

COVID-19 and Telehealth Coding Options as of 3/18/2020

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 99421-99423) and other payers (99421-99443) as well as the new diagnostic testing codes.

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

U0001 Centers for Disease Control and Prevention (CDC) "2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel"

U0002 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets)

- Coinsurance and deductible waived

- Medicare will process starting 4/1/2020 for dates of service on or after 2/4/2020

87635 NEW CPT Code: Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified

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

G2012 "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 discussion

G2010 Remote evaluation of **recorded video and/or images** submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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

G2061 Qualified nonphysician health care professional **online assessment**, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

G2062 11-20 minutes

G2063 21 or more minutes

- Patient-initiated, digital communications that require a clinical decision that typically otherwise would have been provided in the office

- Medicare coinsurance and deductible applies to all telehealth services. Obtain and document patient's verbal consent.

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.

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)

Coverage for E/M codes 99201-99215 billed as telehealth services with POS 02 and appropriate modifiers varies by individual payer and plan benefits

99421 **Online digital** E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

99422 11-20 minutes

99423 21 or more minutes

INCLUDES: Cumulative service time within a 7 day time frame needed to evaluate, assess, and manage the patient: Ordering of tests; Prescription generation; Separate digital inquiry for new and unrelated problem; Subsequent communication that is digitally supported (i.e., email, online, telephone); Digital service initiated by an established patient utilizing internet resources

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, 99212-99215); Patient management services (99339-99340, 99374-99380, [99091], 99487-99489, 99495-99496); Digital service less than 5 minutes; Use of code more than one time in 7 days

99441 **Telephone** E/M by a physician or other qualified HCP, established patient, parent, or guardian 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

99442 11-20 minutes

99443 21 or more minutes

INCLUDES: Episodes of care initiated by an established patient or the patient or guardian of an established patient; Non-face-to-face E&M services provided by a physician or other health care provider qualified to report E&M services; Related E/M services provided within: Postoperative period of a completed procedure; Seven days prior to the service

EXCLUDES: Patient management services during same time frame as (99339-99340, 99374-99380, 99487-99489, 99495-99496, 93792-93793); Use of codes more than one time for telephone and online services when reported within a seven day period of time by the same provider

NOTE: All time-based codes MUST have time documented in number of minutes. Do not use the range of time in the code description as your documentation of the actual time.

MODIFIERS AND PLACE OF SERVICE CODES Use POS 02 for Telehealth Services

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.

| COVID-19 and Telehealth Coding Options as of 3/18/2020 | | | | | | |
|--|--|---|--|---|---|---|
| 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 | 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 | Asynchronous services are not reimbursable Services rendered by audio-only telephone communication, facsimile, e-mail, instant messaging, or other electronic communication are not covered . | Commercial Reimbursement Policy Subject: Telehealth Services Policy Number: C-08002 Effective: 7/19/2019 | Telehealth specific CPT®/HCPCS code or telehealth modifier with codes from Appendix P in the CPT® book | Out-of-pocket expenses for the test used to diagnose COVID-19 will be waived for members who have fully insured, individual, Medicare and Medicaid plans. Providers should continue to verify eligibility and benefits for all members prior to rendering services. Members will pay any other out-of-pocket expenses their plan requires, unless otherwise determined by state law or regulation. |
| 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. | | | 3/6/2020 and for the duration of the COVID-19 Public Health Emergency | POS 02 and GT modifier https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes | "Virtual Check-Ins" w/ G2012 , 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. |
| Cigna | | Audio and video internet-based technologies (synchronous communication), 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) | 96040, 96116, 96156, 96158, 96159, 96167, 96168, 97802, 97803, 97804, 99201-994203, 99211-99213, 99406-99409, G2070, G0296, G0396, G0397, G0438, G0439, G0442-G0447 Reimbursement for virtual care services will be made 50% of the fee schedule or other allowed amount. |
| 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 http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Telemedicine_Services_Codes.pdf | | 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 | POS 02 and 95 modifier required GT modifier optional | 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 |

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| POS 2 | Telehealth services | | | | | |
| Humana | Effective 1/1/2020 Forprimary 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. | |