



**MASSACHUSETTS
MEDICAL SOCIETY**

Every physician matters, each patient counts.

COVID-19 Billing Guidelines for Telehealth Service

March 24, 2020

This information is prepared by MMS Department of Practice Solutions and Medical Economics. for all your payor updates, please contact the Physician Practice Resource Center at 781-434-7702 or pprc@mms.org.

The purpose of this document is to provide an overview of telehealth payment policies for the major health plans in Massachusetts. Please check the health plan for appropriate coverage and reimbursement.

Disclaimer

“This information was compiled from online information provided by the plans themselves and is intended to serve as a general resource. This information does not constitute legal advice. Many factors affect the appropriateness of submitting a claim for reimbursement. The information should be used in consultation with your billing specialist and other advisers in initiating telehealth services billing. This information is current as of March 24, 2020. please check with the appropriate health plan to see what changes, if any, have been made since that date.”

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CDC ICD-10-CM Official Coding Guidelines

New ICD-10-CM code for the 2019 Novel Coronavirus (COVID-19), April 1, 2020

Effective: March 18, 2020

On March 11, 2020 the Novel Coronavirus Disease, COVID-19, was declared a pandemic by the World Health Organization. On March 13, 2020 a national emergency was declared in the United States concerning the COVID-19 Outbreak. Given these developments, and the urgent need to capture the reporting of this condition in our nation's claims and surveillance data, the Centers for Disease Control (CDC), under the National Emergencies Act Section 201 and 301, is announcing a change in the effective date of new diagnosis code U07.1, COVID-19, from October 1, 2020 to April 1, 2020. This off-cycle update is unprecedented and is an exception to the code set updating process established under HIPAA.

- U07.1, COVID-19 Acute respiratory disease

ICD-10-CM Official Coding Guidelines – Supplement Coding encounters related to COVID-19 Coronavirus Outbreak

Effective: February 20, 2020

Introduction

The purpose of this document is to provide official diagnosis coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (**COVID-19**) previously named 2019-nCoV.

The COVID-19 caused an outbreak of respiratory illness, and was first identified in 2019 in Wuhan, Hubei Province, China. Since then, thousands of cases have been confirmed in China, and COVID-19 has also spread internationally, including in the United States. Investigations are ongoing. The most recent situation updates are available from the CDC web page, About 2019 Novel Coronavirus (COVID-19).

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

The confirmed COVID-19 infections can cause a range of illness, from little to no symptoms, to those affected being severely ill and even dying. Symptoms can include fever, cough, and shortness of breath. Symptoms may appear from 2 to 14 days after exposure, based on the incubation period for other coronaviruses, such as the MERS (Middle East Respiratory Syndrome) viruses.

<https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the *ICD-10-CM Official Guidelines for Coding and Reporting* (effective October 1, 2019) and will be updated to reflect new clinical information as it becomes available.

https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf.

The ICD-10-CM codes provided in this document are intended to provide information on the coding of encounters related to coronavirus. Other codes for conditions unrelated to coronavirus may be required to fully code these scenarios in accordance with the *ICD-10-CM Official Guidelines for Coding and Reporting*. A hyphen is used at the end of a code to indicate that additional characters are required.

General Guidance

- Pneumonia:

For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes J12.89, Other viral pneumonia, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

- Acute Bronchitis:

For a patient with acute bronchitis confirmed as due to COVID-19, assign codes J20.8, Acute bronchitis due to other specified organisms, and B97.29, Other coronavirus as the cause of diseases classified elsewhere. Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using code J40, Bronchitis, not specified as acute or chronic; along with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

- Lower Respiratory Infection:

If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, this should be assigned with code J22, Unspecified acute lower respiratory infection, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere. If the COVID-19 is documented as being associated with a respiratory infection, NOS, it would be appropriate to assign code J98.8, Other specified respiratory disorders, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

- ARDS

Acute respiratory distress syndrome (ARDS) may develop in with the COVID-19, according to the Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (COVID-19) Infection.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

Cases with ARDS due to COVID-19 should be assigned the codes J80, Acute respiratory distress syndrome, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Exposure to COVID-19

For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.

For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

Signs and symptoms

For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

- R05 Cough
- R06.02 Shortness of breath

- R50.9 Fever, unspecified

Note: Diagnosis code B34.2, Coronavirus infection, unspecified, would in general not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be “unspecified.”

If the provider documents “suspected”, “possible” or “probable” COVID-19, do not assign code B97.29. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).

For more information

[New ICD-10-CM code for the 2019 Novel Coronavirus \(COVID-19\), April 1, 2020](#)

[ICD-10-CM Official Coding Guidelines - Supplement Coding encounters related to COVID-19 Coronavirus Outbreak Effective: February 20, 2020](#)

Quick Reference

We recommend reviewing the health plans payment polices and provider communication on a regular basis to ensure the information is current and up to date.

