

COVID-19 and Telehealth Coding Options as of 3/20/2020 (Changes since yesterday are in bright yellow)						
Payer	Medicare Advantage	Commercial	Restrictions	Effective Dates	Billing Codes	What's Covered
MODIFIERS AND PLACE OF SERVICE CODES						
GQ	Services delivered via asynchronous telecommunications system					
GT	Face-to-face encounter utilizing interactive audio-visual communication technology					
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system. Modifier 95 is only for codes that are listed in Appendix P of the CPT® manual.					
POS 2	Telehealth services					
Aetna	See CMS guidelines	Pays for two-way synchronous (i.e. real-time) audio visual interactive medical services between the patient and provider	Asynchronous services are not reimbursable Self-insured plans may opt out	03/06/2020 for 90 days (thru 6/4/2020) Aetna's Telemedicine and Direct Patient Contact policy	Report codes from Appendix P in the CPT® book with modifiers GT or 95	No co-pay for telemedicine visits for any reason for 90 days and no cost share for all video visits through the Aetna-covered Teladoc offerings and in-network providers delivering synchronous virtual care (live video-conferencing) for all Commercial plans. Also covers G2010, G2012, 99441, 99442, and 99443 during the 90-day period.
	COVID-19 dx only	Any dx from 03/06/2020 to 06/04/2020				
Anthem	See CMS guidelines	<p>Pays for two-way synchronous (i.e. real-time) audio visual interactive medical services between the patient and provider</p> <p>Also applies to Employer Group Retiree Medicare Advantage programs</p> <p>Anthem will cover telephone-only services for 90 days effective March 19, 2020, to reflect the concerns we have heard from providers about the need to support continuity of care for Plan members during extended periods of social distancing.</p> <p>Self-insured plan sponsors may opt out of this program.</p>	Asynchronous services are not reimbursable	<p>Commercial Reimbursement Policy Subject: Telehealth Services Policy Number: C-08002 Effective: 7/19/2019</p> <p>Information from Anthem for Care Providers about COVID-19 (Updated March 19, 2020)</p>	<p>Telehealth specific CPT®/HCPCS code or telehealth modifier with codes from Appendix P in the CPT® book</p> <p>Modifier 95 or GT are appended with office visit codes 99201-99215</p> <p>Use appropriate CPT codes for telephone-only encounters</p> <p>Recognizes, but does not require Place of Service (POS) code "02"</p>	<p>Out-of-pocket expenses—inclusive of copays, coinsurance and deductibles for COVID-19—are waived for tests and related visits, including visits to determine if testing is needed.</p> <p>Member cost share for telehealth visits is waived, including visits for behavioral health, for fully-insured employer, individual, and Medicare Advantage plans, and where permissible, Medicaid plans. Self-insured plan sponsors will have the choice to participate.</p> <p>Cost sharing will be waived for members using Anthem's telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care will be waived for 90 days, beginning March 17. Co-pays for physical and behavioral telehealth visits for health conditions will be waived.</p>
CMS/WPS Medicare	<p>Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services to beneficiaries in any healthcare facility and in their home. Medicare coinsurance and deductible still apply for these services. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.</p> <p>The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.</p> <p>To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.</p>			3/6/2020 and for the duration of the COVID-19 Public Health Emergency	<p>POS 02 and GT modifier</p> <p>https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</p>	<p>"Virtual Check-Ins" w/ G2012, captured video or image w/ G2010, G2061-G2063, as applicable.</p> <p>Covers COVID testing and treatment with codes U0001 and U0002</p> <p>Coinsurance and deductible waived.</p> <p>Medicare will process starting 4/1/2020 for dates of service on or after 2/4/2020.</p>
