



Resources for physicians, administrators and healthcare professionals

UnitedHealthcare is waiving cost sharing for COVID-19 treatment; continuing to expand access to telehealth. [Learn more.](#)

UnitedHealthcare is waiving...

COVID-19 Telehealth

Last update: April 5, 2020, 11:50 p.m. CDT

UnitedHealthcare will reimburse appropriate claims for telehealth services for dates of service until June 18, 2020.

Billing Guidance

To help you understand how UnitedHealthcare will reimburse telehealth services during the COVID-19 emergency period, we created a telehealth coding guide that includes scenarios to show some examples of how services might be reimbursed. UnitedHealthcare's temporary changes to its reimbursement policies do not alter state and federal laws applicable to your practice. This document applies to dates of service from March 18, 2020 until June 18, 2020, unless UnitedHealthcare extends the end date.

Feedback

- **UnitedHealthcare Telehealth Services: Care Provider Coding Guidance**

UnitedHealthcare is allowing all codes on the **CMS Covered Telehealth Services list** for this national emergency for Medicare Advantage, Medicaid*, and Individual and Group Market health plans.

Additional covered codes can be found in the Telehealth and Telemedicine Reimbursement policies for **Medicaid**, and **Individual and Group Market health** plans.

*Medicaid state-specific rules for modifiers and place of service apply.

Telehealth Reimbursement Expansion

UnitedHealthcare is temporarily waiving the CMS and state-based originating site restrictions and audio-video requirement, where applicable, for Medicare Advantage, Medicaid, and Individual and Group Market health plan members. Care providers will be able to bill for telehealth services performed using audio-video or audio-only communication while a patient is at home.

This change will apply immediately and be effective until June 18, 2020. The reimbursement policy change applies to services provided to members covered by all Medicaid plans.

Expanded Provider Telehealth

Access: UnitedHealthcare is waiving the Centers for Medicare and Medicaid's (CMS) originating site restriction and audio-video requirement for Medicare Advantage, Medicaid, and Individual and Group Market health plan members from March 18, 2020 until June 18, 2020. Eligible care providers can bill for telehealth services performed using interactive audio-video or audio-only,

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Telehealth

A visit with the provider who uses an audio-video or audio-only telecommunications

system
[Learn More](#)

Check-Ins

A brief check-in with the provider using a recorded video and/or images submitted by the

patient
[Learn More](#)

Electronic Visits

Communication between a patient and his/her provider through an online patient portal.

[Learn More](#)**PT, OT and ST Telehealth**

Specific CPT® codes are eligible for reimbursement.

[Learn More](#)**Feedback****We're listening.**

We're committed to keeping you up to date on COVID-19 – we're monitoring your inquiries and working hard to answer your questions. Let us know how we're doing.

We'll be making daily updates to this site. Be sure to check back often for the latest information.

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except in the cases where we have explicitly denoted the need for interactive audio/video, such as with PT/OT/ST, while a patient is at home.

By removing the originating site and audio-video requirement, UnitedHealthcare has broadened access to telehealth services. Telehealth services will be reimbursed, based on national reimbursement determinations, policies and contracted rates, as outlined in a care provider's participation agreement. You can find a breakdown by network plan under the Billing Guidance section.

The policy changes apply to members whose benefit plans cover telehealth services and allow those patients to connect with their doctor through live, interactive audio-video or audio- only visits (some of our self-funded customers may not cover provider-based telehealth services under their member benefit plans). We will not require attestation, except for behavioral health services. For more information on behavioral health attestation, visit providerexpress.com.

UnitedHealthcare reimburses telehealth services according to its telehealth reimbursement policies. Depending on whether a claim is for a Medicare Advantage, Medicaid, or Individual and Group Market health plan member, those policies require slightly different modifiers or place of service indicators for a telehealth claim to be reimbursed. These policy changes will allow you to simply bill for telehealth services performed while the patient is at home.

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Member Coverage and Cost Share

Cost sharing will be waived for in-network telehealth services for COVID-19- and non-COVID-19 related visits. According to plan benefits, out-of-network providers may also qualify for telehealth; member benefit and cost sharing will apply, if applicable.