Plan Updates	COVID-19
Medicare	https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
MassHealth	https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers
Blue Cross Blue Shield of Massachusetts	https://home.bluecrossma.com/coronavirus
AllWays Health Partners	https://info.allwayshealthpartners.org/covid19-faq
Boston Medical Center HealthNet Plan	https://www.mahp.com/wp-content/uploads/2020/03/Provider-Notice_CoronaVirus_MA_comm3.pdf
CVS Health	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html
Cigna	https://static.cigna.com/spa/chcp/assets/Cigna-COVID-19-Billing-Guidance-for-Providers-3-17.pdf
Fallon Health	http://www.fchp.org/en/coronavirus.aspx
Harvard Pilgrim Health Care	https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/COVID19%20PROVIDER%20INFO%20V7%203.13.20.PDF
Health New England	http://hnetalk.com/provider/coronavirus-covid-19-provider-update/
Tufts Health Plan	https://tuftshealthplan.com/provider/provider-information/coronavirus-updates-for-providers
UnitedHealthcare	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html

Reimbursement Information by Payer

Medicare:

Expansion of telehealth with 1135 waiver:

Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting **March 6, 2020**. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.

Update: 03/20/2020

Please note:

- CMS is not requiring additional or different modifiers associated with telehealth services furnished under these waivers.
- However, consistent with current rules, there are three scenarios where modifiers are required on Medicare telehealth claims:
 - In cases when a telehealth service is furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii, the GQ modifier is required.
 - When a telehealth service is billed under CAH Method II, the GT modifier is required.
 - When telehealth service is furnished for purposes of diagnosis and treatment of an acute stroke, the G0 modifier is required.

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries:

- **Telehealth visits**
- **Virtual check-ins**
- **E-visits**

Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<p>MEDICARE TELEHEALTH VISITS</p>	<p>A visit with a provider that uses telecommunication systems between a provider and a patient.</p>	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs). <p>For a complete list: https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes</p>	<p>For new* or established patients.</p> <p>*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.</p>

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<p>VIRTUAL CHECK-IN</p>	<p>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.</p>	<p>HCPCS code G2012 HCPCS code G2010</p>	<p>For established patients</p>

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
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

Codes Description:

Telehealth Visits

Synchronous audio/visual visit between a patient and clinician for evaluation and management (E&M).

CPT Code 99201-99205 (POS 02) for Telehealth Office or other outpatient visit for the evaluation and management of a new patient.

CPT Code 99210-99215 (POS 02) for Telehealth - Office or other outpatient visit for the evaluation and management of an established patient.

*A list of all available codes for telehealth services can be found on the [CMS website](#)

Virtual Check-Ins

Billing Considerations:

- Can be any real-time audio (telephone), or "2-way audio interactions that are enhanced with video or other kinds of data transmission."
- If an E&M service is provided within the defined time frames, then the telehealth visit is bundled in that E&M service. It would be considered pre- or post-visit time of the associated E&M service and thus not separately billable.
- No geographic restrictions for patient location.
- Should be initiated by the patient.
- Verbal consent to bill and documentation is required.
- Communication can use non-HIPAA compliant technology during the COVID-19 public health emergency.

HCPCS Code G2012 (POS-11) 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; 5-10 minutes of medical discussion

HCPCS Code G2010 (POS 11) 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

E-Visits

Online digital evaluation and management (E/M) services and/or brief check-in services furnished using communication technology that are employed to evaluate whether an office visit is warranted (via patient portal, smartphone).

Billing Considerations:

- Established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals.
- Patient must generate the initial inquiry and communications can occur over a 7-day period.
- Patient must verbally consent to receive virtual check-in services.
- Use only once per 7-day period.
- Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.
- Service time must be more than 5 minutes.
- The Medicare coinsurance and deductible would generally apply to these services.
- If the patient presents a new, unrelated problem during the 7-day period of an online digital E/M service, then the time is added to the cumulative service time for that 7-day period.
- If the patient initiates a call to the physician office this would qualify for the remote check-in code (G2012), the time for the remote (virtual) check-in can be counted toward 99421-3 only if and when the patient calls back, so it is important to document the time. (See CPT book for further details regarding when the 7 days begins, how to count time, which "qualified non-physician health professionals" it applies to, and other documentation requirements.

CPT Code 99421 (POS 2)- Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

CPT Code 99422 (POS 2) - 11-20 minutes

CPT Code 99423 (POS 2) 21 or more minutes

Other services

One-line Assessments

HCPCS Code G2061 - Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes

HCPCS Code G2062 - 11-20 minutes

HCPCS Code G2063 - 21 or more minutes

Remote Patient Monitoring

Collecting and interpreting physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or qualified health care professional.

