

INSTRUCTIONS: This document includes all smartphrases and teaching physician attestation statements created by the Office of Corporate Compliance to assist clinicians in the documentation of their Evaluation and Management (E/M) services. For additional guidance on E/M services, see the tip sheets below:

- ⇒ 2023 E/M Services Tip Sheet (LINK) Critical Care Services (LINK) Split Shared Billing Tip Sheet (LINK)
- ⇒ COVID-19 PHE Telehealth Provider Billing Tip Sheet (LINK)

TELEHEALTH OUTPATIENT E/M SERVICES (Video or Telephone)		
CLINICIAN	SMARTPHRASE	DESCRIPTION
All clinicians	.ATTTELEHEALTHOUTPATIENT	This is the “master” smartphrase. Once selected, the clinician then selects the applicable smartphrase below, and video or telephone statement.
Outpatient E/M (99202-99215)		
Housestaff, APP, Attending not supervising	.ATTTELEHEALTH_PROVIDER	The {PATIENT/SURROGATE:935} participated in the encounter via {Video/Telephone}. Identity was verified by name and {identityconfirmation:931}. Verbal consent for the visit was provided. I {was/was not} onsite.
Teaching Physician supervising Housestaff	ATTTELEHEALTH_TEACHING_PHYSICIAN	I {DID/DID NOT} participate in the key portions of the encounter performed via {Video/Telephone}. Identity was verified by name and {identityconfirmation:931}. Verbal consent for the visit was provided. After discussion with Dr. ***. I agree with the house staff’s note {as written / with exception:20717}. I {was/was not} onsite.
Teaching Physician supervising PCE Housestaff)	ATTTELEHEALTH_PCE_TEACHING_PHYSICIAN	I discussed this primary care exception service with Dr. *** during or immediately following the visit. I reviewed the patient’s medical history, diagnosis, and treatment plan. I agree with the resident’s assessment and plan {as written/with exception:20717}. The risk associated with the patient’s management today was {PATIENT COMPLEXITY: 91025}. I was {onsite/offsite} supervising with immediate availability via video or telephone.
PCE Housestaff	ATTTELEHEALTH_PCE_RESIDENTFELLOW	The {PATIENT/SURROGATE:935} participated in the encounter via {Video/Telephone}. Identity was verified by name and {identityconfirmation:931}. Verbal consent for the visit was provided. I {was/was not} onsite.
	<i>Video statement</i>	I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on {:LNK,ED}. <i>{TIP MDM based detail - only complete below SmartList if you plan to use MDM to level this service:220262}</i> {MDM (Optional):200051} Note that this visit was determined by MDM instead of time and that the risk associated with the patient’s management today was {COMPLEXITY: 91025}.
	<i>Video statement PCE ResidentFellow</i>	Problems addressed and/or data reviewed are as outlined in the note.
	<i>Telephone statement</i>	I spent *** minutes on the telephone with the patient on {:LNK,ED}.
Consultations		
Housestaff, APP, Attending not supervising	ATTTELEHEALTH_CONSULT_PROVIDER	The {PATIENT/SURROGATE:935} participated in the encounter via {Video/Telephone}. Identity was verified by name and {identityconfirmation:931}. Verbal consent for the visit was provided.
Teaching Physician supervising Housestaff	ATTTELEHEALTH_CONSULT_TEACHING_PHYSICIAN	I {DID/DID NOT} participate in the key portions of the encounter performed via {Video/Telephone}. After discussion with Dr. ***. I agree with the house staff’s note {as written / with exception:20717}. Identity was verified and verbal consent obtained.
	<i>Video statement (consultation)</i>	I spent a total of *** minutes in face-to-face care of this patient on {:LNK,ED}. I {was/was not} onsite. <i>{TIP MDM based detail - only complete below SmartList if you plan to use MDM to level this service:220262}</i> {MDM (Optional):200051} Note that this visit was determined by MDM instead of time and that the risk associated with the patient’s management today was {COMPLEXITY: 91025}.
	<i>Telephone statement (consultation)</i>	I spent *** minutes on the telephone with the patient on the date of this encounter. I {was/was not} onsite.

TELEHEALTH INPATIENT E/M SERVICES (Video or Telephone)

