In addition to regular E/M services that are now covered via telehealth with the Originating Site restrictions waived effective 3/6/2020 and throughout the COVID-19 emergency, the following additional options are available for Medicare (G codes and 99421-99443) and other payers (99421-99443) as well as the new diagnostic testing codes.

### COVID-19 and Telehealth Coding Options as of 3/21/2020

#### DIAGNOSTIC TESTING (Covered by Medicare, Medicaid and many commercial payers)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Medicare Fee Schedule Allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>U0001</td>
<td>Centers for Disease Control and Prevention (CDC) “2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel”</td>
<td>$35.92</td>
</tr>
<tr>
<td>U0002</td>
<td>2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets</td>
<td>$51.31</td>
</tr>
</tbody>
</table>

#### TELEHEALTH OPTIONS (G codes are payable by Medicare and Medicare Advantage plans ONLY)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Medicare Fee Schedule Allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2012</td>
<td>“Virtual check-in” w/ provider via telephone: established patient, not originating from a related E/M service provided within previous 7 days nor leading to an E/M service or procedure within next 24 hours or soonest available appointment; 5-10 minutes of medical insertion</td>
<td>$13.92</td>
</tr>
</tbody>
</table>

#### VACCINES - Once a vaccine is available, all Part D plans will be required to cover the vaccine.

For COMMERCIAL PAYERS who cover telehealth services (check eligibility for each patient as plans may vary)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Medicare Fee Schedule Allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>99421</td>
<td>Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes</td>
<td>$14.58</td>
</tr>
<tr>
<td>99422</td>
<td>11-20 minutes</td>
<td>$28.99</td>
</tr>
<tr>
<td>99423</td>
<td>21 or more minutes</td>
<td>$46.84</td>
</tr>
</tbody>
</table>

EXCLUDES: Clinical staff time; Digital evaluation by a qualified nonphysician health care professional (98970-98972); Digital evaluation performed with separately reportable E/M services during same time frame for new or established patient; Inquiries related to previously completed procedure and within the postoperative period; INR monitoring (93792-93793); Office consultation (99241-99245); Office or other outpatient visit (99201-99205, 99212-19215); Patient management services (99339-99340, 99347-99380, [99091], 99487-99489, 99495-99496); Digital service less than 5 minutes; Use of code more than one time in 7 days

#### MEDICARE ADVANTAGE PLANS

- Medicare Advantage plans may provide benefits to their members for telehealth visits, including services when the beneficiary is located in a variety of locations including their home.
- This may include regular 99212-99215 follow-up visits with the correct POS and modifiers, listed below.

#### MODIFIERS AND PLACE OF SERVICE CODES

Use POS 02 for Telehealth Services

- **QQ** 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.
### COVID-19 and Telehealth Coding Options as of 3/21/2020

<table>
<thead>
<tr>
<th>Payer</th>
<th>Medicare Advantage</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>GQ</strong></td>
<td>Services delivered via asynchronous telecommunications system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GT</strong></td>
<td>Face-to-face encounter utilizing interactive audio-visual communication technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POS 2</strong></td>
<td>Telehealth services</td>
<td></td>
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</tr>
</tbody>
</table>

#### Aetna
- See CMS guidelines
- **COVID-19 de only**
- Pays for two-way synchronous (i.e., real-time) audio visual interactive medical services between the patient and provider
  - Any dx from 03/06/2020 to 06/04/2020
  - Asynchronous services are not reimbursable
  - Self-insured plans may opt out
  - Commercial Reimbursement Policy Subject: Telehealth Services Policy Number: C-08002 Effective: 7/19/2019
  - Information from Aetna for Care Providers about COVID-19 (Updated March 19, 2020)
  - Place of Service (POS) 02 must be used for telehealth services.
  - Recognizes, but does not require Place of Service (POS) code "02"
  - Out-of-pocket expenses—including of copays, coinsurance and deductibles for COVID-19—are waived for tests and related visits, including visits to determine if testing is needed.
  - 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.
  - Cost sharing will be waived for members using Aetna’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.

#### Anthem
- See CMS guidelines
- Pays for two-way synchronous (i.e., real-time) audio visual interactive medical services between the patient and provider
  - Also applies to Employer Group Retiree Medicare Advantage programs
  - 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.
  - Self-insured plan sponsors may opt out of this program.
  - Asynchronous services are not reimbursable
  - Commercial Reimbursement Policy Subject: Telehealth Services Policy Number: C-08002 Effective: 7/19/2019
  - Information from Anthem for Care Providers about COVID-19 (Updated March 19, 2020)
  - Use appropriate CPT codes for telehealth visits for health conditions will be waived.
  - 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.