CPT Code 99453 - Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment. (Initial set-up and patient education of monitoring equipment)

CPT Code 99454 - Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Initial collection, transmission and report/summary services to the clinician managing the patient)

CPT Code 99457 - Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes

CPT Code 99458 - Each additional 20 minutes (List separately in addition to code for primary procedure)

CPT Code 99091 - Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days)

*Important Use Case - leverage CPT codes 99453 (if patient education is performed) and 99457 to manage pulse oximetry data from the patient's home to keep them out of the emergency room and the inpatient hospital, unless it becomes necessary.

For more information:

- [Medicare Telemedicine Healthcare Provider Fact Sheet](#)
- [Medicare Telehealth Frequently Asked Questions](#)
- [Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(PDF\)](#)
- [General Telemedicine Toolkit \(PDF\)](#)
- [President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak](#)

MassHealth

MassHealth-covered services to MassHealth members via telehealth (including telephone and live video) in accordance with the standards set forth in Appendix A and notwithstanding any regulation to the contrary, including the physical presence requirement at 130 CMR 433.403(A)(2).

- Providers will be able to bill MassHealth for these services delivered via telehealth or Telephonic services beginning **April 1, 2020, for dates of service beginning March 12, 2020.**
- Providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth
- The same rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.
- Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.
- Providers of service: physicians (including midlevel practitioners under the direction of a physician in accordance with 130 CMR 433), acute outpatient hospitals (AOHs), community health centers (CHCs), outpatient behavioral health providers, and early intervention providers for clinically appropriate, medically necessary.
- Existing performance specifications for Children's Behavioral Health Initiative (CBHI) services allow for the telephonic delivery of services, other than for initial assessments. Notwithstanding any requirements that initial assessments
- be conducted in person, where appropriate, services for new clients may be initiated via telephonic means. CBHI providers should use the regular CBHI codes when billing for CBHI services delivered telephonically

Mass Health will pay providers for clinically appropriate, medically necessary telephone evaluations through the following CPT codes:

Telephone Evaluation and Management Service

CPT codes to describe telephone evaluation and management services (POS 11). Relative values are assigned to these services,

CPT Code 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

CPT Code 99442 11-20 minutes of medical discussion

CPT Code 99443 - 21-30 minutes of medical discussion

Qualified non-physicians:

CPT Code 98966 Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

CPT Code 98967 11-20 minutes of medical discussion

CPT Code 98968 21-30 minutes of medical discussion

For more information:

[All Provider Bulletin 289: MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 \(COVID-19\)](#)

[MassHealth: Coronavirus Disease 2019 \(COVID-19\)—Providers](#)

Blue Cross Blue Shield of Massachusetts

Medical Policy

COVID-19 Update

- Effective for dates of service retroactive to March 16, 2020, all local providers may deliver all medically necessary covered services (COVID-19 AND non-COVID-19 related) via any modality. This includes telehealth, telephonic (audio) or in-person. This is in place for the duration of the state of emergency.
- Removing all member cost share (copayments, co-insurance, and deductibles) for a telephone(telephonic) call in place of an office visit, and a virtual/video appointment (telehealth) services for COVID-19 and non-COVID-19-related services.
- Reimbursement at the same rate as an in-person visit, for all provider specialties, including ancillary.

Modifiers

- Practitioners must use modifier GT or 95 (via interactive audio and video telecommunications systems) or modifier G0 to differentiate a telehealth (telemedicine) encounter from an in-person encounter with the patient.
- When reporting modifier GT, 95, or G0, the practitioner is attesting that services were rendered to a patient via an interactive audio and visual telecommunications system.
- For those providers whose fee schedules do not include the codes listed below, report the service delivered using the standard face-to-face code and modifier GT, 95, or G0.
- Any telehealth virtual, online, or digital service must be reported with modifier GT, 95 or G0.
- Blue Cross expects the documentation and medical records to support the criteria of the service billed.
- The following codes are reimbursable when submitted with either modifier GT, 95, or G0.
- Services rendered must fall within the scope of the provider's license.

