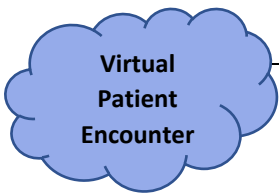


COVID-19 TELEMEDICINE BILLING DECISION TREE



Place of Service (POS) 02 = Telehealth services
Modifier 95 = Synchronous telemedicine service audio and video
Modifier GT = Face-to-face encounter w/ audio-visual technology
Modifier GQ = Services delivered via asynchronous system

- DOCUMENT**
- Patient's verbal consent
 - Patient was notified that telehealth visits are billable services; all copays, coinsurance and deductibles may apply
 - Location of the patient and the location of the provider
 - E/M service may be lower than normal w/ limited exam; focus on documenting Hx & MDM; will need some exam for new patients
 - # of minutes face-to-face w/ patient and/or family on video or phone

Audio + Video

Yes →

No ↓

Coding based on time still requires greater than 50% spent in counseling and/or coordination of care. Time does not include review of chart notes or documentation. This has not changed.

E/M codes 99201-99215 or whatever code you would normally bill in the office
 Use **POS 02** with **GT** (Medicare plans) or **95** (Commercial payers)

Cigna**
POS 11 w/ modifier GQ

Telephone only

Yes →

No ↓

Medicare and MA plans

Yes →

No ↓

Use G2010 for captured video or image (not real time)

99441-99443 † or G2012 Virtual Check-In (G0071 for FQHCs)
 Use **POS 02**

No related E/M in previous 7 days nor any service planned in next 24 hours

99441 5-10 min medical discussion
99442 11-20 minutes
99443 21 or more minutes

Document # of minutes

◦ **Anthem BCBS** Until Wednesday, June 17, 2020

* **UHC** Until Thursday, June 18, 2020

** as of April 6, 2020 for dates of service on or after March 2, 2020 and until at least May 31, 2020

◦◦ Codes that are not on the [IN Medicaid telemedicine code set](#) must be billed with modifier GT and POS where the patient was located (ie. 12 for home)

Anthem[◦] UHC* IN Medicaid^{◦◦}

Yes →

Cigna**

Yes →

E/M codes 99201-99215 or whatever code you would normally bill in the office
 Use **POS 02** with mod **95**

E/M codes 99201-99215 POS normally billed (ie. 11 for office) w/ **GQ** modifier
 **Same for audio-video visits

Other Commercial Insurance

Yes →

May require these codes **99441-99443** based on time

Online only (email, text, or portal messages)

Yes →

Bill with 99421-99423 based on time

Up to 7 days, cumulative time	
99421	5-10 minutes
99422	11-20 minutes
99423	21 or more minutes
Document # of minutes	

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 normal telemedicine billing options.

COVID-19 TELEMEDICINE REFERENCES

[AETNA](#)

For the next 90 days Aetna will cover **minor acute evaluation and management services care services rendered via telephone. A visual connection is not required. For general medicine and behavioral health visits – a synchronous audiovisual connection is still required.** Aetna's [telemedicine policy](#) is available to providers on the NaviNet and Availity portals. (99441-99443 for telephone only)

[ANTHEM](#)

Anthem does not cover telephone-only services today (with limited state exceptions) **but we are providing this coverage 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. Anthem will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Anthem will waive associated cost shares for in-network providers only except where a broader waiver is required by law. Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. Self-insured plan sponsors may opt out of this program.

[CIGNA](#)

Services can be performed by phone, video, or both. **Usual face-to-face E/M code, append with GQ modifier and POS service normally billed**

[CMS MEDICARE](#)

A broad range of clinicians, including physicians, can now provide certain services by **telephone** to their patients (CPT codes **98966-98968; 99441-99443**)

[HUMANA](#)

Humana understands that not all telehealth visits will involve the use of both video and audio interactions. For providers or members who don't have access to secure video systems, we will **temporarily accept telephone (audio-only) visits. These visits can be submitted and reimbursed as telehealth visits.** Please follow CMS or state-specific guidelines and bill as you would a standard telehealth visit

[IN MEDICAID](#)

Email from Hannah Burney, MPH, Senior Manager, Coverage and Benefits Indiana Medicaid ▪ Indiana Family and Social Services Administration "...even over the telephone could be billed using E/M codes 99210-99215".

Phone call with Sara Albertson, MPH, Provider Relations Manager, Indiana Medicaid, Indiana Family and Social Services Administration, also confirmed codes 99201-99215 are appropriate. FAQ from teleconference will be posted soon.

[UHC](#)

Audio-only Services Billed with E/M Codes

For commercial, Medicaid and Medicare Advantage members, UnitedHealthcare has waived audio-video requirements and will reimburse telehealth services provided through live, interactive audio-visual or audio-only transmission to new or existing patients whose medical benefit plans cover telehealth services, unless otherwise permitted by state law.

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3/30/2020