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**CMS to Pay for the Newly Defined**

**“Virtual Check-in”**

Beginning January 1, 2018, reimbursement will be available to PHYSICIANS and certain other Qualified Practitioners (those who can report E/M codes under the CMS coding standards), for a:

- Brief, non-face to face check in with an ESTABLISHED patient. This telephone visit would be to ASSESS WHETHER THE ESTABLISHED PATIENTS CONDITION REQUIRES AN OFFICE VISIT.
- The Brief communication technology service is billable under HCPCS code **G2012**.
- An Established patient must not have had a related E/M visit or procedure within the previous **seven days**.
- The payable service also cannot lead to an E/M service within the next **24** hours. If an E/M service occurs during this time then the event is considered bundled into that E/M service and cannot be separately billed.
- So long as the brief communication meets the aforementioned requirements, there is no frequency limitation as to the number of services that the providers can submit.
- CMS will allow audio only, real time telephone interactions in addition to synchronous, two-way audio interactions.

CMS is finalizing several other telehealth services.  
Stay tuned!