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 “Virtual Check-in” Visits
DATE: December 12, 2018

Effective January 1, 2019, Medicare Part B (traditional Medicare) will reimburse “Virtual Check-in Visits” when reported with HCPCS Level II code G2012.

G2012 Code description: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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; 5-10 minutes of medical discussion).

CY 2019 Work RVUs: 0.25

Many times this type of check-in will resolve patient concerns in a convenient manner that gets patients the care that they need while avoiding unnecessary cost to the patient, the practice plan, and the Medicare program.

This is a real-time service between the patient and the performing provider that may be audio only (e.g., telephone) or audio and visual (e.g., Skype, video chat). Communication via EPIC’s MyChart® or other patient portals do not satisfy the real-time requirements.

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 a Virtual Check-in Visit is performed. 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 and what transpired during the encounter.

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; and
- only providers qualified to report an E/M service can report the service.

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.