

COVID-19 TELEMEDICINE BILLING DECISION TREE

MEDICARE

(based on the [Interim Final Rule](#) published on 4/6/2020)

Audio + Video

E/M codes 99201-99215

POS 11 w/ modifier 95

GT (Medicare Adv plans only)

Begin using the 2021 E/M guidelines published by the AMA which allows the level of service for office/ outpatient E/M telehealth visits to be based on **1) medical decision making (MDM) or 2) time***

- Time now includes all time associated with the visit on the same day including non-face-to-face time.
- Counseling does not have to dominate the visit.
- There are no history and/or exam requirements
- MDM should continue to be based on current 1995/1997 E/M guidelines for now.

Audio only

POS 11; no modifiers

No related E/M in previous 7 days nor any service planned in next 24 hours for Physicians and Advanced Practitioners

99441 5-10 min medical discussion
99442 11-20 minutes
99443 21 or more minutes
G2012 Virtual Check-in (5-10 min)

For qualified non-physician professionals who cannot bill E/M codes

98966 5-10 min medical discussion
98967 11-20 minutes
98968 21 or more minutes

Online only

(email, text, or portal messages)

Up to 7 days, cumulative time for Physicians and Advanced Practitioners

99421 5-10 minutes
99422 11-20 minutes
99423 21 or more minutes

For qualified non-physician professionals who cannot bill E/M codes

G2061 5-10 minutes
G2062 11-20 minutes
G2063 21 or more minutes

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

DOCUMENTATION REQUIREMENTS for ALL TELEHEALTH SERVICES

- Patient's verbal consent to treat
- Patient was notified that telehealth visits are billable services; 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

E/M Based on Total Time

99201 = 17 min total
99202 = 22 min total
99203 = 29 min total
99204 = 45 min total
99205 = 67 min total
99212 = 16 min total
99213 = 23 min total
99214 = 40 min total
99215 = 55 min total

COMMERCIAL PAYERS

Audio + Video

E/M codes 99201-99215

POS 11 w/ modifier 95

GT (Medicare Adv plans only)

Anthem BCBS

POS 02 w/ modifier 95

Cigna

POS 11 w/ modifier GQ, GT, or 95
 for dates of service on or after 3/2/2020 until at least 5/31/2020

*** AARP Medicare Complete – falls under UHC**

Audio only

E/M codes 99201-99215

Cigna

POS 11 w/ modifier GQ, GT, or 95

UHC* (until 6/18/2020)

POS 11 w/ modifier 95

99441 – 99443

98966 – 98968

Aetna (until 6/4/2020)

Anthem (until 6/17/2020)

Humana

POS 11; no modifiers

Online only

(email, text, or portal messages)

Up to 7 days, cumulative time

99421 5-10 minutes
99422 11-20 minutes
99423 21 or more minutes

Place of Service (POS) 02 = Telehealth services

Modifier 95 = Synchronous telemedicine service via audio and video telecommunication system

Modifier GT = Face-to-face encounter w/ audio and video telecommunication system

Modifier GQ = Services delivered via asynchronous system

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.

[CIGNA](#)

Effective **April 06, 2020**, Cigna updated its guidance to **allow modifiers GQ, GT, or 95** to indicate virtual care for all services. This further aligns with CMS and feedback from our provider partners. Also consistent with CMS, providers should bill their standard face-to-face place of service for virtual care (e.g., POS 11). Please note that billing a POS 02 for virtual services may still result in reduced payment or denied claims due to current Cigna system limitations.

[CMS MEDICARE](#)

For Medicare, the level of service for office/outpatient E/M telehealth visits can be based on MDM or time. Time now includes all time associated on the same day including non-face-to-face time. Counseling does not have to dominate the visit. MDM should be based on current 95/97 Guidelines.

A broad range of clinicians can now provide certain services by **telephone** to their patients with CPT codes **98966-98968 or 99441-99443** or as **eVisits** with codes **99421-99423 or G2061-G2063**.

