

Documentation Tips for Telehealth Visits

Documentation should include the following	Example
The names of all participants in the visit (e.g., billing provider, nurse, patient, spouse, or guardian)	"Mrs. Smith and her daughter Sylvia were present during the telehealth visit".
Date of service	
Whether the visit was real-time audio and video, with name of platform (e.g., Zoom) documented, or audio only	"This visit was conducted via real-time audio with video call through the Teams app."
Indication that patient consent was obtained (verbal or written)	"Verbal consent was obtained from the patient prior to initiating the visit."
Patient location for the service (e.g., home)	
Provider location for the visit (e.g., office, provider home)	
Clarification of the date the patient was last seen to avoid potential overlap with other billable services	"Mrs. Smith was last seen by me 3 months ago and continues to have pain."
A clear and concise chief complaint or reason for the visit	"Pain in the abdomen that comes and goes throughout the day".
A clinically appropriate history	
A clinically appropriate exam	
A complete Assessment and Plan for the visit (including pertinent chronic conditions and co-morbidities that relate to the patient's visit and/or treatment)	
If billing by time or a time-based code - document the length of time the billing provider spent on the day of the visit with a brief summary of how time was spent (staff time is not included)	DO say "37 minutes were personally spent by me for this visit - reviewing records, performing exam, and in discussion with patient and caretaker regarding conservative measure treatment and diagnostics available for a definitive diagnosis."