

# Best Practice for Virtual Care Documentation

## 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.

## Applicable lines of business

- Commercial
- Medicare

## Common virtual care services

Services	HCPCS/CPT Codes
Office and other outpatient visits	99201-99215
Initial inpatient or emergency telehealth consultations	G0425-G0427
Annual Wellness Visits	G0438-G0439
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:	
Example One	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.
Example Two	<ul style="list-style-type: none"><li>• Type of connection: Live two-way audio with video</li><li>• Patient verbally consents to this visit? Yes</li><li>• Location of patient: Tacoma, WA</li><li>• Location of provider: Seattle, WA</li><li>• Additional people present and roles: 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>