

Medication Support Services (MSS) provided via Telephone or Telehealth

Face-to-Face Time = Time Seeing the Client's Face

Telephone w/client: not considered Face-to-Face

Telehealth w/client: considered Face-to-Face because the client is visually present

E+M Codes REQUIRE Face-to-Face

MSS provided via **TELEPHONE**

| Activity | Service Code | Modifier | Face-to-Face Time |
|---------------|--------------|----------|-------------------|
| Any & All MSS | H2010 | SC | 0 |

MSS provided via **TELEHEALTH**

| Activity | Service Code | Modifier | Face-to-Face Time |
|---|--------------|----------|---------------------------|
| Initial Med Evaluation (IME) | E+M 99201-5 | GT | Time seeing client's face |
| Med follow-up | E+M 99211-5 | GT | Time seeing client's face |
| Very brief discussion with client re: meds (does not warrant an E+M service) | H2010 | GT | Time seeing client's face |
| Consultation/Meeting w/treatment team member(s) (client not present) | H2010 | GT | 0 |
| Providing information to a collateral to assist the client (client not present) | H2010 | GT | 0 |

MSS Stand-Alone Activities (no contact)

| Activity | Service Code | Modifier | Face-to-Face Time |
|--|--------------|----------|-------------------|
| Ordering / reviewing labs Completing forms/prior authorizations/TAR to assist client in obtaining their meds Reviewed records for the purpose of preparing for a session – and client did not show | H2010 | HE | 0 |

Location of Service = Location of the Practitioner

SERVICE INFORMATION

Date Of Service: 05/08/2020

Program of Service: 1906A EDMUND D EDELMAN WEST-SIDE MHC

Location of Service: Office

Service Code: E+M ESTABLCLT MOD/HIGH TELEPSY (99214GT)

SERVICE ADDRESS

Facility Name: _____

City: _____

Enter the Location where you would have provided the service if it weren't for COVID-19

(e.g., if you would've seen the client in the Office/Clinic, then select Office)