



Getting started with technology-based care services may seem daunting, but the truth is, you are likely already providing virtual care. It's quick, convenient, and doesn't require complex technology solutions. But it's important to understand who is eligible for these services and the requirements for getting reimbursed.

Eligibility Requirements:

- Service may be provided to established patients. During the National Public Health Emergency, **new patients** are also eligible to receive services
- Services must be unrelated to any Evaluation & Management (E/M) service, whether digital, telehealth, telephone, or in-person, provided in past 7 days
- If a face-to-face follow-up visit or procedure related to the problem is required within 24 hours or the next-available appointment, only the face-to-face visit is reimbursed
- Services must be initiated by the patient

G2010 - Remote (Virtual) Evaluation

G2012 - Virtual Check-In

G0071 - Technology-based services in RHC/FQHC

Remote Evaluation of Pre-Recorded Information: G2010*

When patients send videos or images using ***HIPAA-compliant technology**, provider evaluation and follow-up within 24 business hours can result in a billable service.

- Consent for services must include notification of cost-sharing obligations; documentation of verbal consent meets requirements. Once obtained and documented, a single consent can cover services for entire year. Consent may be obtained by auxiliary personnel under general supervision
- Photos or videos must use secure store and forward technology that is compliant with ***HIPAA** and other laws; if images are not of sufficient quality to guide medical treatment, the provider should arrange to obtain higher resolution images, not bill for the service, or perform a face-to-face visit
- Services are required to include interpretation of the data and patient follow-up within 24 business hours; these services must be performed by the billing provider, clinical staff time does not contribute to this service
- Make sure your documentation is complete and compliant by including in the progress note:
 - o Review and interpretation of data
 - o Date, time and duration of patient contact
 - o Brief summary of the discussion & recommendations

Virtual Check-Ins may be performed by telephone only, but when they are enhanced by sharing additional data, or when performing a Remote Evaluation, data must be exchanged on a HIPAA compliant platform, such as a patient portal, secure email, or other digital applications. ***HIPAA requirements will not be enforced during the COVID-19 National Public Health Emergency for providers delivering telehealth services in good faith.** For more information, please refer to the [HHS guidance](#).

Virtual Check-In: G2012*

Do your physicians or qualified providers ever find themselves managing a new problem or chronic condition by phone, or video chatting with patients to address a health condition? If your providers are evaluating and/or treating patients by phone or via a ***HIPAA-compliant technology**, you may be able to bill for a Virtual Check-In.

- Virtual Check-Ins generally last 5-10 minutes and require live, two-way audio (telephone) or two-way audio enhanced with video or other data transmission.
- Consent for services must include notification of cost-sharing obligations; documentation of verbal consent meets requirements. Once obtained and documented, a single consent can cover services for entire year. Consent may be obtained by auxiliary personnel under general supervision
- Make sure your documentation is complete and compliant by documenting in the progress note:
 - Date, time, and duration of service
 - A brief summary of the topic or issues discussed and recommended treatment
- Virtual check-ins are not a billable service when performed by clinical staff
- [Global Surgery rules](#) apply

Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Considerations

- *In RHC or FQHC Settings, **G0071** is used to bill these services
- Consent for services must include notification of cost-sharing obligations; documentation of verbal consent meets requirements. Once obtained and documented, a single consent can cover services for entire year. Consent may be obtained by auxiliary personnel under general supervision.
- Only one **G0071** may be billed per day in RHC/FQHC, but **G0071** may be billed on consecutive days; cost sharing applies.
- **G0071** is paid outside of the AIR/PPS visit rate
- **G0071** requires at least 5 minutes of provider Virtual Communication to bill
- No face-to-face requirements exist to bill **G0071**, but the service cannot be related to other services provided within 7 days prior to the virtual communication.
- If the communication results in a face-to-face follow-up within 24 hours or the soonest available appointment, **G0071** will not be paid.

Billing Tips

- Not sure which code applies? **G2010** is an asynchronous visit, while **G2012** is always a synchronous visit
- Both services may be billed the same day in fee-for-service settings
- Virtual Check-Ins and Remote (Virtual) Evaluation may be billed the same month as Chronic Care Management, Principal Care Management, and Transitional Care Management
- During the National Public Health Emergency, providers [may waive cost sharing](#) for this service

Billing Multiple Virtual Care Services in Fee for Service

Did you know that Virtual Check-Ins and Remote (Virtual) Evaluation are often performed together-- and can be billed together?

For instance, if your provider takes a call from a patient about an itchy rash, then asks the patient to send pictures in order to evaluate the rash for treatment, you can bill for both services, if all other service requirements are met.

Suggested Citation:

Showalter, G. (2020, April 20). Virtual Services | Leveraging Technology to Manage Patients in Original Medicare. Loengard, A., Findley, J. (Eds.). <https://caravanhealth.com/>