CLINICIAN	SMARTPHRASE	DESCRIPTION
All clinicians	.ATTTELEHEALTHINPATIENT	This is the “master” smartphrase. Once selected, the clinician then selects the applicable smartphrase below, and video or telephone statement.
Inpatient		
Housestaff, APP, Attending not supervising	ATTTELEHEALTH_IP_PROVIDER	I {DID/DID NOT} participate in key portions of the encounter via [Video/Telephone].
Teaching Physician supervising Housestaff	ATTTELEHEALTH_IP_TEACHING_PHYSICIAN	I {DID/DID NOT} participate in the key portions of the encounter performed via {Video/Telephone}. After discussion with Dr. ***. I agree with the house staff's note {as written / with exception:20717}.
	<i>Video statement (updated)</i>	<p>I spent a total of *** minutes in care of this patient on {:LNK,ED}. I {was/was not} onsite. The patient was {home/not home:2000089} at the time of the telehealth visit.</p> <p><i>{TIP MDM based detail - only complete below SmartList if you plan to use MDM to level this service:220262}</i></p> <p>{MDM (Optional):200051} Note that this visit was determined by MDM instead of time and that the risk associated with the patient's management today was {COMPLEXITY: 91025}.</p>
	<i>Telephone statement (updated)</i>	I spent *** minutes on the telephone with the patient on the date of this encounter. I {was/was not} onsite.
Observation		
Housestaff, APP, Attending not supervising	ATTTELEHEALTH_OBS_PROVIDER	The {PATIENT/SURROGATE:935} participated in the encounter via {Video/Telephone}. Identity was verified by name and {identityconfirmation:931}. Verbal consent for the visit was provided.
Teaching Physician supervising Housestaff	ATTTELEHEALTH_OBS_TEACHING_PHYSICIAN	I {DID/DID NOT} participate in the key portions of the encounter performed via {Video/Telephone}. After discussion with Dr. ***. I agree with the house staff's note {as written / with exception:20717}. Identity was verified and verbal consent obtained.
Consultations		
Housestaff, APP, Attending not supervising	ATTTELEHEALTH_CONSULT_PROVIDER	The {PATIENT/SURROGATE:935} participated in the encounter via {Video/Telephone}. Identity was verified by name and {identityconfirmation:931}. Verbal consent for the visit was provided.
Teaching Physician supervising Housestaff	ATTTELEHEALTH_CONSULT_TEACHING_PHYSICIAN	I {DID/DID NOT} participate in the key portions of the encounter performed via {Video/Telephone}. After discussion with Dr. ***. I agree with the house staff's note {as written / with exception:20717}. Identity was verified and verbal consent obtained.
	<i>Video statement (Observation & Consult) updated</i>	<p>I spent a total of *** minutes in care of this patient on {:LNK,ED}. I {was/was not} onsite.</p> <p><i>{TIP MDM based detail - only complete below SmartList if you plan to use MDM to level this service:220262}</i></p> <p>{MDM (Optional):200051}: Note that this visit was determined by MDM instead of time and that the risk associated with the patient's management today was {COMPLEXITY: 91025}.</p>
	<i>Telephone statement (Observation & Consult) updated</i>	I spent *** minutes on the telephone with the patient on the date of this encounter. I {was/was not} onsite.

IN-PERSON OUTPATIENT E/M SERVICES

Starting January 1, 2021, MDM or Time is the method used to select Outpatient E/M codes 99202-99215. *Effective Jan 1st, 2022 Primary Care Exception services may only be billed using MDM.*

Jan 1st 2022 Updates:

- * Leveling for 99202-99215 for services billed under the Primary Care Exception is limited to Medical Decision Making. **See the Provider E/M tip sheet for further guidance on outpatient E/M services.**
- * Split Shared billing is no longer allowed in Physician Offices (i.e. River East, South Loop). Incident-to billing may apply. **See Split Shared tip sheet for more information.**

Clinician	SMARTPHRASE	DESCRIPTION •@ED@ autofills with DOS. •Time statement (bolded) added as a SmartList; disappears if not selected.
Physician and APP (not supervising)	.TIMEATTEST	I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on @ED@.
Physician and APP (not supervising)	.MDMORTIME (NEW)	I personally saw and physically examined the patient on {DATE PATIENT WAS SEEN BY ME:22094524}. The risk associated with the patient's management today was {COMPLEXITY: 91025}. TIME (Optional):220276 : I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on @ED@.
Teaching Physician In Primary Care Exception	.ATTESTPRIMARYCAREEXCEPTION (updated) <i>time no longer allowed in PCE</i>	I discussed this service with the resident which included a review of the patient's medical history, findings on physical exam, diagnosis and treatment plan. I agree with the assessment and plan {as written/with exception:20717}. The risk associated with the patient's management today was {COMPLEXITY: 91025}.
Teaching Physician with Housestaff	.ATTESTPRESENTAMB (updated)	I was present with the resident and participated during the history and physical exam of the patient. I agree with the housestaff's assessment and plan of care {as written/with exception:20717}. The risk associated with the patient's management today was {COMPLEXITY: 91025}. TIME (Optional):220276 : I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on @ED@.
Teaching Physician Alone	.ATTESTNOTPRESENTAMB (updated)	I personally saw and physically examined the patient. I agree with the housestaff's assessment and plan of care. {as written/with exception:20717}. The risk associated with the patient's management today was {COMPLEXITY: 91025}. TIME (Optional):220276 : I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on @ED@.
Teaching Physician with medical student	.ATTESTMEDSTAMB (updated)	I was present with the medical student who participated in the documentation of the note. I personally evaluated the patient, reviewed the student's note and agree with the findings and plan {as written/with exception:20717}. The risk associated with the patient's management today was {PATIENT COMPLEXITY: 91025}. TIME (Optional):220276 : I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on @ED@.
Housestaff with medical student	.RESSTUDENTATTESTAMB	I was present with the medical student who participated in the documentation of this note. I personally evaluated the patient, reviewed the student's note and agree with the findings and plan as written. <i>Note: Attending then needs to attest to the Housestaff's note using an attestation above</i>
Physician in a split -shared visit with APP (Mod FS)	.SPLITSHAREDNPPVISIT (updated) <i>split shared billing is no longer allowed in Physician Office (POS 11) settings</i>	This encounter was done in conjunction with APP ***. I provided the substantive portion of this visit by personally performing the { :221461 History/Exam/MDM} component in its entirety. The risk associated with the patient's management today was {COMPLEXITY: 91025}. I verify that the notes documented by the APP are correct. Additional findings are as follows: ****. Finally, my impression and plan related to this encounter is ***. <i>{TIP Select Modifier FS when billing for a Split Shared service :220262}</i> <i>{TIP Time based detail; - only complete below SmartList if you plan to use time to level or to determine the Substantive Portion:220262}</i> {ATTEST TIME (Optional):221517} : I spent a total of *** minutes of non-overlapping time on the visit. The total APP/MD visit time was *** minutes. Substantive Time: I {did/did not} spend more than half of the total visit time.

