COMPLIANCE UPDATE

TO: Posted to Compliance Website

FROM: Maryann C. Palmeter, CPC, CPCO, CPMA, CENTC, CHC, AAPC Fellow
Director, Office of Physician Billing Compliance

SUBJECT: New Medicare Payment for “Take a Look at This” Encounters

DATE: December 12, 2018

Effective January 1, 2019, Medicare Part B (traditional Medicare) will reimburse “Take a Look at This” encounters when reported with HCPCS Level II code G2010. Medicare refers to these encounters as “Remote Evaluation of Pre-Recorded Patient Information.”

G0210 Code Description: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

CY 2019 Work RVUs: 0.33

This code would be reported when a physician or qualified nonphysician practitioner uses recorded video and/or still images captured by a patient in order to evaluate a patient’s condition. These services involve what is referred to as “store-and-forward” communication technology that provides for the “asynchronous transmission of health care information.” In other words, the transmission of the still image or video does not occur at the same time as the service provider’s review and response.

This service is distinct from the “Virtual Check-in Visit” in that this service involves the provider’s evaluation of a patient-generated still image or video, and the subsequent communication of the resulting response to the patient. The “Virtual Check-in Visit” describes a service that occurs in real time and does not involve the transmission of any recorded image.
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This service does not fall under the Medicare telehealth benefit and as such is not restricted by location type (e.g., office, patient’s home, hospital) or geographical location (i.e., rural areas and counties outside of Metropolitan Statistical Areas).

Verbal patient consent must be obtained every time this service is rendered. The purpose of the consent is to inform the patient that the service is subject to Medicare deductible and coinsurance. The patient’s consent must be documented in the medical record.

The medical record documentation must support the reason for the service, the provider’s assessment of the image/video, and details of the follow-up communication with the patient. The follow-up communication with the patient can take place via phone call, audio/video communication, secure text messaging, email, or patient portal communication (e.g., EPIC’s MyChart<sup>®</sup>) and must occur within 24 business hours.

Lastly, there are a few restrictions associated with this new service:
- it cannot be billed if a related E/M service took place within the previous 7 days by the same provider;
- it cannot be billed if an in-person E/M visit with the same provider takes place within the next 24 hours or soonest available appointment;
- it is limited to established patients;
- only providers qualified to report an E/M service can report this service; and
- it cannot be billed if the quality of the pre-recorded information is insufficient for the provider to assess whether an office visit or other medical service is warranted.

Feel free to contact the Office of Physician Billing Compliance at (904) 244-2158 if you have any questions about this new billing opportunity.

cc: Leon J. Haley, Jr., M.D., MHSA
    Elizabeth Ruszczyk, J.D.