Individual and Group Market Health Plans

For all UnitedHealthcare Individual and Group Market health plans, any originating site or audio-video requirements that may apply under UnitedHealthcare reimbursement policies are waived, so that telehealth services provided via a real-time audio-video or audio-only communication system can be billed for members at home or another location. UnitedHealthcare will reimburse telehealth services that are:

1. Recognized by CMS and appended with modifiers GT or GQ
2. Recognized by the American Medical Association (AMA) included in Appendix P of CPT and appended with modifier 95

Reimbursable codes can be found in the Telehealth and Telemedicine Reimbursement policies for **Individual and Group Market health** plans.

Medicaid

For all UnitedHealthcare Medicaid plans, any originating site or audio-video requirements that may apply under UnitedHealthcare reimbursement policies are waived, so that telehealth services provided via a real-time audio-video

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or audio-only communication system can be billed for members at home or another location. UnitedHealthcare Community Plan will reimburse telehealth services that are:

1. Recognized by CMS and appended with modifiers GT or GQ
2. Recognized by the AMA, included in Appendix P of CPT and appended with modifier 95

Reimbursable codes can be found in the Telehealth and Telemedicine Reimbursement policies for **Medicaid** plans.

Medicare Advantage

For all UnitedHealthcare Medicare Advantage plans, including Dual Eligible Special Needs Plans, any originating site or audio-video requirements that may apply under Original Medicare are waived, so that telehealth services provided via a real-time audio-video or audio-only communication system can be billed for members at home or another location. All CPT/HCPCS codes, payable as telehealth when billed with modifier 95, GT or GQ and using the same place of service as if the services been rendered in person, will be covered on our Medicare Advantage plans. Standard plan copays, coinsurance and deductibles will apply. Codes that are payable as telehealth under Medicare Advantage can be found under the Billing Guidance section.

Additionally, for Individual and Group Market health plans, Medicare Advantage and some Medicaid plans, UnitedHealthcare already reimburses appropriate claims for several technology-based communication services, including Virtual Check-Ins, which may be done by telephone, and E-Visits for established patients.

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Audio-only Services Billed with E/M Codes

For Individual and Group Market health plans, 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.

Eligible Care Providers

As of March 19, 2020, there is no change to the type of care provider who may submit claims for broad telehealth services. UnitedHealthcare generally follows CMS policies on the types of care providers eligible to deliver telehealth services, although individual states may define eligible care providers differently. These include:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists

Due to updated legislation, we have also expanded reimbursement for providers as well as physical, occupational, speech and chiropractic therapists for telehealth services.

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Telehealth Technology

For our Individual and Group Market health plans and Medicare members, we are following CMS standards for technology. The **U.S. Department of Health and Human Services Office for Civil Rights (OCR)** is exercising enforcement discretion and waiving penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies.

Providers are responsible to provide telehealth services in accordance with OCR's notice and may use:

- HIPAA-approved telehealth technologies
- **The following platforms may be used during the current nationwide public health emergency:**
Popular applications that allow for video chats — including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype — may be utilized to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- **These platforms are NOT approved:** Facebook Live, Twitch, Snapchat, TikTok and similar video communication applications are public facing and should not be used in the provision of telehealth to Optum Behavioral Health plan members by covered health care providers.

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While the **1135 waiver** is in force, care providers may also use telephones that have audio and video capabilities for telehealth services for Medicare or Individual and Group market health plan members during the COVID-19 public health emergency.

For more information, see **CMS FAQs**.

Place of Service



Care providers may conduct a telehealth visit from any private, secure location that will support member privacy.

View the **UnitedHealthcare Telehealth Services: Care Provider Coding Guidance** for a list of scenarios that include place of service codes.

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Referrals



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Disclaimer:

The benefits described on this website describe federal requirements and UnitedHealthcare national policy. Additional benefits may be available in some states and under some plans.

A black rectangular button with the word "Feedback" written vertically in white text.**Feedback**



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COVID-19 Telehealth Services

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Last update: April 1 2020, 12:45 p.m. CDT

Starting March 18, 2020, UnitedHealthcare expanded our policies around telehealth services for Medicare Advantage, Medicaid and commercial members. In addition, effective on March 31, 2020 until June 18, 2020, we will also waive cost-sharing for in-network telehealth visits for medical, outpatient behavioral and PT/OT/ST, with opt-in available for self-funded employers.

Expanded Provider Telehealth Access

UnitedHealthcare is waiving the Centers for Medicare and Medicaid's (CMS) originating site restriction and audio-video requirement for Medicare Advantage, Medicaid and commercial members from March 18, 2020 until June 18, 2020. Eligible care providers can bill for telehealth services performed using interactive audio/video or audio only,

except in the cases where we have explicitly denoted the need for interactive audio/video such as with PT/OT/ST, while a patient is at home.