[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.

[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.

COVID-19 TELEMEDICINE COST SHARING

Under the Families First legislation all health plans are required to provide coverage of COVID-19 testing without cost sharing to patients. Do not charge copays or co-insurance for these services. Do not collect any money for self-pay patients related to COVID-19 testing or services. Federal funding will be available to cover these expenses.

PAYER	COST SHARING for COVID-19 Treatment	COST SHARING for Telehealth Services
Medicare	May apply based on services / USE MODIFIER CS	Copays and coinsurance may apply May be waived by providers without penalty or sanctions
Aetna	Waived for inpatient admissions or health complications associated with COVID-19	Waived until June 4, 2020
Anthem	Waived (through May 31, 2020)	Waived (March 17 – June 15, 2020)
Cigna	Waived (through May 31, 2020) / USE MODIFIER CS	Waived (through May 31, 2020)
Humana	Waived for in-network and out-of-network providers / USE MODIFIER CS	Waived for participating/in-network providers
UHC	Waived (through May 31, 2020)	Waived (March 31, 2020 – June 18, 2020) for in-network telehealth visits for medical, outpatient behavioral and PT/OT/ST

NOTE: Waiver of cost-sharing and telehealth coverage is optional, although encouraged, for all self-funded plans

CIGNA COST-SHARING through at least May 31, 2020

Service	Code(s) to bill	Comments
Virtual screening telephone consult (5-10 minutes)	G2012	<ul style="list-style-type: none"> Must be performed by a licensed provider Cost-share will be waived
Virtual or face-to-face visit for screening for suspected or likely COVID-19 exposure	Usual face-to-face E/M code <ul style="list-style-type: none"> ICD10 code Z03.818 or Z20.828 Modifier CS Append with GQ, GT or 95 modifier for virtual care 	<ul style="list-style-type: none"> Cost-share will be waived only when providers bill the appropriate ICD10 code along with modifier CS Modifier CR and condition code DR can also be billed
Virtual or face-to-face visit for treatment of a confirmed COVID-19 case	Usual face-to-face E/M code <ul style="list-style-type: none"> ICD10 code B97.29 or U07.1 Append with GQ, GT or 95 modifier for virtual care 	<ul style="list-style-type: none"> Cost-share will be waived only when providers bill the appropriate ICD10 code Cigna will reimburse usual face-to-face rates Effective for dates of service on and after February 4, 2020
COVID-19 laboratory testing	U0001, U0002, and 87635	<ul style="list-style-type: none"> Laboratory test must be FDA-approved/authorized Reimbursement at 100% of Medicare Cost-share will be waived only when providers bill one of these codes
Other COVID-19 related diagnostic tests (other than COVID-19 test)	Usual codes <ul style="list-style-type: none"> ICD10 code Z03.818 or Z20.828 Modifier CS 	<ul style="list-style-type: none"> For other laboratory tests when COVID-19 may be suspected Cost-share will be waived only when providers bill the appropriate ICD10 code along with modifier CS Modifier CR and condition code DR can also be billed Paid per contract

