

Video Visit Documentation Requirement

Effective for dates of service on and after March 1st, 2020, CMS has published new documentation guidelines for video visits indicating that the level of service for video visits can be determined by either time or medical-decision making.

The purpose of this document is to establish understanding of these new documentation guidelines.

CMS requires the following to be documented for video visits during the Public Health Emergency (PHE).

CMS has provided instructions for documentation of video visits as follows:

- Statement indicating service was provided via telemedicine
 - Patient location
 - Provider location
 - Names of all persons participating in telemedicine service and their role in the encounter
- Include threshold amount of clinical staff or physician time for the face-to-face patient encounter
 - Examples
 - Start/Stop time
 - Total Time
 - Discussion
 - Beneficiary response

The following smart phrase has been created to assist in capturing the required documentation to support video visit services

- .MDMTIMELOS

TIME BASED LEVEL OF SERVICE

If the physician documents total time and suggests that counseling or coordination of care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction, or discussion with another health care provider.

| | | |
|--|----------|--|
| Does documentation reveal total time (Face-to-face (outpatient)) (Unit/floor/bedside (inpatient)) Minutes: | YES / NO | If all answers are "Yes", may select levels based on time. |
| Does documentation reveal that more than half of the time was counseling and/or coordination of care | YES / NO | |
| Does the documentation describe the content of the counseling or coordination of care | YES / NO | |

Outpatient Time

| | | | | | |
|-------------|------------------|------------------|------------------|------------------|------------------|
| New | 10 Minutes 99201 | 20 Minutes 99202 | 30 Minutes 99203 | 45 Minutes 99204 | 60 Minutes 99205 |
| Established | 5 Minutes 99211 | 10 Minutes 99212 | 15 Minutes 99213 | 25 Minutes 99214 | 40 Minutes 99215 |
| Consult | 15 Minutes 99241 | 30 Minutes 99242 | 40 Minutes 99243 | 60 Minutes 99244 | 80 Minutes 99245 |

Inpatient Time

| | | | | | |
|------------|------------------|------------------|------------------|------------------|-------------------|
| Initial | 30 Minutes 99221 | 50 Minutes 99222 | 70 Minutes 99223 | N/A | N/A |
| Subsequent | 15 Minutes 99231 | 25 Minutes 99232 | 35 Minutes 99233 | N/A | N/A |
| Consult | 20 Minutes 99251 | 40 Minutes 99252 | 55 Minutes 99235 | 80 Minutes 99254 | 110 Minutes 99255 |

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MEDICAL-DECISION-MAKING LEVEL OF SERVICE

To select level of service (LOS) by Medical-Decision-Making use the following tables to determine the elements of:

- Number of Diagnoses,
- Data Reviewed, &
- Risk of Complication.

Diagnosis

Selecting the level of complexity of the diagnosis is based on the number of diagnosis and/or management options. The categories for complexity are; Straightforward, Low, Moderate, and High. Each category is assigned by points and multiplied by the number of diagnoses. The total determines the level of complexity of the diagnosis.

| Categories for problems/Major New Symptoms | Number of Diagnoses | Points | Result |
|--|---------------------|--------------|--------|
| Self-limited or minor | | 1 | |
| Established problem (to examiner); stable, improved | | 1 | |
| Established problem (to examiner); worsening | | 2 | |
| New problem (to examiner); no additional work-up planned | Max =1 | 3 | |
| New problem (to examiner); additional work-up planned | | 4 | |
| | | Total | |

Data

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed. Indications of data reviewed are based on the following point system:

| Categories of Data to Be Reviewed | Points |
|--|--------|
| Review and/or Order Clinical Lab Tests | 1 |
| Review and/or Order Radiology Tests (70010-79999) (No echocardiography and cardiac catheterization) | 1 |
| Review and/or Order Medical Diagnostic Tests (90281-99199) (e.g., EEG, cardiac cath, pulmonary function studies) | 1 |
| Discussion of Test Results with Performing Physician | 1 |
| Decision to Obtain Old Records | 1 |
| Review and Summarization of Old Records | 2 |
| Independent Visualization of Image, Tracing or Specimen Itself (no simply review of report) | 2 |
| Total | |