COVID-19 Testing Related Telehealth Visits

From March 18, 2020 and throughout this national emergency, we will waive member cost-sharing for in-network and out-of-network COVID-19 testing related telehealth visits, including both interactive audio/video and audio only.

NEW! Cost Share Waived for In-Network Telehealth Services

We will also waive cost-sharing 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, commercial fully insured and All Savers members (where applicable), with opt-in available for self-funded employers.

For medical and outpatient behavioral telehealth visits, providers can utilize both interactive audio/video and audio-only. For PT/OT/ST provider visits, interactive audio/video technology must be used. For more details on PT/OT/ST, please click [here](#).

Cost-sharing will be waived for in-network telehealth visits. According to plan benefits, out-of-network providers also qualify for telehealth. Member benefit and cost-sharing will apply, if applicable.

Telehealth Services for Behavioral Health

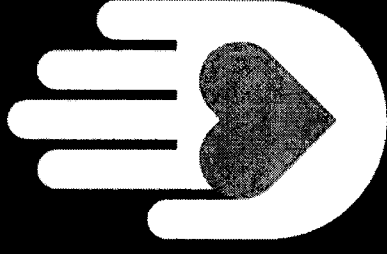
For information on telehealth for providers on Optum Behavioral Health, refer to providerexpress.com.

Feedback

Virtual

COVID-19

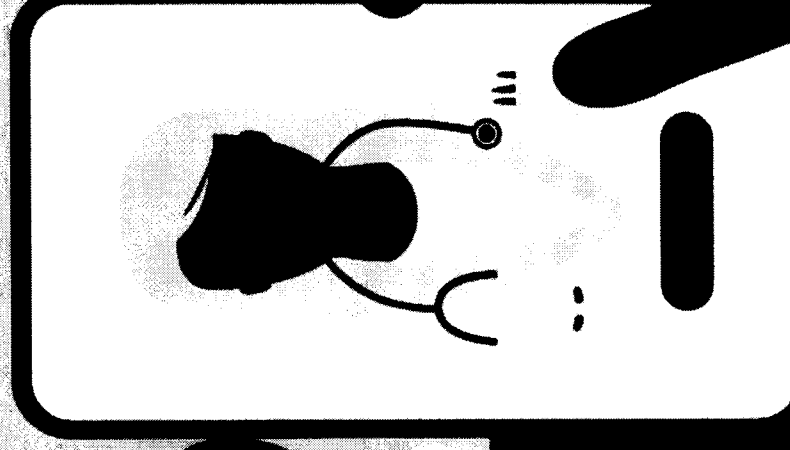
UnitedHealthcare Telehealth Services:
Care Provider Coding Guidance



COVID-19

The following scenarios are intended as a guide to help you understand how UnitedHealthcare will reimburse telehealth services during the COVID-19 emergency period. You as a provider are responsible to ensure you submit accurate claims in accordance with state and federal laws and UnitedHealthcare's reimbursement policies. The scenarios are not intended to cover every telehealth service you may perform during the COVID-19 emergency period. As such, please see UHCprovider.com and UnitedHealthcare's reimbursement policies for Medicare Advantage, Medicaid and commercial. Medicaid state-specific coding may apply and differ from those illustrated in these examples.

The scenarios in this document apply for dates of service March 18 through June 18, 2020, unless UnitedHealthcare extends the end date.



Telehealth Scenario 1: Established patient visit with a provider who uses an audio-video or audio-only telecommunications system for COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
Established patient presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 or non-COVID-19 related care not resulting in COVID-19 diagnostic testing.	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with an established patient Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><i>*United States Department of Health and Human Services (HHS) is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</i></p>	<p>Step 1. Use appropriate Office Visit E/M code (99211-99215)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to Centers for Disease Control and Prevention (CDC) ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply.</i></p>

Telehealth Scenario 2: Established patient visit with a provider who uses an audio-video or audio-only telecommunications system for evaluating need for COVID-19 testing.



Patient Scenario	Visit	Billing
Established patient presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for evaluating need for COVID-19 testing.	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with an established patient Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><i>*HHS is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</i></p>	<p>Step 1. Use appropriate Office Visit E/M code (99211-99215)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply</i></p>

Telehealth Scenario 3: Established patient with COVID-19 diagnosis visits with a provider who uses an audio-video or audio-only telecommunications system.



