



TELEHEALTH BILLING CODING GUIDELINES



Medicare, Medicaid, along with the Virginia Department of Health (VDH) strongly recommend the use of Telehealth whenever possible and when medically appropriate.

Read and review the [Medicare Telemedicine Health Care Provider Fact Sheet](#)

- ▶ Throughout this national public health emergency, Medicare will pay physicians for Telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.
- ▶ Physicians licensed in one state may provide services to Medicare beneficiaries in another state. State licensure laws still apply.
- ▶ Patients may receive telehealth services in all areas of the country and in all settings, including at their home.
- ▶ Always use the “-95” or “-GT” modifier to indicate that the visit took place over video

NEW: CMS clarified that place of service (POS) should be 11 for:

- ▶ phone calls
- ▶ e-visits
- ▶ G-codes, and
- ▶ 99201-99215 via virtual telemedicine for Medicare Part B. patients.
- ▶ Modifier -95 should be appended to 99201-99215, but not to phone calls, e-visits or G-codes.
- ▶ CMS announced coverage for physician/patient phone calls:
 - 99441 \$14.44 for 5-10 minutes of medical discussion
 - 99442 \$28.15 for 11-20 minutes of medical discussion
 - 99443 \$41.14 for 21-30 minutes of medical discussion
- ▶ Place of service 11 for office (even if you are taking the phone call from Home)
- ▶ PAs and NPs will also be paid for their code family 98966-98968 at the same physician allowable.

NEW: CMS also clarified that G2010, G2012, 99441-99443 and 99421-99423 may be reported on new patients in addition to established patients.

- ▶ You MAY conduct Medicare Annual Wellness Visits via Telehealth (audio AND video only)
 - Welcome to Medicare and Initial Annual Wellness Visit cannot be performed via Telehealth
 - Information such as weight and blood pressure may be self-reported by the patient (for example, if the patient has a scale and/or if they have their own blood pressure cuff) You must document that the patient self-reported.
 - If the patient does not have the capability of self-reporting, you may use information from the most recent visit, and again you must document this in their medical record.
- ▶ Medicaid will now reimburse providers when using audio (telephone calls) only.
- ▶ Providers may reduce or waive cost-sharing for Telehealth visits paid for by federal health care programs.
- ▶ You must maintain documentation in the same manner as for an in-person visit or consultation, using either electronic or paper medical records.

Telehealth Services Covered by Medicare and Included in CPT Code Set

Type of Service	What is the Service?	HCPCS/CPT Code	Patient Relationship with Provider
Medicare Telehealth Visits	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"> ▶ 99201 – 99215 (Office or other outpatient visits) ▶ G0245 – G0427 (Telehealth consultations, emergency department or initial inpatient) ▶ G0406 – G0407 (Follow-up in patient telehealth consultations furnished to beneficiaries in hospitals or SNFs) 	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
Virtual Check-in	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 a patient	<ul style="list-style-type: none"> ▶ HCPCS Code G2012 ▶ HCPCS Code G2010 	Important Updates as of April 2, 2020 Place of Service Code 11 CMS also clarified that G2010, G2012, 99441-99443 and 99421-99423 may be reported on new patients in addition to established patients.
E-Visits	A communication between a patient and their provider through an online patient portal	<ul style="list-style-type: none"> ▶ 99421 ▶ 99422 ▶ 99423 ▶ G2061 ▶ G2062 ▶ G2063 	For established patients

MEDICAID TELEHEALTH BILLING/ CODING GUIDELINES

- ▶ Any provider type is permitted to render telehealth services as a distant site within their scope of practice.
- ▶ Medicaid telehealth regulations to permit the home as an originating site
- ▶ Providers who are not able to meet in-person with a participant should make every effort to use the following technology, in order of priority:
 1. Traditional telehealth technology which meets all formal requirements is strongly preferred. (These services remain unaffected by the measures in this guidance)
 2. If Medicaid participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit the use of notebook computers, smartphones, or audio-only phones.
 3. If Medicaid participants cannot access cell phone based video technology, audio only telephone calls will be permitted.
- ▶ Services provided through telehealth are subject to the same program restrictions, preauthorizations, limitations, and coverage that exist for the service when provided in-person.
- ▶ This expansion applies to services delivered to a Medicaid participant via fee-for-service or through a HealthChoice Managed Care Organization (“MCO”)