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Risk

Selecting the level of risk of complications for the patient is based on the next table. Select the items based on the condition of the patient. An item selected in any row meets the corresponding level of risk indicated in the left most column.

| Level of Risk | Presenting Problem(s) | Diagnostic Procedure(s) Ordered | Management Options Selected |
|-----------------|--|--|--|
| Minimal | <ul style="list-style-type: none"> One self-limited or minor problem, e.g., cold, insect bite, tinea corporis | <ul style="list-style-type: none"> Laboratory tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound, e.g., echocardiography KOH prep | <ul style="list-style-type: none"> Rest Gargles Elastic bandages Superficial dressings |
| Low | <ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain | <ul style="list-style-type: none"> Physiologic tests not under stress, e.g., pulmonary function tests Non-cardiovascular imaging studies with contrast, e.g., barium enema Superficial needle biopsies Clinical Laboratory tests requiring arterial puncture Skin biopsies | <ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives |
| Moderate | <ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis, e.g., lump in breast Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury, e.g., head injury | <ul style="list-style-type: none"> Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram, cardiac catheterization Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis | <ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment or fracture or dislocation without manipulation |
| High | <ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurologic status, e.g., seizure, TIA, weakness, or sensory loss | <ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography | <ul style="list-style-type: none"> Elective major surgery (open percutaneous or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis. |

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Use the table below to determine LOS (must meet or exceed 2/3 elements).

| | | | | |
|---|---------------------------------------|--------------------------------------|---|---------------------------------------|
| Number of diagnoses or management options | Minimal (1) | Limited (2) | Multiple (3) | Extensive (4) |
| Amount and/or complexity of data to be reviewed | Minimal (None or 1) | Limited (2) | Multiple (3) | Extensive (4) |
| Risk of complications and/or morbidity or mortality | Minimal | Low | Moderate | High |
| Type of Medical Decision Making | StraightForward 99202/99212 | Low Complexity 99203/99213 | Moderate Complexity 99204/99214 | High Complexity 99205/99215 |

For Example:

If each of the three MDM required elements is represented as

1. Diagnoses = One new problem with work up planned (4 points)
 - a. See **Categories for problems/ Major New Symptoms** table
2. Data = labs ordered (1 point)
 - a. See **Categories of Data to Be Reviewed** table
3. Risk = Undiagnosed new problem with uncertain prognosis (moderate risk)
 - a. See **Level of Risk** table

It would be represented on the MDM LOS table as indicated below.

| | | | | |
|---|--------------------------------|-------------------------------|---|--------------------------------|
| Number of diagnoses or management options | Minimal (1) | Limited (2) | Multiple (3) | Extensive (4) |
| Amount and/or complexity of data to be reviewed | Minimal (None or 1) | Limited (2) | Multiple (3) | Extensive (4) |
| Risk of complications and/or morbidity or mortality | Minimal | Low | Moderate | High |
| Type of Medical Decision Making | StraightForward 99202/99212 | Low Complexity 99203/99213 | Moderate Complexity 99204/99214 | High Complexity 99205/99215 |

Resulting in an overall complexity for medical-decision-making of Moderate, or E/M code 99214.

Example 1 (Internal Medicine):

A 54 yr old female presents for mass in breast. She has concerns of breast cancer and pain in breast. She has had this lump for over 8 months. This problem is new to the provider. Mammogram report and lab results were reviewed in Epic, and the results were discussed with the patient. Additional labs were ordered. The radiologist was contacted to discuss findings of the screening mammogram. Diagnostic mammogram was ordered to better assess the mass and prescription medication was ordered for pain.