IN-PERSON INPATIENT/OBSERVATION SERVICES

Starting January 1, 2023, MDM or Time is the method used to select Inpatient or Observation Services.

Clinician	SMARTPHRASE	
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IN-PERSON INPATIENT E/M SERVICES

Teaching Physician Alone	.ATTESTNOTPRESENTINP (updated)	<p>I personally saw and physically examined the patient on {DATE PATIENT WAS SEEN BY ME:22094524}. I agree with the housestaff's assessment and plan of care {as written/with exception:20717}. The risk associated with the patient's management today was {COMPLEXITY: 91025}.</p> <p><i>{TIP Time based detail; - only complete below SmartList if you plan to use time to level or to determine the Substantive Portion:220262}</i></p> <p>{TIME (Optional):220276}: I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on the date of service of this visit.</p>
Teaching Physician with Housestaff	.ATTESTPRESENTINP (updated)	<p>I was present with the resident and participated during the history and physical exam of the patient on {DATE PATIENT WAS SEEN BY ME: 22094524}. I agree with the housestaff's assessment and plan of care {as written/with exception:20717}. The risk associated with the patient's management today was {COMPLEXITY: 91025}.</p> <p><i>{TIP Time based detail; - only complete below SmartList if you plan to use time to level or to determine the Substantive Portion:220262}</i></p> <p>{TIME (Optional):220276}: I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on in care of this patient on the date of service of this visit.</p>
Teaching Physician with medical student	.ATTESTMEDSTINP (updated)	<p>I was present with the medical student on {DATE SEEN BY ME} who participated in the documentation of the note. I personally evaluated the patient, reviewed the student's note and agree with the findings and plan {as written/with exception:20717}. The risk associated with the patient's management today was {COMPLEXITY: 91025}.</p> <p><i>{TIP Time based detail; - only complete below SmartList if you plan to use time to level or to determine the Substantive Portion:220262}</i></p> <p>{TIME (Optional):220276}: I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on in care of this patient on the date of service of this visit.</p>
Housestaff with medical student	.RESSTUDENTATTESTINP	<p>I was present with the medical student on {DATESEENBYME} who participated in the documentation of this note. I personally evaluated the patient, reviewed the student's note and agree with the findings and plan as written.</p> <p>NOTE: Attending must attest to the Resident's note with one of the Teaching Physician attestations above</p>

CRITICAL CARE SERVICES

For Critical Care, use the attestations below which prompt provider to document total time. Critical Care is billed using units of time personally spent by the billing practitioner providing medically necessary critical care requiring the full attention of the provider. **See the [Critical Care tip sheet](#) for more info.**

Clinician	SMARTPHRASE	
CRITICAL CARE		
Critical Care - provider time spent (NEW)	.CRITICALCARETIME (NEW)	My full attention was spent providing medically necessary critical care to this patient as detailed in my note. I spent a total of *** minutes providing critical care to the patient, which does not include any teaching time.
Physician in a split-shared Critical Care visit with APP (Mod FS)	.SPLITSHARED_CRITICALCARE	I performed this critical care service in conjunction with APP *** who also spent critical care time as outlined in their note. My full attention was spent providing *** minutes of medically necessary critical care to the patient as detailed in documentation. The total combined critical care time provided to the patient was *** minutes. I {did/did not} provide more than half of the cumulative critical care time spent.
Critical Care provider—E/M Prior to Critical Care (Mod 25)	.CRITICALCARE_SAME_DAY_EM	This E/M service was performed prior to the patient's subsequent need for critical care services, and was medically necessary for the evaluation and treatment of the patient at that time. As supported by my visit notes, this service was separate and distinct with no duplicative elements from the subsequent critical care service.
Critical Care provider—Unrelated to Global Period (Mod FT)	.CRITICALCARE_UNRELATED_PROC	I attest that this critical care service meets the definition of critical care as supported by my documentation. My full attention was spent providing critical care to this patient for *** minutes. The critical care service I provided was above and beyond the **** procedure that was performed and was unrelated to {220285: the **** anatomic injury for which surgery was performed / the general surgical procedure performed as evidenced by **** }