Code	Service description	Comments
Modifiers		
GT	Via interactive audio and video telecommunication systems	Temporarily accepted for all non-face-to-face services during the COVID-19 response period
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system	
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke	

Code	Service description	Comments
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
98967	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
98968	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Effective 3/16/2020, temporarily accepted until further notice
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Effective 3/16/2020, temporarily accepted until further notice
98972	Qualified nonphysician health care professional 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	Effective 3/16/2020, temporarily accepted until further notice
99201	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 10 minutes are spent face-to-face with the patient and/or family.	
99202	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 20 minutes are spent face-to-face with	Effective 3/16/2020, temporarily accepted until

	the patient and/or family.	further notice
99203	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Effective 3/16/2020, temporarily accepted until further notice
99204	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Effective 3/16/2020, temporarily accepted until further notice
99205	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Effective 3/16/2020, temporarily accepted until further notice
99211	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 5 minutes are spent performing or supervising these services.	
99212	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 10 minutes are spent face to face with patient and/or family	
99213	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Effective 1/1/2020
99214	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 25 minutes are spent face-to-face with the patient and/or family	Effective 3/16/2020, temporarily accepted until further notice
99215	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Effective 3/16/2020, temporarily accepted until further notice
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	Effective 1/1/2020 Reimbursement limited to the following diagnosis codes: <ul style="list-style-type: none"> • Lactating mother Z39.1 • Failure to thrive in newborn P92.6 • Failure to thrive R62.51

		Report with modifier 33 for informational purposes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	Effective 1/1/2020 Reimbursement limited to the following diagnosis codes: <ul style="list-style-type: none"> • Lactating mother Z39.1 • Failure to thrive in newborn P92.6 • Failure to thrive R62.51 Report with modifier 33 for informational purposes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	Effective 1/1/2020 Reimbursement limited to the following diagnosis codes: <ul style="list-style-type: none"> • Lactating mother Z39.1 • Failure to thrive in newborn P92.6 • Failure to thrive R62.51 Report with modifier 33 for informational purposes
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	Effective 3/16/2020, temporarily accepted until further notice
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Effective 3/16/2020, temporarily accepted until further notice
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	Effective 3/16/2020, temporarily accepted until further notice

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	Effective 3/16/2020, temporarily accepted until further notice
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	Effective 3/16/2020, temporarily accepted until further notice
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	Effective 3/16/2020, temporarily accepted until further notice
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Effective 3/16/2020, temporarily accepted until further notice
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Effective 3/16/2020, temporarily accepted until further notice
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0408	Follow-up inpatient consultation, complex, physicians typically	Effective 3/16/2020, temporarily

	spend 35 minutes communicating with the patient via telehealth	accepted until further notice
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0426	Telehealth consultation, emergency department or initial inpatient, typically, 50 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	Effective 3/16/2020, temporarily accepted until further notice
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth 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	Effective 3/16/2020, temporarily accepted until further notice
G2012	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; 5-10 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
G2061	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	Effective 3/16/2020, temporarily accepted until further notice
	Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to 7 days,	Effective 3/16/2020, temporarily accepted until

G2062	cumulative time during the 7 days; 11-20 minutes	further notice
G2063	Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Effective 3/16/2020, temporarily accepted until further notice

Behavioral Health

- Reimbursement is for certain *behavioral health codes* when submitted with modifier **GT** or modifier **95** as listed in the billing information section below
 - Psychiatric diagnostic evaluation
 - Psychotherapy
 - Family psychotherapy
- Certain *evaluation and management codes* when submitted with modifier **GT** or modifier **95** as listed in the billing information section below
- Certain telephone and online digital services as indicated below in response to COVID-19.
- Certain telehealth (i.e.: telephone, virtual and online digital) services as indicated below in response to COVID-19.

Modifier GT and modifier 95

- Behavioral health practitioners must use modifier GT or 95 (via interactive audio and video telecommunications systems) to differentiate a telehealth (telemedicine) encounter from an in-person encounter with the patient.
- When reporting modifier GT or 95, the practitioner is attesting that services were rendered to a patient via an interactive audio and visual telecommunications system.

COVID-19 update

Effective for dates of service retroactive to March 16, 2020, Blue Cross will reimburse **all** covered services (COVID-19 AND non-COVID 19 related) whether they are telehealth, telephonic (audio) or face-to-face, at same rate as an in-person visit, for **all** provider types. Follow the same telehealth billing guidelines including the use of the following modifiers:

- Practitioners must use modifier GT or 95 (via interactive audio and video telecommunications systems) or modifier G0 to differentiate a telehealth (telemedicine) encounter from an in-person encounter with the patient.
- When reporting modifier GT, 95, or G0, the practitioner is attesting that services were rendered to a patient via an interactive audio and visual telecommunications system.
- For those providers whose fee schedules do not include the codes listed below, report the service delivered using the standard face-to-face code and modifier GT, 95, or G0
- **Any telehealth virtual, online, or digital service must be reported with modifier GT, 95 or G0**
- Blue Cross expects the documentation and medical records to support the criteria of the service

billed.