TO BILL FOR TELEHEALTH SERVICES

- ▶ Providers must bill for the appropriate service code and use the “-GT” modifier to identify the claim as a Telehealth delivered service.
- ▶ Providers should bill using the place of service code that would be appropriate as if it were a non-telehealth claim.
- ▶ If a distant site provider is rendering services at an offsite office (even if that is a home office), bill using Place of Service Code 11. Place of Service Code 02 (Telehealth) is not recognized for Maryland Medicaid participants.

Additional information regarding Telehealth Program requirements and FAQs may be found at [the MSVIA website](#).

Commercial Plan	Reference Link(s)	Covers Phone=TeleAudio?	Place of Service	Modifiers
Aetna	Aetna- COVID-19 FAQS	Y	POS = 02	95 or GT
Anthem	Anthem - Provider Information	N	POS = 11.	95 or GT
Carefirst	Carefirst - COVID Provider info	N	POS = 2	95 or GT
Humana (Commercial products)	Humana Covid 19 Resources	Y	?POS = 11	95 or GT
Cigna	Cigna - Resource Center	Y	POS = 11	95 or GT

Commercial Plan	Reference Link(s)	Covers Phone=TeleAudio?	Place of Service	Modifiers
Optima	Optima - COVID-19	Y	POS = 02?	95 or GT
Magellan	Magellan - COVID-19	BH covered including teleBH visits	11	95 or GT
Piedmont	Piedmont Health - Main Page	Via their Centra24/7	-	95 or GT
UnitedHealthcare	UnitedHealthcare-Covid 19 Resources	Y	POS = 11 Click here for examples - great overview.	95 or GT
Virginia Premier	Virginia Premier - Resource Page	Y	POS = 2	95 or GT
Virginia Association of Health Plans <i>*Note: For more detailed information on what each health plan in Virginia is doing both in the commercial space, Medicaid and Medicare, visit this chart.</i> <i>Plans continue to update policies to adjust to the ongoing crisis, so VAHP advises checking with a member's plan for specific and the most up-to-date information</i>	VAHP - Plan Updates	Virginia Health Plans Telehealth Provisions for COVID-19		
DMAS - Virginia Medicaid	Provider Info on COVID-19	Y	POS = 2	GT or GQ

Please contact us at customerservice@msvia.org with questions.

COMMERCIAL PLANS

COVID-19 Laboratory Diagnostic Testing Covered

If X present, payer will accept the CPT code 87635 or HCPCS U0002 for COVID-19 laboratory testing (approved centers).
Note: some payers state they will accept both, while others are state they will only accept one code.

Commercial Plan	HCPCS Code: U0002	CPT Code: 87635	COVID-19 Telehealth Coverage (for professional 837P/CMS-1500 claims)	COVID-19 Prior Authorization (PA) Requirements	COVID-19 Testing Cost-Sharing (Member financial obligations, in-network providers)	Reference Link(s)	Hospital Notes	Covers Phone = TeleAudio?	Key Points
Aetna	X	X	Yes. In-network providers delivering live videoconferencing and telephone-only for all commercial plans.	No PA required	No cost-sharing will be applied for COVID-19 diagnostic testing. The requirement also applies to self-insured plans.	Aetna- COVID-19 FAQs Aetna - Resource Center CVS/Aetna Reponse		Y	POS = 02
Anthem	X		Yes - for 90 days from 3/17/2020 - Will waive member cost-sharing medical and behavioral health services from providers. Self-insured plan sponsors may opt out of this program.	No PA required	No co-pays or deductibles for COVID-19 diagnostic testing.	Anthem - Provider Information Anthem - Provider Communication Anthem Press Release Communication		N	POS = 11. Tele-audio = OVM. But PHONE = 99441, 99442, 99443, 98966, 98967, 98968) and the place of service code that depicts where the provider's telephonic-only services occurred. (that means use POS = 11); Reference Here
Carefirst	X	X	Yes -Cost-sharing is waived for telemedicine services. Providers are encouraged not to collect member cost sharing for these services. Self-insured plans cover on a case-by-case basis.	No PA required	No cost-sharing for COVID-19 diagnostic testing.	Carefirst - COVID Provider info Carefirst - Resource Center Carefirst - Press Release		N	POS = 2
Humana (Commercial products)	X		Yes. As of 3/24/20, the guidance indicates coverage for video or telephone care (in-network providers), including routine visits for primary or speciality care.	No PA required	Waiver of all member out-of-pocket costs beginning 3/12/20 for the next 90 days.	Humana Covid 19 Resources Humana - Medical Resources		Y	?POS = 11

