| CODING for TELEHEALTH                                 | AUDIO/VIDEO   | TELEPHONE ONLY             | TELEHEALTH                | COST SHARING                            | COST SHARING           |
|---|---|----------------------------|---------------------------|---|------------------------|
| QUICK REFERENCE GUIDE                                 | All Payers  |                            | COVERAGE                  | for COVID-19                            | for Telehealth         |
|   | 99201 - 99215   |                            | DATES                     | Treatment                               | Services               |
| <u>Aetna</u>  | For <u>Commercial</u>                                   | 99441-99443                | Reimbursed at same        | Waived for                              | Waived thru            |
| *For Individual Aetna Medicare Advantage              | plans - <b>POS 02</b> w/                                | w/ POS 11 and no modifier  | rates as in-person visits | inpatient admit or                      | 1/31/2021 for in-      |
| members, copays are waived for in-network             | modifier GT or 95                                       | *After September 30,       | for in-network primary    | health                                  | network commercial     |
| telehealth visits for <b>primary care</b> through the | For <u>Medicare</u> -                                   | 2020, telephone-only       | care and specialist       | complications                           | and Medicare           |
| end of the Public Health Emergency.                   | POS 02 or 11 w/   | services resumed to pre-   | telehealth visits         | associated with                         | Advantage plans*       |
|   | modifier 95   | March 5, 2020 rates.       |                           | COVID                                   |                        |
| <u>Anthem</u>   | POS 02 / mod 95   | 99441-99443                | From                      | Waived through                          | Date varies by plan,   |
| **For LiveHealth Online, Anthem's telehealth          | or GT   | Cost shares will be waived | in-network providers      | 1/31/2021 for in-                       | check on each          |
| provider, cost sharing will be waived through         |   | for in-network providers   |                           | network providers                       | patient's benefits for |
| 5/31/2021   |   | only until 5/31/2021       |                           |   | telehealth             |
| Anthem Hoosier Healthwise (Medicaid) and HIP          | POS 11 / mod GT   | E/M per IN Medicaid        | Thru the declared PHE     |   |                        |
| Anthem Medicare                                       | POS 02 / mod 95   | 99441-99443                | Thru the declared PHE     |   |                        |
| AARP Medicare Complete                                | POS 11/ mod 95  | 99441-99443 per UHC        | Thru the declared PHE     |   |                        |
| Caresource HIP/ HHW / Marketplace                     | POS 11 / mod GT   | E/M per IN Medicaid        | Thru the declared PHE     |   |                        |
| <u>Cigna</u>  | POS 11/ mod 95,   | Telephone-only codes       | New Virtual Care Policy   | Waived for COVID                        | Standard customer      |
| New Virtual Care Policy effective 1/31/2021           | GT or GQ  | 99441-99443 effective      | effective 1/31/2021       | related treatment                       | cost-share applies     |
|   |   | 1/1/2021                   |                           | thru 7/20/2021                          |                        |
| <u>Humana</u>   | POS 11/ mod 95  | 99441-99443                | 3/6/2020 thru the         | Waived for in- and                      | Waived for             |
|   |   | w/ POS 11 and no modifier  | declared PHE              | out-of-network                          | in-network providers   |
|   |   |                            |                           | providers                               |                        |
|   |   |                            |                           | USE MODIFIER CS                         |                        |
| Managed Health Services (MHS) HIP, HHW                | POS 11 / mod GT   | E/M per IN Medicaid        | 3/1/2020 thru declared    | No cost-sharing for in-network services |                        |
| MDWise Marketplace, HHW, HIP, Excel                   | POS 11 / mod GT   | E/M per IN Medicaid        | PHE; then                 |   |                        |
| Indiana Medicaid                                      | POS 11 / mod GT   | E/M Codes                  | coverage continues per    |   |                        |
| Change request 10/24/2020 (BT2020106)                 |   | 99201-99215                | Medicaid policy           |   |                        |
| Medicare  | POS 11/ mod 95  | 99441-99443                | 3/1/2020 thru the         | May apply based                         | May apply; can be      |
|   |   | w/ POS 11 and no modifier  | declared PHE              | on services                             | waived w/out           |
|   |   |                            |                           | USE MODIFIER CS                         | penalty                |
| Medicare Advantage plans                              | Per Medicare coding and commercial payer POS guidelines |                            | Thru the declared PHE     |   |                        |
|   |   |                            |                           |   |                        |
| <u>United Healthcare</u>                              | POS 02  | E/M Codes                  | From 1/1/2021, in-        | Thru 1/31/2021,                         | Most UHC MA plans      |
|   | Modifiers   | 99201-99215                | network telehealth        | waived for in- and                      | have \$0 copays for    |
| UHC <u>Telehealth Policy</u>                          | 95/GT/GQ/G0   | for commercial plans       | services in accordance    | out-of-network                          | covered telehealth     |
|   | not required  |                            | with current CMS          | telehealth COVID-                       | services in 2021.      |
|   | POS 11 with no  | For Medicare Advantage     | guidelines, the           | 19 treatment visits                     |                        |
|   | modifier  | plans, use                 | member's benefit plan     |   | For Commercial         |
|   |   | 99441-99443                | and our Telehealth        |   | plans, copays apply    |
|   |   |                            | Reimbursement Policy      |   | as of <b>10/1/2020</b> |

NOTE: This tool is provided for informational purposes only and is not intended to tell providers how to code for actual services rendered. This information is only valid during the COVID-19 emergency and was current at the time of publication; however, information changes daily. Refer to payer websites and policies for telemedicine billing policies.