Code	Service description	Comments
<i>Modifiers</i>		
GT	Via interactive audio and video telecommunication systems	Temporarily accepted for all non-face-to-face services during the COVID-19 response period
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system	
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke	
<i>CPT and HCPCS codes</i>		
90791	Psychiatric diagnostic evaluation	
90792	Psychiatric diagnostic evaluation with medical services	Effective 7/1/19
90832	Psychotherapy, 30 minutes with patient and/or family member	
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	
90834	Psychotherapy, 45 minutes with patient and/or family member	
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	
90837	Psychotherapy, 60 minutes with patient and/or family member, consistent with the face-to-face visit	
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	
90846	Family psychotherapy (without the patient present), 50 minutes	Effective 7/1/19
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian; 5-10 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice

98967	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian; 11-20 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
98968	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian; 21-30 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Effective 3/16/2020, temporarily accepted until further notice
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Effective 3/16/2020, temporarily accepted until further notice
98972	Qualified nonphysician health care professional 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	Effective 3/16/2020, temporarily accepted until further notice
99201	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 10 minutes are spent face to face with the patient and/or family.	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Effective 7/1/19
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	Effective 7/1/19

	Usually, the presenting problem(s) are of Moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family	
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family	Effective 7/1/19
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family	Effective 7/1/19
99211	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 5 minutes are spent performing or supervising these services.	
99212	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 10 minutes are spent face to face with patient and/or family	
99213	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 15 minutes are spent face-to-face with the patient and/or family	
99214	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 25 minutes are spent face-to-face with the patient and/or family	
99215	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 40 minutes are spent face-to-face with the patient and/or family	Effective 3/16/2020, temporarily accepted until further notice

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	Effective 3/16/2020, temporarily accepted until further notice
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Effective 3/16/2020, temporarily accepted until further notice
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	Effective 3/16/2020, temporarily accepted until further notice
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; 5-10 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
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; 11-20 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
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; 21-30 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
	physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Not reimbursed
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Effective 3/16/2020, temporarily accepted until further notice
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Effective 3/16/2020, temporarily accepted until further notice

G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0425	Telehealth consultation, emergency department or initial inpatient, typically, 30 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0427	Telehealth consultation, emergency department or initial inpatient, typically, 70 minutes or more communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	Effective 3/16/2020, temporarily accepted until further notice
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G2012	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; 5-10 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time	Effective 3/16/2020, temporarily accepted until

G2061	during the 7 days; 5-10 minutes	further notice
G2062	Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Effective 3/16/2020, temporarily accepted until further notice
G2063	Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Effective 3/16/2020, temporarily accepted until further notice

For more information: log in to Provider central

[Behavioral Health and Substance Use](#)

[CPT and HCPCS Modifiers](#)

[Evaluation and Management General Coding and Billing](#)

[Non-Reimbursable Services](#)

[Telehealth \(Telemedicine\) – Medical](#)

Allways Health Partners

- Removing all cost-sharing for telemedicine services to enable our members to seek care virtually, reducing the need to go to medical offices.
- Supporting access to out-of-network providers for the above COVID-19 testing or treatment when no in-network providers are available.
- AllWays Health Partners has partnered with Microsoft to offer a free telehealth app for providers, for more information about contact that [COVID-19 Crisis Team](#)
- AllWays Health Partners Reimburses: Services rendered to members aged 24 months and older.
 - Certain Evaluation and Management (E/M) services when submitted with Modifier 95, on Form CMS 1500.
 - Office or other outpatient visit for the evaluation and management of a new patient. Typically, 10 minutes are spent face to face with the patient and/or family.
 - Office or other outpatient visit for the evaluation and management of an established patient. Typically, 5 minutes are spent performing or supervising these services.
 - Office or other outpatient visit for the evaluation and management of an established patient. Typically, 10 minutes are spent face to face with patient and/or family.
 - Utilize Place of Service 02

Code	Descriptor	Comments
99201	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 10 minutes are spent face to face with the patient and/or family.	Reimbursable when reported with Modifier 95
99211	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 5 minutes are spent performing or supervising these services	Reimbursable when reported with Modifier 95
99212	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 10 minutes are spent face to face with patient and/or family	Reimbursable when reported with Modifier 95
99213	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 15 minutes are spent face to face with patient and/or family	Reimbursable when reported with Modifier 95

For More information: [Allways Telemedicine Payment Policy](#)

BMC Health Net

- BMC HealthNet Plan will cover telephonic visits in addition to telehealth visits for our members until further notice.
- Providers must include place of service code 02 in addition to the applicable code(s) describing the services provided.
- Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable fee schedules.
- The Plan will also reimburse for clinically appropriate, medically necessary telephone evaluations.
- Providers must report telehealth services in accordance with Medicare guidelines.
- Providers capable of offering telehealth services—either via telephone or a combination of telephone and video.

