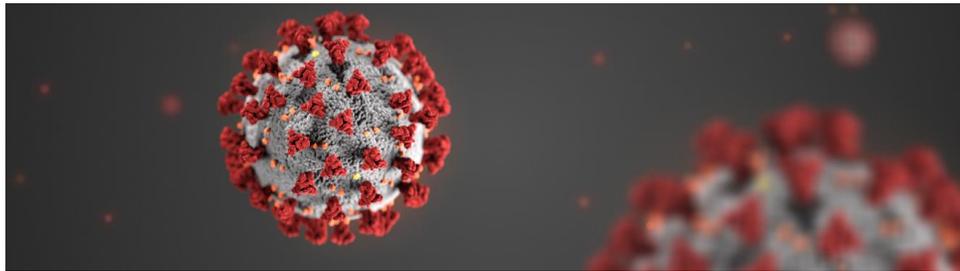


# Coding Guidelines for COVID-19 Telehealth/Telemedicine Services



In light of the Coronavirus pandemic, the following guidance and resources may be helpful in planning to provide telehealth/telemedicine services to your patients. For purposes of clarity:

- **Telehealth** refers to the real-time interaction with Medicare patients via audio/video communication (E/M, HCPCS codes, etc.).
- **Telemedicine** is defined as a more general concept of interacting with a patient via other than a face-to-face encounter (E-Visits, Virtual Check-Ins, Telephone Calls).

## MEDICARE – E-VISITS

Medicare pays for patients to communicate with their doctors without going to the doctor's office **using online patient portals**. This option should also be part of your Electronic Health Records software under MIPS.

The individual communications, like the virtual check ins discussed later in this piece, must be initiated by the patient. However, practitioners may educate beneficiaries on the availability of this kind of service prior to patient initiation. The communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 as follows:

### Digital Evaluation and Management Services

- 99421 – Online digital evaluation and management service, for an established patient\*, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- 99422 – Online evaluation and management service, for an established patient\*, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- 99423 – Online digital evaluation and management service, for an established patient\*, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

**NOTE:** For place of service, CMS is instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person (i.e. Office: 11).

Because ALL codes above are time based, documentation will require:

Start time of visit

End time of visit

Total Time of visit

The discussion topic includes the medical necessity (e.g., history, action).

### **MEDICARE - VIRTUAL CHECK-INS – Telephone Calls**

For telephone calls with established Medicare Part B patients\*, HCPCS Code G2012 or G2010 may be appropriate. (NOTE: These DO NOT include calls with technicians or medical assistants or for post-op visits in the global period of a procedure).

G2012 is for “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; minimum of 5 minutes of medical discussion”.

G2010 is for “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 the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment”.

**NOTE:** For place of service, CMS is instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person (i.e. Office: 11).

#### Documentation requirements:

- Note the patient’s consent to this type of visit. Consent may be obtained during the phone call and should be documented in the record.
- Document the discussion topic to include the medical necessity (e.g., history, action).
- Document that this conversation took place with the provider, what time the call began, and its length (at least 5 minutes).

#### Other restrictions related to billing G2012:

- The call was not related to an office visit that took place within the past 7 days.
- An office visit related to the call is not anticipated in the next 24 hours (or “next available” appointment).

**\*NOTE: As of 3/31/2020**, Virtual Check-In services, or brief check-ins between a patient and their doctor by audio or video device, could previously only be offered to patients that had an established relationship with their doctor. **Now, doctors can provide these services to both new and established patients.**

Source: <https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>

## **MEDICARE – Expanded List of Telephone Calls**

CMS has expanded the list of Telephone Call interactions and will now pay for telephone calls for physicians (99441-99443) and qualified nonphysicians (98966-98968) for patients. These codes may now be used for Medicare patients **and are for new and established patients.**

- 99441 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an 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 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an 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; 11-20 minutes of medical discussion
- 99443 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an 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; 21-30 minutes of medical discussion

**NOTE:** For place of service, CMS is instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person (i.e. Office: 11).

Use Modifier 95.

**NOTE: CMS increased the Fees for these Audio Only Telephone Visits** above between Medicare beneficiaries and their physicians to match payments for similar office and outpatient visits. Payments for these services will increase from a range of about \$14-\$41 to approximately \$46-\$110. Payments are retroactive to March 1, 2020 and should be adjusted automatically.

## **IMPORTANT NOTE: MEDICARE TELEHEALTH VISITS**

In recognition of the COVID-19 pandemic, **CMS has announced expanded Medicare telehealth coverage that will enable beneficiaries to receive a wider range of health care services from their doctors without having to travel to a health care facility.**

- Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.
- These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.
- While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
- The Medicare coinsurance and deductible would generally apply to these services.

### [List of Medicare Telehealth Services](#)

**NOTE:** The Eye Exam codes (920xx) have been added to the list of Medicare Telehealth Services only for the duration of the PHE.

### [Medicare Telehealth FAQs](#)

## **CODING/BILLING INSTRUCTIONS FOR MEDICARE TELEHEALTH SERVICES**

For those physicians choosing to use standard Telehealth Services E/M and HCPCS codes instead of the Medicare E- Visit or Virtual Check-in codes:

- Use the List of Medicare Telehealth Services codes (E/M Codes, etc.) at the link above.
- For place of service, CMS is instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person (i.e. Office: 11).
- Use Modifier 95.
- The old policy requiring that a patient be in a rural setting and the Originating/Distant Practitioner Site policy has been waived for the duration of the Public Health Emergency (PHE).

