

A successful virtual physical exam

Providing a virtual physical exam is a new skillset for most physicians and advanced practice professionals. These tips are designed to help you make the virtual physical evaluation more effective and efficient.

Tips for success

1. Ensure the patient is comfortable and privacy is respected, particularly if clothing will need to be removed during the exam:
 - Ask non-essential staff/family members to leave the respective rooms, when appropriate.
2. Assure the best possible video experience:
 - Ask for window blinds to be closed before beginning the visit.
 - Check lighting for optimal visualization of the patient.
3. Explain that the video visit is not recorded, meets HIPAA requirements, and cannot be posted or forwarded.
4. Talk the patient/parent throughout the exam:
 - Be engaging and encourage cooperation from the patient and parent throughout the exam.
 - Acknowledge that, at first, the exam will “feel” different than an in-person exam.
 - Be comfortable asking the patient and/or parent to adjust lights, move closer or farther from the camera, remove objects obstructing your view, speak more loudly, etc.
 - Direct them to remove clothing, as necessary, and remember to tell them when it is OK to put their clothing back on.
5. Ask the patient and their parent to help you perform exam maneuvers, when appropriate, to encourage their participation:
 - Tell them how to palpate to localize pain.
 - Explain how to perform range of motion maneuvers.
 - Describe the landmarks you use in clinic to find the right location for an exam component, such as ribs or pelvic bone.
6. Watch carefully and ask them to repeat anything that appears questionable.
7. Verbalize what you think you are seeing, allowing the patient and their parent to clarify as needed.
8. Refer to in-person care if the video exam is not adequate to provide high-quality medical decision-making.

Physical exam documentation

We recommend following the 1995 CMS coding guidelines. Under those guidelines, both 99213 and 99214 visits require two to seven of the below “body areas” or “organ systems” to be addressed.

For 95 guidelines, only one exam component for that body area or organ system is required to receive credit. All the items listed below would count as “credit” under the appropriate body area/organ system.

Constitutional

- Vitals (ex. temp, weight, RR, HR, BP) *(if parent/patient can obtain these or if provider can count respirations)*
- General appearance of patient (no acute distress, sitting comfortably, etc.)

Eyes

- No eye injection, no eyelid swelling, no icterus
- No eye discharge
- EOMI

Ears, nose, mouth and throat

- Normocephalic
- Mucus membranes moist, no lip cracking
- No nasal drainage
- OP – no exudate on tongue, no tonsillar enlargement, no petechiae on palate

Neck

- Range of motion, suppleness

CV

- No pedal edema *(if able to observe on video)*
- Capillary refill, cyanosis

Respiratory

- No retractions, no nasal flaring, overall work of breathing
- No audible wheezing, stridor, cough

GI

- Nondistended abdomen
- Nontender per parent exam
- Pain with jumping

Male GU

- Normal un-/circumcised penis without rashes or discharge
- Scrotum – no visible erythema or swelling
- No CVA tenderness per parent/patient exam*

Female GU

- External genitalia – no skin lesions, no rashes, no visible discharge
- No CVA tenderness per parent/patient exam*

Musculoskeletal

- Normal gait
- Digits – no clubbing, no cyanosis
- Moving all extremities well, good/symmetric strength throughout
- Specific joint – full/limited ROM, deformity

Skin

- No rashes, bruising or other skin lesions
- No visible edema
- OK to have parent send photos

Neuro

- Cranial nerves are intact as per the following exam: II-vision grossly normal, PERRLA, III/IV/VI- EOMI, VII-hearing grossly normal, V-clench jaw, VII- raise eyebrows bilaterally; smile/frown intact and symmetric, able to bar teeth and puff out cheeks, XII- Able to protrude tongue and move it side to side, IX/X- swallow intact; says “Ah”
- Rapidly alternating movements: no dysdiadochokinesis
- Gait: forward, toe, heel and tandem all normal
- Pronator drift: none
- Romberg: negative
- Rises from a seated position without difficulty or limitation
- Overall mental status/alertness

Psych

- Affect: euthymic, sad, anxious, fearful, angry, cheerful, appropriate/inappropriate
- Cooperativeness: cooperative, friendly, reluctant, hostile

**If assessment is “per parent/patient exam,” ensure that is always added in your documentation.*

Coding summary (see other resources for complete information)

- Telehealth visits (video) must meet the same evaluation/management criteria as regular office visits.
- The coding level for office visits is determined by either of the following:
 - History + exam + Medical-Decision-Making (MDM) criteria
 - Time-based criteria
 - *Example: “A total of 25 minutes was spent face-to-face with the patient during this office visit and over half of that time was spent counseling and/or coordinating care.”*