Cigna		<p>Audio and video internet-based technologies (synchronous communication), which would be reimbursed if the service was provided as a face-to-face office visit;</p> <p>Clinical condition is considered to be of low to moderate complexity, and while it may be an urgent encounter, it should not be an emergent clinical condition. Clinical condition requires straight forward decision making</p>	<p>Virtual care on the same day as a face to face visit, when performed by the same provider and for the same condition</p> <p>Service(s) performed via asynchronous communications systems (e.g., fax)</p> <p>Transmission of digitalized data</p> <p>Virtual care during the post-operative period of a major or minor surgical procedure</p>	<p>Reimbursement Policy Effective Date 06/15/2020</p> <p>Reimbursement Policy Number R31</p> <p>Virtual Care</p> <p>Updated is expected this week to expand telehealth services and may change the effective date</p>	<p>Place of Service (POS) 02 must be reported; Modifier 95 or GT is required and is appended to the appropriate CPT® and/or HCPCS procedure code(s)</p>	<p>96040, 96116, 96156, 96158, 96159, 96167, 96168, 97802, 97803, 97804, 99201-994203, 99211-99213, 99406-99409, G2070, G0296, G0396, G0397, G0438, G0439, G0442-G0447</p> <p>Reimbursement for virtual care services will be made 50% of the fee schedule or other allowed amount.</p>

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FSSA/IHCP Indiana Medicaid	Videoconferencing equipment that allows a medical provider to render an exam or other service to a patient at a distant location using the codes on the Telemedicine Service Code list . Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the provider and the patient. This includes, but is not limited to, the use of computers, phones, or television monitors. This policy includes voice-only communication, but does not include the use of non-voice communication such as emails or text messages.	Telemedicine services may be rendered in an inpatient, outpatient, or office setting. All services that are available for reimbursement when delivered as telemedicine are subject to the same limitations and restrictions as they would be if not delivered by telemedicine.	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER REFERENCE MODULE Telemedicine and Telehealth Services, 10/1/2019	Use valid procedure code(s) for the IHCP covered service with Modifier GT – Via interactive audio and video tele-communication systems. Do not bill with place of service (POS) code 02 or modifier 95. This will cause the claim to deny	No co-pays for COVID-19 diagnostic testing. Use U0001 and U0002, effective 4/1/2020, retroactively to claims for DOS on or after 2/4/2020	
Humana	Effective 1/1/2020 For primary care, urgent care, mental health or substance abuse services, as defined by Humana; Provided by a physician or other qualified HCP that has satisfied Humana's telehealth credentialing and recredentialing standards and has a valid and effective contract with Humana; Provided through real-time interactive audio or visual methods . Must verify the member's identity before providing services and obtain verbal or written consent to receive the services, in accordance with state law. Humana commercial plans allow telehealth and interprofessional telephone or internet assessment and management services.	Internet-only telehealth services, CPT® codes 99421-99423, 99444 and 98969-98972, are not allowed unless provided pursuant to a Humana telehealth vendor partnership or when required by an applicable state mandate.	Humana Claims Payment Policy Subject: Telehealth Services Application: Medicare Advantage, Commercial and Medicaid Products Effective date: Commercial: 07/2008 Medicare Advantage: 02/2009 Policy number: CP2008102	Use modifier GT, modifier 95 and POS code 02 with appropriate CPT® and/or HCPCS procedure code(s)	Really hoping for more clarification on this one!	
UHC	Any originating site requirements that may apply under Original Medicare or Commercial policies are waived so that telehealth services provided via a real-time audio and video communication system can be billed for members at home or another location. All CPT®/HCPCS codes payable as telehealth when billed with Place of Service 02 and the GQ or GT modifiers, as appropriate, under Medicare will be covered for Medicare Advantage plans for members at home during this time. Standard plan copays, coinsurance and deductibles will apply.		3/14/2020 thru 4/30/2020, may be extended UHC Provider Telehealth Policies March 14, 2020	(1) Codes recognized by CMS and appended with modifiers GT or GQ (2) Codes recognized by the AMA included in Appendix P of CPT® and appended with modifier 95 for Commercial plans	Our commercial and Medicare Advantage plans currently reimburse for "virtual check-in" patients to connect with their doctors remotely. These services are for established patients, not related to a medical visit within the previous 7 days and not resulting in a medical visit within the next 24 hours (or soonest appointment available). These services can be billed when furnished through several communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010). UnitedHealthcare will also reimburse for patients to communicate with their doctors using online patient portals, using CPT® codes 99421-99423 and HCPCS codes G2061-G2063, as applicable.	