

## **SAMPLE PHYSICAL THERAPY TELEHEALTH DOCUMENTATION WORDING**

Patient consented to physical therapy evaluation/treatment via telehealth services and demonstrated understanding of risks & benefits associated with telehealth. Pt elected to receive physical therapy via telehealth due to concerns regarding the COVID-19 precautions about social distancing and remaining at home to prevent spread of the virus and did not wish to pursue in-person physical therapy session as an option at this time.

Pt confirmed their name, DOB, and current address and location prior to the start of the session and was provided a visual copy of the current physical therapist's license providing the telehealth services. Patient passed a safety screening check to assess appropriateness for telehealth delivery of physical therapy services. Telehealth services were provided via \_\_\_\_\_(name of video conferencing platform).

**Telehealth Session was conducted at [TIME] EST [date], duration of session: [X minutes]**

**Subjective:** Pt reports...

**Objective:** Pt performed...

(ther ex, neuro re-ed, ther act, etc.)

**Assessment:**

Pt responded to treatment session...

**Plan:**

**Total Minutes:**

**Including:** [X min] Ther Ex; [X min] Ther Act; [X min] Neuro Re-Ed, etc.

**POS Modifier:** \_\_X\_\_ (02 or 11 depending on insurance type, could need other modifiers so check with payer!)