CPT Code	Code Description
99441	Physician telephone evaluation 5-10 MIN
99442	Physician telephone evaluation 11-20 MIN
99443	Physician telephone evaluation 21-30 MIN
98966	Qualified nonphysician health professional telephone evaluation 5- 10 MIN
98967	Qualified nonphysician health professional telephone evaluation 11-20 MIN
98968	Qualified nonphysician health professional telephone evaluation 21-30 MIN
G2012	Brief communication technology-based service, 5-10 MIN (such as telephone)
G2010	Remote evaluation of recorded video and/or images
99421	Online digital E\M service, 5-10 MIN
99422	Online digital E\M service, 11-20 MIN
99423	Online digital E\M service, 21+ MIN
G2061	Qualified nonphysician healthcare professional online assessment, 5-10 MIN
G2062	Qualified nonphysician healthcare professional online assessment,11-20 MIN
G2063	Qualified nonphysician healthcare professional online assessment, 21+ MIN

For more information: [BMC COVID-19 Update](#)

Fallon Health

- Waiving of copayments for medically appropriate coronavirus treatment in accordance with the CDC and DPH guidelines for Fallon members who have telehealth benefits.
- For coverage of Telemedicine services, the following criteria must be met:
 - Services must be equivalent to in-person services with a patient in order to be eligible for coverage under Telemedicine reimbursement.
 - Services are limited to real-time, synchronous, secure electronic communication and uses technology that meets or exceeds HIPAA privacy requirements and involves both audio and video components.
 - These consultations are typically for the purpose of evaluations, follow-up care, or treatment of a specific condition.
 - Only providers eligible to independently perform and bill the equivalent face to face service and are licensed in the state in which they are performing the services will be reimbursed for performing and billing Telemedicine services.
 - Services must be documented and retained in the patient’s permanent medical record.
 - The following providers are eligible to submit for Telemedicine services: ☑ Physician ☑ Nurse practitioner.
 - The Plan expects the services performed to be equivalent to the standards set forth in the Evaluation and Management coding
 - For plans coverage, please refer to [Fallon Telehealth payment policy](#)

Inpatient Services:

Below are the payable codes for inpatient and critical care consultations. They should only be utilized as described. Adherence to the above policy criteria is required.

Code Type	Code	Description
HCPCS	G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
	G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
	G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
	G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
	G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via

		telehealth
	G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes communicating with the patient via telehealth
	G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
	G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
	G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth

Outpatient Services:

- Plan will cover a limited amount of out-patient Telemedicine services as outlined below. Strict adherence to the above criteria and proper documentation in the medical records is required.
- The below codes are the only acceptable codes for outpatient Telemedicine. These codes must be billed with a 95 modifier **and** place of service

Code Type	Code	Description
CPT	99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward
		medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
Modifier	95	Synchronous Telemedicine Service Rendered Via a Real Time Interactive Audio and Video Telecommunications System

For more Information:

[Fallon Health Coronavirus Update](#)

[Fallon Telemedicine Payment Policy](#)

Harvard Pilgrim Health Care

- For dates of service beginning **March 6, 2020**, Harvard Pilgrim will not impose specific requirements on the type of technology that is used to deliver telemedicine/telehealth services (including any limitations on audio-only or live video technologies). These changes will be in place until further notice
- Harvard Pilgrim is waiving member cost-sharing for **all** telemedicine services (not only COVID-19 services) including copayments, deductibles and coinsurance.
- The components of any evaluation and management services (E&M) provided via the telemedicine technologies includes at least a problem focused history and straight forward medical decision making, as defined by the current version of the Current Procedural Terminology (CPT) manual.
- All telemedicine/telehealth must be reported with (**POS 02**) (Telehealth is the location where health services and health related services are provided or received, through a telecommunication system.) Appropriate modifiers will continue to be accepted.
- All telemedicine services may be filed with either modifier GT (via interactive audio and video telecommunications system) or modifier 95 (synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system) appended to the appropriate code.
- All telehealth services may be filed with either modifier Go (Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke) or modifier GQ (Via asynchronous telecommunications system) appended to the appropriate code.
- The codes listed in this policy are for reference purposes only. listing of a service or device code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the Member's Plan of Benefits or Certificate of Coverage.
- This policy applies to the products of Harvard Pilgrim Health Care and its affiliates — Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company.

Harvard Pilgrim does not reimburse for:

- Separately filed services incidental to an E&M, counseling, or medical services covered by this policy. Examples include,
 - but are not limited to:
 - Reporting of test results
 - Provision of educational materials
 - Administrative matters, including but not limited to, scheduling, registration, updates to billing information, reminders, and requests for medication refills or referrals or ordering of diagnostic studies
- Telemedicine/Telehealth service that occurs the same day as a face-to-face visit when performed by the same provider for the same condition.
- Telemedicine/Telehealth E&M services that are performed on the same day as a surgical procedure, unless it is a significant and separately identifiable service, or it

is above and beyond the usual preoperative and postoperative care associated with the procedure.

