some systems with statement "all others negative".
- A complete PFSH (past medical, family, social history) – 2 history areas for an **established** patient (office or ED), **OR** 3 history areas for a **new** patient (office, domiciliary care, home, Initial Hospital, Hospital Observation, Initial Nursing Facility).

A Comprehensive Exam includes the following 2 options:

- The comprehensive examination – 2 bullets from 9 or more body areas and/or organ systems or a complete single organ system for '97 Guidelines
- **OR** an exam of 8 or more organ systems only for '95 Guidelines.

High Complexity Medical Decision Making – meets or exceeds 2 out of 3 of the following components:

- Number of diagnoses or treatment options $\geq$ 4 problem points
- Amount and complexity of data to be reviewed $\geq$ 4 data points
- Assessment of risk (complications, morbidity, mortality) = High

Time used as the sole component and basis for 99245:

The provider may document that out of the total time of 80 minutes or more, over 50% of the encounter time was spent face-to-face counseling and/or coordinating care. Documentation must be specifically noted regarding some of the following details:

- Prognosis
- Differential Diagnosis
- Risks and Benefits of Treatment
- Instructions
- Compliance
- Discussion with Another Health Care Provider

Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of service of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.