4/30/2020

HIGHLIGHTS COVERED IN THE INTERIM FINAL RULE

4/30/2020

MedLucid Solutions, LLC
Providing Clear Solutions for Medical Practices

HIGHLIGHTS COVERED IN THE INTERIM FINAL RULE

COVERED TELEHEALTH SERVICES

- Starting on March 6, 2020, Medicare can pay for telehealth services, including **office, hospital, and other visits** furnished by physicians and other practitioners to patients located anywhere in the country, including in a patient's place of residence.
- For Medicare telehealth services, **report the POS code that would have been reported had the service been furnished in person with modifier 95**. This will allow for services to be paid at the same rate they would have been paid if the services were furnished in person.
- Professional consultations, office visits, and office psychiatry services that are currently on the list of telehealth services **require the use of interactive audio and video equipment**.
- The following codes have been added to the list of services that can be provided via telehealth
 - **Emergency Department Visits:** CPT codes 99281-99285
 - **Initial and Subsequent Observation, and Observation Discharge Day Management:** CPT codes 99217-99220, 99224-99226, 99234-99236
 - **Initial hospital care and hospital discharge day management:** CPT codes 99221-99223, 99238-99239
 - **Initial nursing facility visits and nursing facility discharge day management:** CPT codes 99304-99306, 99315-99316
 - **Critical Care Services:** CPT codes 99291-99292
 - **Domiciliary, Rest Home, or Custodial Care services:** CPT codes 99327-99238, 99334-99338
 - **Home Visits:** CPT codes 99341-99345, 99347-99350
 - **Inpatient Neonatal and Pediatric Critical Care:** CPT codes 99468-99649, 99471-99476
 - **Initial and Continuing Intensive Care Services:** CPT codes 99477-99480
 - **Care Planning for Patients with Cognitive Impairment:** CPT code 99483
 - **Group Psychotherapy:** CPT code 90853
 - **End-Stage Renal Disease (ESRD) Services:** CPT codes 90952-90953, 90959, 90962
 - **Psychological and Neuropsychological Testing:** CPT codes 96130-96133, 96136-96139
 - **Therapy Services:** CPT codes 97161-97168, 97110, 97112, 97116, 97535, 97750, 97755, 97760-97761, 92521-92524, 92507
 - **Radiation Treatment Management Services:** CPT code 77427
- Frequency restrictions are lifted for each of the following listed codes for subsequent inpatient visits and subsequent NF visits furnished via Medicare telehealth for the duration of the PHE for the COVID-19 pandemic:
 - **Subsequent Inpatient Visits:** CPT codes 99231-99233
 - **Subsequent Nursing Facility Visits:** CPT codes 99307-99310
 - **Critical Care Consultation Services:** HCPCS codes G0508-G0509
 - **Required "Hands-on" Visits for ESRD Monthly Capitation Payments:** CPT codes 90951-90955, 90957-90970

LEVEL OF OFFICE/OUTPATIENT E/M SERVICES BASED ON MDM OR TIME

On an interim basis, we are revising our policy to specify that the office/outpatient E/M level selection for these services when furnished via telehealth can be based on MDM or time, with time defined as **all of the time associated with the E/M on the day of the encounter**; and to remove any requirements regarding documentation of history and/or physical exam in the medical record.

SUPERVISION REQUIREMENTS FOR INCIDENT-TO SERVICES

Use of real-time, audio and video telecommunications technology allows for a billing practitioner to observe the patient interacting with or responding to the in-person clinical staff through virtual means, and thus, their availability to furnish assistance and direction could be met without requiring the physician's physical presence in that location.

HIGHLIGHTS COVERED IN THE INTERIM FINAL RULE

- For the duration of the PHE for the COVID-19 pandemic, direct supervision to be provided using real-time interactive **audio and video technology**. Other services, including both face-to-face and non-face-to-face services, could be provided incident to a physicians' service by a nurse or other auxiliary personnel, as long as the billing practitioner is providing appropriate supervision through audio/video real-time communications technology (or in person), when needed.
- On an interim basis for the duration of the PHE for the COVID-19 pandemic, direct supervision includes virtual presence **through audio/video real-time communications** technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider. The presence of the physician includes virtual presence through audio/video real-time communications technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider.
- Virtual visits are considered provided incident to a physician's service, as long as the billing practitioner is providing appropriate supervision through audio/video real-time communications technology, when needed. Payment for such services would be made to the billing practitioner who would then make the appropriate payment to the contracted entity (for example, the HHA).

For additional information, please refer to the Interim Final Rule

<https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public>

Special coding advice during COVID-19 public health emergency from the AMA

<https://www.ama-assn.org/system/files/2020-04/covid-19-coding-advice.pdf>