Patient Scenario	Visit	Billing
Established patient, who has been confirmed positive for COVID-19, presents for a telehealth visit using HIPAA compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 related or non-COVID-19 follow-up care.	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with a patient that you have seen in the past three years Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><i>*HHS is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</i></p>	<p>Step 1. Use appropriate Office Visit E/M code (99211-99215)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid * state specific rules for modifiers and POS apply</i></p>

Telehealth Scenario 4: New patient visit with a provider who uses an audio-video or audio-only telecommunications system COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
<p>New patient* presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 or non-COVID-19 related care without COVID-19 diagnostic testing.</p> <p>*Subject to state law requirements.</p>	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with a patient that you have seen in the past three years Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><i>*HHS is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</i></p>	<p>Step 1. Use appropriate Office Visit E/M code (99201-99205)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply.</i></p>

Telehealth Scenario 5: New patient visit with a provider who uses an audio-video or audio-only telecommunications system for evaluating need for COVID-19 testing.



Patient Scenario	Visit	Billing
<p>New patient* presents for a telehealth visit using HIPAA compliant or non-HIPAA-compliant audio-video or audio-only technology for evaluating need for COVID-19 testing.</p> <p>*Subject to state law requirements.</p>	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with a patient that you have seen in the past three years Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p>*HHS has exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</p>	<p>Step 1. Use appropriate Office Visit E/M code (99201-99205)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p>Medicaid* state-specific rules for modifiers and POS apply.</p>

Electronic Visit (e-visit) Scenario 1: Communication between an established patient and their provider through an online patient portal for COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
Established patient sends message (e-visit) through the online patient portal or some other secure platform. (i.e., MyChart).	<ul style="list-style-type: none"> Patient initiates an e-visit on an issue through the provider's online patient portal to a physician, nurse practitioner or physician assistant 	<p>Step 1. Use appropriate CPT code (99421-99423)</p> <p>Step 2. Use appropriate Place of Service (11, 20, 22, 23)</p> <p>Step 3. No modifiers are required for commercial, Medicare Advantage or Medicaid</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p>
Established patient sends message (e-visit) through the online patient portal or some other secure platform (i.e., MyChart).	<ul style="list-style-type: none"> Patient initiates an e-visit on an issue through the provider's online patient portal to a non-qualified physician (physical, occupational and/or speech therapist) 	<p>Step 1. Use appropriate HCPCS code (G2061-G2063)</p> <p>Step 2. Use appropriate Place of Service (11, 20, 22, 23)</p> <p>Step 3. No modifiers are required for commercial, Medicare Advantage or Medicaid</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p>

Virtual Check-In Scenario 1: A brief check-in with the provider using audio-only with established patient for COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
Established patient connects for a brief check-in by audio only (virtual check-in).	<ul style="list-style-type: none"> Patient initiates a phone call with physician, nurse practitioner or physician assistant Issue is not related to a medical visit within the previous seven days and not resulting in a medical visit within the next 24 hours (or soonest appointment available) 	<p>Step 1. Use appropriate HCPCS code (G2012)</p> <p>Step 2. Use appropriate Place of Service (11, 20, 22, 23)</p> <p>Step 3. No modifiers are required for commercial, Medicare Advantage or Medicaid</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p>

Virtual Check-In Scenario 2: A brief check-in with the provider using a recorded video and/or images submitted by established patient for COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
Established patient sends picture for evaluation using a brief check-in (virtual check-in).	<ul style="list-style-type: none"> • Patient sends a picture for evaluation to a physician, nurse practitioner or physician assistant • Issue is not related to a medical visit within the previous seven days and not resulting in a medical visit within the next 24 hours (or soonest appointment available). 	<p>Step 1. Use appropriate HCPCS code (G2010)</p> <p>Step 2. Use appropriate Place of Service (11, 20, 22, 23)</p> <p>Step 3. No modifiers are required for commercial, Medicare Advantage or Medicaid</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p>

Resources

- Find the latest UnitedHealthcare COVID-19 related resources at UHCprovider.com/covid19.
- Learn more about our reimbursement policies at UHCprovider.com/policies.
- For the most recent updates on COVID-19, visit the [CDC](https://www.cdc.gov) and [World Health Organization](https://www.who.int).

Information provided by the American Medical Association does not dictate payer reimbursement policy, and does not substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

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