- Telehealth transmission, per minute

Modifier	Description
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system
GO	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
GQ	Via asynchronous telecommunications system
GT	Via interactive audio and video telecommunications system

This list of codes should not be considered all inclusive:

Code	Description	Comments
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Harvard Pilgrim will accept and reimburse this code until further notice
98967	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Harvard Pilgrim will accept and reimburse this code until further notice
98968	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Harvard Pilgrim will accept and reimburse this code until further notice

98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
98972	Qualified nonphysician health care professional 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	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99201 99205	-new Patients, office/outpatient visit	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99211 99215	-Established Patient, office/outpatient visit	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99231 99233	-Subsequent hospital care	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99241 99245	-Office consultation	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99251- 99255	Inpatient hospital consultation	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99308 99310	-nursing facility care	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99421	Online digital evaluation and management service, for an established patient, for up to 7	Harvard Pilgrim will reimburse services rendered via telehealth

	days, cumulative time during the 7 days; 5-10 minutes	whether provided via asynchronous or synchronous technology
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
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	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
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	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology. We will also temporarily remove our restriction related to behavioral health indications
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	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology

98972	Qualified nonphysician health care professional 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	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99201 - 99205	New Patients, office/outpatient visit	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99211 - 99215	Established Patient, office/outpatient visit	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99231 - 99233	Subsequent hospital care	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99241 - 99245	Office consultation	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99251- 99255	Inpatient hospital consultation	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99308 - 99310	nursing facility care	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
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	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology

99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
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	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
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	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology. We will also temporarily remove our restriction related to behavioral health indications
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	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
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	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99446 - 99449	Inter-professional telephone/internet assessment and management service	Reimbursed for Facility only

99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via tele- health	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via tele- health	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology

G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology
Q3014	Telehealth originating site facility fee	Reimbursed for Facility only

For more information:

[Harvard Pilgrim Telehealth Policy](#)

Health New England

Commercial

HNE's commercial members have a telehealth benefit for medical and behavioral telehealth services provided through Teladoc. Providers who are not providing services under the member's Teladoc benefit must bill and document services in accordance with the guidelines in this payment policy.

Medicare Advantage

HNE's Medicare Advantage members have a telehealth benefit for medical services provided through Teladoc. Providers who are not providing services under the member's Teladoc benefit must bill and document services by following the same CMS guidelines as followed for an individual patient covered by traditional Medicare. Covered services include and are not limited to behavioral health, evaluation and management, End-Stage Renal Disease and screening services.

Be Healthy/Medicaid

HNE's Be Healthy Membership members have a telehealth medical benefit that limits services to those telehealth services provided through Teladoc. There is no coverage and no reimbursement for providers to deliver medical telehealth services to Be Healthy members outside of the approved Teladoc system.

Be Healthy Membership members must access tele-behavioral health services through the Massachusetts Behavioral Health Partnership (MBHP) network of providers. This benefit is **not** available through Teladoc.

For coverage of Telemedicine services, the following criteria must be met:

1. Services must be equivalent to in-person services with a HNE member in order to be eligible for coverage under telemedicine reimbursement.
2. Services are limited to real-time, synchronous, secure electronic communication and uses technology that meets or exceeds HIPAA privacy requirements and involves both audio and video components. These consultations are typically for the purpose of evaluations, follow-up care, or treatment of a specific condition.
3. only providers eligible to independently perform and bill the equivalent face to face service(s) and are licensed in the state in which they are performing the service(s) will be reimbursed for performing and billing these same telemedicine services.
4. All telemedicine services provided must be documented and retained in the HNE member's permanent medical record.

Telemedicine services are not reimbursed separately if that same service, when rendered to the member-in- person is already not separately reimbursed or is treated as a non-covered service by HNE.

Only the provider rendering the Telemedicine service(s) via telecommunication should submit for reimbursement using Telemedicine codes. Any provider rendering separate services at a physical site should submit for reimbursement using the appropriate Non-telemedicine code(s) for health services rendered.

Non-covered Telemedicine Services

1. Asynchronous services
2. Inter-professional telephone or internet consultations
3. Online medical evaluation
4. Telephone audio only or fax (refer to HNE’s Evaluation and Management Services Payment Policy for information regarding HNE’s reimbursement for telephone services.)
5. Any services not defined with modifier GT or modifier 95

Claims must be billed with POS 02. Modifier GT or 95 is required and should be appended to all applicable CPT and/or HCPCS procedure code(s).

