

COVID-19 and Telehealth Coding Options as of 3/25/2020

Payer	Audio-Video Communication	Telephone-Only	References
MODIFIERS AND PLACE OF SERVICE CODES			
GQ GT 95 POS 2	Services delivered via asynchronous telecommunications system Face-to-face encounter utilizing interactive audio-visual communication technology Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system. Telehealth services		
Anthem	99201-99215 Modifier 95 or GT Recognizes, but does not require Place of Service (POS) code "02"	Anthem will cover telephone-only services for 90 days effective March 19, 2020. Use appropriate CPT codes for telephone-only encounters (see 99441-99443).	Information from Anthem for Care Providers about COVID-19 (Updated March 19, 2020) https://providernews.anthem.com/indiana/article/information-from-anthem-for-care-providers-about-covid-19-4
CMS/WPS Medicare	99201-99215 POS 02 Modifier GT (not required) https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10152.pdf	G2012 - Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
FSSA/IHCP Indiana Medicaid	99201-99215 And any codes on the Telemedicine Code Set POS 02 Modifier 95	99201-99215 w/ POS 02 and modifier 95 Any any codes not on the Telemedicine Code Set) Modifier GT and POS wherever the patient is located (POS 12 = home)	http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Telemedicine_Services_Codes.pdf
UHC	99201-99215 (and any codes on the Telemedicine Code Set) POS 02 Modifier 95	For commercial and Medicare Advantage members, UnitedHealthcare reimburses the following audio-only or digital services Virtual check-in: Services through several communication technology devices, such as telephone (code G2012) or captured video or image (code G2010) . These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners, where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to receive virtual check-in services. E-Visits: The patient must generate the initial inquiry, and communications can occur over a 7-day period. For these services, UnitedHealthcare reimburses CPT® codes 99421-99423 and HCPCS codes G2061-G2063 , as applicable. These services can only be reported when the billing practice has an established relationship with the patient . For these e-visits, the patient must generate the initial inquiry, and communications can occur over a 7-day period. The patient must verbally consent to receive virtual check-in services.	https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-faqs.html
Other Commercial Payers	Policies vary on whether new patients can be seen via telemedicine and whether they will cover telephone-only calls or not; call payers or visit these websites for details AETNA: https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html CIGNA: https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html HUMANA: https://www.humana.com/provider/coronavirus and https://www.humana.com/provider/coronavirus/telemedicine		
TELEHEALTH DOCUMENTATION REQUIREMENTS The following documentation requirements are recommended based on various payers and code options available <ul style="list-style-type: none"> > Patient's verbal consent was obtained > Patient was notified that the telehealth visit is a billable service and all applicable coinsurance, copayments and deductibles may apply > Time spent on the visit - this will be extremely helpful if a payer decides to cover a time based code or you need to rebill with a code other than regular E/M codes > IN Medicaid has asked for the location of the patient and the location of the provider, although this will not affect code selection > Chief Complaint, History, Exam and Medical Decision Making components as required for E/M coding to support medical necessity for the service NOTE: Exam elements will be limited to those that can be observed via video so level of E/M service may be lower than normal			