

VUMC COMPLIANCE OFFICE
2019 MPFS FINAL RULE BRIEFING: VIRTUAL CHECK-INS (G2012)
November 2018

New Code for Virtual Check-Ins:

- G2012, Brief communication technology-based service, established patient, not originating from a related E/M service (5-10 minutes)
- Payable effective Jan. 1, 2019
- Coding requirements generally similar to 99441 (Telephone E/M)

Regulatory Rationale:

- Part of CMS' ongoing effort to modernize payments
 - Incentivize new primary care clinicians
 - Drive quality of care for chronic diseases, avoid hospitalizations
- Reflect changes in technology and clinical practice

Qualifying Technology:

- Real-time telephone audio or synchronous audio/video
- Privacy requirements still apply

QUALIFIES	DOES NOT QUALIFY
Office/VUMC telephone	MHAV/Patient Portals
Personal smart phone	Email

Consent:

- Check-ins must be patient-initiated
- Patient must specifically consent to each billing instance
- Consent documented in the virtual check-in note

Other Billing Requirements:

- Established patients only (follows same specialty/subspecialty rules)
- Can't relate to an E/M service:
 - provided within the previous 7 days
 - resulting from the check-in within 1 day (or next available time)
- Time-based coding:
 - Clinician's medical discussion time only; Excludes staff time
 - Do not double-count time with CCM
 - Document time in minutes as part of check-in note
- No frequency limitation, will monitor utilization