The following Non-HIPAA compliant communications platforms may be used during the PHE:

- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video
- WhatsApp video chat, or
- Skype

Texting applications such as Signal, Jabber, Facebook Messenger, Google Hangouts, WhatsApp, or iMessage/EHR Portal are still allowed.

You may not use Facebook Live, Twitch, TikTok

Keep in mind that, as per the above, CMS Medicare will now make payment for professional services furnished to beneficiaries in all areas of the country **in all settings for the duration of the COVID-19 Public Health Emergency (PHE)**. This change means that these services will be allowed without regard for rural area designations and/or the Originating/Distant Practitioner site policy that was in place prior to this PHE.

**Sources:**

[Medicare Administrative Contractor \(MAC\) COVID-19 Test Pricing \(PDF\) \(3/13/20\)](#)

[Frequently Asked Questions to Assist Medicare Providers \(PDF\) \(3/6/20\)](#)

[COVID-19: New ICD-10-CM Code and Interim Coding Guidance \(2/20/20\)](#)

Summary of Medicare Telemedicine Services			
TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> <li>• 99201-99215 (Office or other outpatient visits)</li> <li>• G0425–G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> For a complete list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>	For new* or established patients.  *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
<b>VIRTUAL CHECK-IN</b>	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99431</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

**Regarding the chart shown above,** Virtual Check-In services, or brief check-ins between a patient and their doctor by audio or video device, could previously only be offered to patients that had an established relationship with their doctor. **Now, doctors can provide these services to both new and established patients.**

Source: <https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>

## MEDICAID

The New York State Department of Health has issued the following Medicaid Updates that address billing and coding for COVID-19 telehealth/telemedicine services.

Effective March 13, 2020, during the current state of Emergency ONLY, New York State Medicaid will reimburse telephonic evaluation and management services to members in cases where face-to-face visits may not be recommended and it is appropriate for the beneficiary to be evaluated and managed by telephone.

The guidance is to support the policy that patients should be treated through telehealth including telephonically wherever possible to avoid member congregation with potentially sick patients.

Telehealth will be covered for all appropriate services for all patients appropriate to treat through this modality. However, telephonic services are only to be rendered for the care of established patients or the legal guardian of an established patient.

Specific codes for Medicaid can be found in [Codes for COVID-19 Telephonic Communication Services](#).

- 99441 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an 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 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an 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; 11-20 minutes of medical discussion
- 99443 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an 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; 21-30 minutes of medical discussion

Because 99441-99443 are time based, documentation will require the following:

Start time of visit

End time of visit

Total Time of visit

Discussion topic to include the medical necessity (e.g., history, action).

## Source

[NYS Medicaid Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019](#)

## PRIVATE INSURERS/MANAGED CARE PLANS

For the most part, the commercial payers are falling in line with Medicare's rules for telehealth services reimbursement during the COVID emergency. The payers list the same four service categories that Medicare does: E-Visits, Virtual Check-Ins, Telephone E/M (codes 99441-99443) and Telehealth Services. They permit both Virtual Check-Ins and Telephone E/M (codes 99441-99443) to be done by phone (audio only). Their "remote site" rules are the same as Medicare's, as are their rules regarding non-HIPAA-compliant technology. And their physicians are reimbursed for telemedicine at the same rate as in-person visits.

However, and more importantly, there are differences due to the unique nature of the commercial payers' claims processing systems. Some payers have requirements regarding the place of service, and the use of modifiers, that are different from present Medicare requirements.

In order not to confuse the issue, it is recommended that you carefully review the websites of the plans you participate with and code your claims based on those plans' specific directions. And as you read each plan's information, you may find other details that are particularly important given your own situation.

To begin with, you should look closely at each plan's instructions regarding:

- The services they cover.
- The Place of Service (POS) code.
- The modifier(s) to be used.
- Whether the patient can be a new patient or can only be an established patient.

United Healthcare/Oxford

<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html?cid=em-other-covid-19email5-apr20>

CIGNA

<https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>

Aetna

<https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html>

Horizon BCBSNJ

<https://www.horizonblue.com/providers/news/news-legal-notice/reimbursement-policy-update-telemedicine-services>

Empire Blue Cross Blue Shield

<https://providernews.empireblue.com/article/information-from-empire-for-care-providers-about-covid-19>

Emblem Health

<https://www.emblemhealth.com/content/emblemhealth/home/providers/clinical-corner/um-and-medical-management/providers-covid19/covid19-update.html>

CDPHP – Requires Login to Provider Portal

<https://www.cdphp.com/providers/get-your-job-done/covid-19/telehealth>

Excellus BCBS

[https://provider.excellusbcbs.com/documents/20152/127460/EXC-PRV-Telehealth\\_Telemedicine+Corporate+Medical+Policy.pdf/4f288bb8-470a-dd0d-2a10-a3f60f610ab0?t=1545837042297](https://provider.excellusbcbs.com/documents/20152/127460/EXC-PRV-Telehealth_Telemedicine+Corporate+Medical+Policy.pdf/4f288bb8-470a-dd0d-2a10-a3f60f610ab0?t=1545837042297)

BCBSWNY

<https://www.bcbswny.com/content/wny/provider/news/coronavirus.html>

For guidance on this issue, contact the NYS Ophthalmological Society  
through the Third-Party Insurance Help Program.