

Audio-Only Telehealth Compliance Checklist

Document, code and filter telehealth visits so diagnoses hold up.

The short version: a telehealth visit can be billable and still be useless for Medicare Advantage risk adjustment. The difference is whether there was **video**.

If a large share of your Medicare patients are in Medicare Advantage, every diagnosis lost to a phone visit adds up fast.

Question	Audio + video (real-time)	Audio-only (phone)
Counts as face-to-face for MA risk adjustment?	Yes	No — exclude its diagnoses
Can it be billed?	Yes, per payer telehealth rules	Sometimes — depends on payer, service, and current CMS rules
Typical claim markers	POS 02 or 10; modifier 95 where the payer requires it	Modifier 93 (or FQ for RHC/FQHC)

Where the rule comes from

- CMS guidance to Medicare Advantage organizations: diagnoses from telehealth are acceptable for risk adjustment when the visit uses an interactive audio **and** video system; audio-only encounters are not acceptable.
- Billing rules for telehealth have been extended by Congress in short increments. Always confirm the current CMS telehealth list and your MAC or payer policy before billing — this checklist focuses on the risk adjustment side, which has stayed consistent.

The checklist

Before the visit

- ☐ Platform supports real-time, two-way video and the vendor has signed a BAA.
- ☐ Patient consent to telehealth is documented (per payer and state or territory requirements).
- ☐ Provider is licensed in the state or territory where the patient is located.
- ☐ Scheduling separates 'video visit' and 'phone visit' as different visit types.

During the visit — documentation

- ☐ Note states the modality: “real-time interactive audio and video.”
- ☐ Patient location and provider location are recorded.
- ☐ If video drops and the visit finishes by phone, the note says so — that encounter is now audio-only.
- ☐ Each chronic condition has MEAT support in this note, not copied from a prior visit.
- ☐ Note is signed with provider credentials.

After the visit — coding and claims

- ☐ Correct POS (02 or 10) and modifier per payer policy.
- ☐ Modifier 95 is never appended to an audio-only visit.
- ☐ Audio-only visits carry modifier 93 (or FQ for RHC/FQHC) when the payer requires it.

Risk adjustment safeguards

- ☐ A rule or report flags every audio-only encounter (modifier 93/FQ, 'phone' visit type).
- ☐ Flagged encounters are excluded from risk adjustment submissions and chart reviews.
- ☐ Conditions seen only by phone are scheduled for recapture at a video or in-person visit.
- ☐ A quarterly sample of telehealth notes is audited for modality documentation.

Red flags auditors look for

Red flag	Why it fails	Fix
"Telehealth visit" with no modality	Auditor can't confirm video was used	Template field: audio-video vs. audio-only
Modifier 95 on a phone call	Claim says video; record says phone	Tie modifier to the documented modality
HCCs captured from phone visits	Not an acceptable encounter type	Exclusion rule + recapture list
Copy-forward assessment	No evidence the condition was addressed today	Visit-specific MEAT language

Telehealth attestation language

Paste into your telehealth note template

"This encounter was conducted using real-time, two-way interactive audio and video. The patient was located at [location] and I was located at [location]. The patient consented to a telehealth visit. Each diagnosis in the assessment was evaluated and addressed today as documented. — [Provider name, credentials], [date]"

If the visit was audio-only, do not use this statement. Document "audio-only telephone visit" instead.

Not sure how many of your HCCs came from phone visits?

ProCare can scan a sample of your telehealth encounters and show you what's at risk. info@procarepr.com • procarepr.com

Educational material based on CMS guidance to Medicare Advantage organizations and CPT modifier definitions. Telehealth billing rules change frequently; confirm current CMS and payer policy. Not legal advice.