

NON-FACE-TO-FACE TELEPHONIC PROGRESS NOTE

DIVISION _____ PROVIDER: _____

Patient Name: _____ MPI #: _____

Instructions: The provider (clinician) or Qualified Healthcare Provider (QHP) completes this progress note to document Non-Face-to-Face (NF2F) Telephonic services. Please document the appropriate column:

Physician E/M Provider Services	Check Yes/No	Non-Physician qualified healthcare provider (QHP)
Gets verbal consent and advised the client this encounter is not secured/encrypted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gets verbal consent and advised the client this encounter is not secured/encrypted
The provider receives a brief history from the patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discusses issues related to care
Reviews the patient's current list of medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	Listens and responds to concerns
Makes a medical decision regarding recommended treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Answers questions and recommends management

Please document additional comments/recommendations/follow-up that you made during this encounter:

Physician E/M Provider Services	Check Code	Non-Physician QHP	Check Code
This encounter lasted 11-20 minutes	<input type="checkbox"/> Yes 99442	This encounter lasted 11-20 minutes	<input type="checkbox"/> Yes 98967
This encounter lasted 21-30 minutes	<input type="checkbox"/> Yes 99443	This encounter lasted 21-30 minutes	<input type="checkbox"/> Yes 98968

 Signature Print Name Date Time AM/PM