

**Documentation of a Telephone Encounter:
(revised 3.19.2020)**

This sheet give you information on what constitutes a billable telephone encounter and what you need to document in your telephone note.

1. In order to meet **the definition of a billable “Telephone Visit,”** the visit must be with an established patient. Not all of the telephone visits you do will meet the definition of a billable Telephone visit, but we would like you to document as if it does. Simply for your information, a billable Telephone Visit must meet one or more of the following requirements:
 - a. Involves medical decision making and/or care coordination that necessitates the involvement of a Provider, Nurse, or PharmD, such as changes in treatment plans and medications
 - b. Serves as a substitute for in-person clinic visits
 - c. Involves refills of medications that would have otherwise necessitated a clinic or emergency room visit
 - d. Serves as a follow-up to a previous in-person clinic visit
 - e. Involves counseling, patient education, informed consent (e.g., for ordered diagnostic and laboratory tests) and motivational interviewing
2. **The following do NOT qualify as Telephone Visits:** Appointment reminder call, Communication of normal routine results or other information that can be communicated by non-licensed staff, Telephone consults that result in an in-person visit within the next 24 hours
3. **Documentation Requirements:** The Telephone Visit should be documented in the medical record. Minimum required documentation elements include:
 - a. Notation that patient consented to the consult held via telephone
 - b. Names of all people present during a telemedicine consultation and their role
 - c. Chief complaint or reason for telephone visit (indicate that normally scheduled appointment was rescheduled as a telephone visit due to the Coronavirus pandemic)
 - d. Relevant history, patient concerns/complaints, background, results
 - e. Medication reconciliation and assessment of need for refills (preferentially ordering 90 day supply of meds if indicated)
 - f. Assessment
 - g. Plan and next steps (including when you would like to see patient for follow-up if possible)
 - h. Total time spent on medical discussion
4. **Coding + Documentation:** The available CPT codes reimburse for a telephone E/M service performed by a physician or other qualified health care professional who may report E/M services to an established patient not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointments:
 - a. 99441 phone call 5 to 10 minutes of medical discussion.
 - b. 99442 phone call 11 to 20 minutes of medical discussion.
 - c. 99443 phone call 21 to 30 minutes of medical discussion.