

# Best Practice for Virtual Care Documentation

## COMMERCIAL

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### VIRTUAL CARE

A virtual care visit is defined as a visit with a provider that uses an **audio and video** communication system between a provider and a patient<sup>i</sup>. If documentation only supports an audio component, these visits should be categorized as telephone/virtual check-in services, which are not considered a form of virtual care.

Common virtual care services include:

Services	HCPCS/CPT Codes
Office and other outpatient visits	99201-99215
Telehealth consultations	G0425-G0427
Follow-up inpatient virtual care consultations furnished to patients in hospitals or SNFs	G0406-G0408, G0459, G0508-G0509

### DOCUMENTATION BEST PRACTICES

While the virtual care documentation requirements are the same as those required for any face-to-face encounter, there are four additional elements<sup>ii</sup> that should be documented with every virtual care encounter:

1. A statement indicating the virtual care service was provided using both **audio and video** modalities.
2. The **location** of the patient and the location of the provider.
3. The **names of additional persons** participating in the virtual care visit and their role in the visit.
4. A statement indicating **patient consent** was given for the virtual care visit.

### DOCUMENTATION EXAMPLES

Using smart text across your EMR platform will ensure consistent documentation of these four elements. Below are two examples of acceptable documentation:

<b>Example One</b>	<p>Jane Doe has consented to this virtual care visit. Prior to starting the visit, I verbally confirmed that I was in a private setting and that I was not recording. The patient consented to being treated via virtual care for their chief complaint/clinical condition to the extent possible via audio-visual communication. The patient verbalized understanding and the visit proceeded. I provided this service while I was located in Seattle, WA to Jane Doe who was located in Tacoma, WA.</p>
<b>Example Two</b>	<ul style="list-style-type: none"> <li>• <b>Type of connection:</b> Live, two-way audio with video</li> <li>• <b>Patient verbally consents to this visit?</b> Yes</li> <li>• <b>Location of patient:</b> Tacoma, WA</li> <li>• <b>Location of provider:</b> Seattle, WA</li> <li>• <b>Additional people present and roles:</b> None</li> </ul>

For more information about virtual care best practices, review this [AHIMA Telemedicine Toolkit](#)<sup>iii</sup> or email [ProviderClinicalConsulting@Premera.com](mailto:ProviderClinicalConsulting@Premera.com).

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<sup>i</sup> <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies/washington-professional-regulationhealth-safety-definitions>

<sup>ii</sup> <https://www.aapc.com/blog/30948-get-to-know-telemedicine-payment-criteria/>

<sup>iii</sup> <https://healthsectorcouncil.org/wp-content/uploads/2018/08/AHIMA-Telemedicine-Toolkit.pdf>