Commercial Plan	HCPCS Code: U0002	CPT Code: 87635	COVID-19 Telehealth Coverage (for professional 837P/CMS-1500 claims)	COVID-19 Prior Authorization (PA) Requirements	COVID-19 Testing Cost-Sharing (Member financial obligations, in-network providers)	Reference Link(s)	Hospital Notes	Covers Phone = TeleAudio?	Key Points
Cigna	X	X	Yes. Telehealth coverage is available for screening telephone consults, virtual visits for screening for suspected or likely COVID-19 exposure, and virtual visits for treatment of a confirmed COVID-19 case. Cost sharing is waived for all the above.	No PA required	Waived member co-pays or deductibles for office visits and telehealth screenings related to COVID-19 testing through 05/31/20.	Cigna - Resource Center Cigna - Interim Billing Guidance for Providers CIGNA - Press Release		Y	POS = 11
Optima	X		Yes - Optima Health will cover the following in full: all telehealth visits (audio, video or e-visit) with any in-network care provider visits through June 7, 2020.	No PA required	Waive out-of-pocket member costs associated with COVID-19 diagnostic testing at any in-network locations	Optima - COVID-19 Optima - Provider Info Optima - Press Release		Y	POS = 02?
Magellan			Yes - Allow behavioral health for all routine services and certain psych testing, ABA, IOP and PHP.. Incldues telephone-only sessions,	May require PA to determine medical necessity.		Magellan - COVID-19 Magellan - Telehealth		BH covered including teleBH visits	
Piedmont			Waive out-of-pocket costs but only at Centra 24/7.	No PA required	Waive out-of-pocket member costs associated with COVID-19 diagnostic testing	Piedmont Health - Main Page Piedmont Health - FAQs		Via their Centra24/7	
United Healthcare	X	X	Yes. Cost-sharing waived for in-network telehealth services for medical, outpatient behavioral and PT/OT/ST services from March 31, 2020 until June 18, 2020 for Medicare Advantage, Medicaid, and Individual and fully insured Group Market health plan with opt-in available for self-funded employers.	No PA required	Waived member cost-sharing for in-network telehealth services.	United Healthcare- Covid 19 Resources United Healthcare - Covid 19 Telehealth Services FAQs UnitedHealthcare- Covid 19 Coding & Reimbursement	United - Additional COVID Resources	Y	POS = 11 Click here for examples - great overview.

Commercial Plan	HCPCS Code: U0002	CPT Code: 87635	COVID-19 Telehealth Coverage <i>(for professional 837P/CMS-1500 claims)</i>	COVID-19 Prior Authorization (PA) Requirements	COVID-19 Testing Cost-Sharing <i>(Member financial obligations, in-network providers)</i>	Reference Link(s)	Hospital Notes	Covers Phone = TeleAudio?	Key Points
Virginia Premier	X		Yes - Will cover telehealth and waive HIPAA requirements. Will allow audio only. Will allow home as an originating site.	No PA required	Waive out-of-pocket member costs associated with COVID-19 diagnostic testing at any in-network locations	Virginia Premier - Resource Page VA Premier - COVID Medicaid Memo VA Premier - Member Update		Y	POS = 2
Virginia Association of Health Plans						VAHP - Plan Updates VAHP - Telehealth Chart			