DX: New problem with additional workup is considered 4 points in the DX table (Breast mass, diagnostic mammo and new labs ordered)

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| Established problem (to examiner); stable, improved | | 1 | |
| Established problem (to examiner); worsening | | 2 | |
| New problem (to examiner); no additional work-up planned | | 3 | |
| New problem (to examiner); additional work-up planned | 1 | 4 | 4 |
| | | Total | 4 |

DATA: Combination of data and amount reviewed justifies a moderate complexity. (Review/order of labs is 1 point, discussion with radiologist for screening mammo results is 1 point, and diagnostic mammo ordered is 1 point).

| Categories of Data to Be Reviewed | Points |
|---|----------------|
| Review and/or Order Clinical Lab Tests | 1 |
| Review and/or Order Radiology Tests (70010-79999) (No echocardiography and cardiac catheterization) | 1 |
| Review and/or Order Medical Diagnostic Tests (90281-99199) (e.g., EEG, cardia cath, pulmonary function studies) | 1 |
| Discussion of Test Results with Performing Physician | 1 |
| Decision to Obtain Old Records | 1 |
| Review and Summarization of Old Records | 2 |
| Independent Visualization of Image, Tracing or Specimen Itself (no simply review of report) | 2 |
| | Total 3 |

RISK: Diagnostic procedures ordered and/or management options selected justify moderate complexity of risk (diagnostic mammogram ordered and prescription medication management)

| Level of Risk | Presenting Problem(s) | Diagnostic Procedure(s) Ordered | Management Options Selected |
|---------------|--|--|--|
| Moderate | <ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis, e.g., lump in breast Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury, e.g., head injury | <ul style="list-style-type: none"> Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram, cardiac catheterization Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis | <ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment or fracture or dislocation without manipulation |

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Level of Service

Once the elements of the three tables above have been determined, combine them as on the table below to determine the level of service (LOS).

| | | | | |
|---|--------------------------------|-------------------------------|------------------------------------|--------------------------------|
| Number of diagnoses or management options | Minimal (1) | Limited (2) | Multiple (3) | Extensive (4) |
| Amount and/or complexity of data to be reviewed | Minimal (None or 1) | Limited (2) | Multiple (3) | Extensive (4) |
| Risk of complications and/or morbidity or mortality | Minimal | Low | Moderate | High |
| Type of Medical Decision Making | StraightForward 99202/99212 | Low Complexity 99203/99213 | Moderate Complexity 99204/99214 | High Complexity 99205/99215 |

LOS: 99214

Example 2

A 38 yr old female presents with left hip pain and joint pain lasting > 4 weeks. Last seen on 3/4/20 for positive anti-nuclear anti-body and emphysema. Labs ordered from 3/4/20 were reviewed. New labs were ordered, and patient is referred to nephrology. MRI performed 6/11/19 was reviewed and shows degenerative changes in labrum. Documented summary of MRI report in chart note. Prescription medication was prescribed for emphysema. Ordered repeat MRI for comparison. Refer to physical therapy. Follow up in 6 weeks.

DX: New problem with additional workup is considered 4 points in DX table (Hip and joint pain. MRI ordered.)

DATA: Combination of data and amount reviewed justifies a moderate complexity (Past MRI records were obtained and summarized is considered 2 points. New labs were ordered. Past labs were reviewed. This is considered 1 point)

RISK: The presenting problem, diagnostic procedures orders and management options represents a moderate level of risk (Based on the new problem with additional workup, MRI ordered, Referred to physical therapy).

| | | | | |
|---|--------------------------------|-------------------------------|------------------------------------|--------------------------------|
| Number of diagnoses or management options | Minimal (1) | Limited (2) | Multiple (3) | Extensive (4) |
| Amount and/or complexity of data to be reviewed | Minimal (None or 1) | Limited (2) | Multiple (3) | Extensive (4) |
| Risk of complications and/or morbidity or mortality | Minimal | Low | Moderate | High |
| Type of Medical Decision Making | StraightForward 99202/99212 | Low Complexity 99203/99213 | Moderate Complexity 99204/99214 | High Complexity 99205/99215 |

LOS: 99214