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MEMORANDUM
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**CHART DOCUMENTATION REQUIREMENTS FOR
TELEHEALTH SERVICES**

It is imperative that a chart be opened for any **new patient** that you communicate with via telehealth and document the following for **all patients, established and new**. The codes apply to both sets of patients (E/M and G codes, except G2010)) under the 1135 Waiver.

- You must document a **verbal informed consent**
- Date and time of contacts well as start and stop times (**WHEN**)
- Demographic data of patient (**WHO**)
- Reason for contact, including symptoms, and that contact is **not related** to an office visit in the past seven days (**WHY**)
- Method that tele-data was received (phone call, photo, medical records) (**HOW**)
- Presumptive or active diagnosis and dispensation of the patient, proscribed treatment and follow-up (**WHAT**)