#### CMS/WPS Medicare
- 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.
- 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.
- 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.
- Virtual care on the same day as a face to face visit, when performed by the same provider and for the same condition
  - Service(s) performed via asynchronous communications systems (e.g., fax)
  - Transmission of digitalized data
  - Virtual care during the post-operative period of a major or minor surgical procedure
  - Reimbursement Policy Effective Date 06/15/2020
  - Reimbursement Policy Number R31 Virtual Care
  - Updated is expected this week to expand telehealth services and may change the effective date
  - 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)
  - Medicare will process starting 4/1/2020 for dates of service on or after 2/4/2020.

#### Cigna
- Audio and video internet-based technologies (synchronous communications), which would be reimbursed if the service was provided as a face-to-face office visit;
  - 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
  - Virtual care on the same day as a face to face visit, when performed by the same provider and for the same condition
  - Service(s) performed via asynchronous communications systems (e.g., fax)
  - Transmission of digitalized data
  - Virtual care during the post-operative period of a major or minor surgical procedure
  - Reimbursement Policy Effective Date 06/15/2020
  - Reimbursement Policy Number R31 Virtual Care
  - Updated is expected this week to expand telehealth services and may change the effective date
  - 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)
  - Reimbursement for virtual care services will be made 50% of the fee schedule or other allowed amount.

#### MODIFIERS AND PLACE OF SERVICE CODES
- Modifier 95 or GT may be appended to the CPT® code to indicate telehealth services.
- Modifier 95 or GT must be used for telehealth services.
- Place of Service (POS) 02 must be used for telehealth services.
- Place of Service (POS) 02 and GT modifier are appended in the CPT® book with modifiers GT
- Modifier 95 or GT are appended with office visit codes 99201-99213, 99211-99213, 99201-99201, 99211-99213
- Use appropriate CPT codes for telephone-only encounters
- Also covers G2010, G2012, 99441, 99442, and 99443 during the 90-day period.

#### Additional Information
- Virtual Check-Ins w/ G2010, captured video or image w/ G2010, G2061-G2063, as applicable.
- Covers COVID testing and treatment with codes U0001 and U0002.
- Coinsurance and deductible waived.
- Medicare will process starting 4/1/2020 for dates of service on or after 2/4/2020.

#### FAQs
- What’s Covered
- Audio and video internet-based technologies (synchronous communications), which would be reimbursed if the service was provided as a face-to-face office visit;
  - 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
  - Virtual care on the same day as a face to face visit, when performed by the same provider and for the same condition
  - Service(s) performed via asynchronous communications systems (e.g., fax)
  - Transmission of digitalized data
  - Virtual care during the post-operative period of a major or minor surgical procedure
  - Reimbursement Policy Effective Date 06/15/2020
  - Reimbursement Policy Number R31 Virtual Care
  - Updated is expected this week to expand telehealth services and may change the effective date
  - 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)
  - Medicare will process starting 4/1/2020 for dates of service on or after 2/4/2020.
  - Reimbursement for virtual care services will be made 50% of the fee schedule or other allowed amount.
COVID-19 and Telehealth Coding Options as of 3/21/2020

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<tbody>
<tr>
<td>UHC</td>
<td></td>
<td></td>
<td></td>
<td>3/14/2020 thru 4/30/2020, may be extended</td>
<td>(1) Codes recognized by CMS and appended with modifiers GT or GQ</td>
<td>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.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>UHC Provider Telehealth Policies March 14, 2020</td>
<td>(2) Codes recognized by the AMA included in Appendix P of CPT® and appended with modifier 95 for Commercial plans</td>
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</tr>
<tr>
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<td></td>
<td>U0001 and U0002, effective 4/1/2020, retroactively to claims for DOS on or after 2/4/2020</td>
<td>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</td>
</tr>
<tr>
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<td></td>
<td>Codes NOT on the Code Set should use modifier GT. Do not bill these codes with place of service (POS) code 02 or modifier 95. This will cause the claim to deny.</td>
<td>Testing for COVID-19 will be fully covered with no out-of-pocket costs for patients who meet CDC guidelines at approved laboratory locations. Humana will waive out-of-pocket costs for telemedicine visits for urgent care needs for the next 90 days. <a href="https://www.humana.com/coronavirus/covid19-humana-member-resources">https://www.humana.com/coronavirus/covid19-humana-member-resources</a></td>
</tr>
<tr>
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<td></td>
<td>Codes on the Telemedicine Code Set list are billed with POS 2 and modifier 95.</td>
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MODIFIERS AND PLACE OF SERVICE CODES

**GQ**
- Services delivered via asynchronous telecommunications systems.
- Face-to-face encounter utilizing interactive audio-visual communication technology
- 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.
- Telehealth services

**GT**
- 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.

**POS 2**
- POS code 02 with appropriate modifiers GT or GQ
- POS code 02 or modifier 95. This will cause the claim to deny.

**FSSA/IHCP Indiana Medicaid**
- 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.

**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 and video telecommunications system.

**INDIANA HEALTH COVERAGE PROGRAMS PROVIDER REFERENCE MODULE**
- Telemedicine and Telehealth Services, 10/1/2019

**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.

**UnitedHealthcare**
- 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.