Acute Care Hospital
Documentation Requirements for Telehealth Services

Policy: It is the policy of [Organization name here] to ensure documentation requirements for telehealth services supports safe and quality health care services to qualified beneficiaries in a HIPAA-compliant environment.

Purpose: To explain the documentation requirements for the provision of telehealth services, from a Medicare Rules and Regulations perspective.

Scope: This document is applicable for acute care hospitals (ACH), in accordance with the rules and regulations of the Centers for Medicare & Medicaid Services (CMS). Each organization should check their state regulations for further requirements and opportunities.

*Temporary PHE Guidance**

"CMS is temporarily eliminating paperwork requirements and allowing clinicians to spend more time with patients. Medicare will now cover respiratory-related devices and equipment for any medical reason determined by clinicians so that patients can get the care they need; previously Medicare only covered them under certain circumstances."

"During the public health emergency, hospitals will not be required to have written policies on processes and visitation of patients who are in COVID-19 isolation. Hospitals will also have more time to provide patients a copy of their medical record."

For further reading: https://www.cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf

"CMS is waiving the requirements of 42 CFR §482.23, §482.24 and §485.635(d)(3) to allow for additional flexibilities related to verbal orders where read-back verification is still required but authentication may occur later than 48 hours."

For further reading: https://www.cms.gov/files/document/omh-rural-crosswalk.pdf

Documentation should include that telehealth was used to provide care during COVID-19.

*Temporary guidance related to Public Health Emergency (PHE)

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Procedures:

I. Minimal Documentation Requirements for a Virtual-Type Consult.

A. Documentation will be at the same level that would ordinarily be provided if the services furnished via telehealth were conducted in person.

B. Telehealth-specific documentation for a virtual-type consultation must be included.

1. It must be documented that the encounter was conducted via telehealth.
2. The patient identity must be verified (name, date of birth).
3. The method of telehealth used must be documented (phone call, secure two-way interactive video connection).
4. Document the consulting provider's physical location (clinic, home, other) to include:
    a) The state the provider is located in.
    b) If the provider is at home during the visit, document, "Provider home, via secure clinic portal."
5. The patient's physical location in the hospital (inpatient room [include room number], other identified telehealth space) must be documented, to include the state.
6. Document that the patient was informed and any consent to treat was signed when they were admitted to the hospital and this consent will apply to telehealth services.
   (Link to ACH Consent policy)
7. Document the start and stop times the patient spent in the telehealth consultation.
8. Identify any additional clinical participants and their roles.
9. Any vital sign information captured should annotate if it was obtained through patient reporting, visualized by the provider or other clinical staff on the patient's equipment, or if it was obtained through remote physiological monitoring.

Tips:

- *Ensure any paper documentation is scanned and entered into the patient's EMR.*
- *Create a text phrase in the EMR noting the consultation was conducted by telehealth or create a telehealth consultation template where the text is embedded. Use Smart text, if available.*