POS	Modifier	Description
02		Location where health services are provided or received, through a telecommunication system and certifies that the service meets the telehealth requirements.
	G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke (applies to Medicare Advantage)
	GQ	Via Asynchronous Telecommunications systems (applies to Medicare Advantage)
	GT	Via interactive audio and video telecommunication systems
	95	Synchronous Telemedicine Service rendered via a real-time interactive audio and video telecommunications system between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified healthcare professional.

For more information

[Health New England Payment Policy](#)

Tufts Health Plan

Effective for dates of services on or **after March 6, 2020 until April 15, 2020**, coverage for Tufts Health Commercial (including Tufts Health Freedom Plan), Tufts Health Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO), Tufts Health Public Plans (Tufts Health Direct, Tufts Health RI Together, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify) members is as follows:

- Tufts Health Plan will compensate providers at 100% of the in-office rate as specified in their provider agreements or fee schedules for telehealth
- All Tufts Health Plan contracting providers can provide telemedicine services to our members (medical, behavioral health and ancillary health visits)
- This will also include telephone consultation
- Tufts Health Plan will waive member cost share for any primary care and behavioral health service
- Documentation requirements for a telehealth service are the same as those required for any face-to-face encounter, with the addition of the following:
 - A statement that the service was provided using telemedicine or telephone consult.
 - The location of the patient.
 - The location of the provider; and
 - The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.
- This applies for all diagnoses and is not specific to a COVID-19 diagnosis
- This is intended to prevent people from having to leave their house to receive care
- **Note for Behavioral Health Providers:** For the time period specified above, there are no restrictions on service type. Additionally, the usage of audio without video is acceptable.

Billing Guidelines

Commercial Products (including Tufts Health Freedom Plans) and Tufts Health Public Plans

- Providers must submit claims with POS 02 and the use appropriate modifiers to indicate when telehealth services have been rendered.

Tufts Health Medicare Preferred and Tufts Health Plan SCO

- Providers must submit claims with POS 02

Modifiers	Modifier Description	Modifier Definition
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System	Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. Modifier 95 may only be appended to the services listed in Appendix P. Appendix P is the list of CPT codes for services that are typically performed face-to-face but may be rendered via real-time (synchronous) interactive audio and video telecommunications system.
GT	Via asynchronous telecommunications system	Modifier used to indicate telehealth services. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.
GQ	Via interactive audio and video telecommunication systems	Modifier used to indicate telehealth services. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke	None provided

For more information:

[Coronavirus \(COVID-19\) Updates for Providers](#)

[Telemedicine Services Professional Payment Policy](#)

Massachusetts Medical Society
860 Winter Street ▪ Waltham, MA 02451
www.massmed.org

Aetna

or the next 90 days, until June 4, 2020, Aetna will waive member cost sharing for a covered telemedicine visit regardless of diagnosis. Aetna members are encouraged to use telemedicine to limit potential exposure in physician offices. Cost sharing will be waived for all virtual visits through the Aetna-covered Teladoc® offerings and in-network providers. Self-insured plan sponsors will be able to opt-out of this program at their discretion.

For the 90-day period, Aetna has added the following HCPCS codes below. All telemedicine services not noted will be covered according to Aetna's current policy. All other telemedicine coverage is stated in the Aetna Telemedicine policy which is available to providers on the NaviNet and Availity portals.

The following codes require an audiovisual connection:

- G2061, G2062, G2063 - Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes; 11 – 20 minutes; or 21 or more minutes
- H0015 GT or 95 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
- H0035 GT or 95 - Mental health partial hospitalization, treatment, less than 24 hours.
- H2012 GT or 95 - Behavioral health day treatment, per hour.
- H2036 GT or 95 - Alcohol and/or another drug treatment program, per diem
- S9480 GT or 95 - Intensive outpatient psychiatric services, per diem
- 97151 GT or 95 - Behavior identification assessment, administered by a QHP, face to face with patient and/or guardians administering assessments and discussing findings and recommendations. Includes non-face-to-face analyzing of past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
- 97155 GT or 95 - Adaptive behavior treatment with protocol modification, administered by QHP, which may include simultaneous direction of a technician working face to face with a patient.
- 97156 GT or 95 - Family adaptive behavior treatment guidance administered by QHP, with parent/guardian
- 97157 GT or 95 - Multiple-family group adaptive behavior treatment guidance, administered by QHP, with multiple sets of parents/guardians
- 98970, 98971, 98972 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.
- 99421, 99422, 99423 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.

The following codes require an audiovisual connection or telephone:

- G2010 - 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.
- G2012 - 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; 5-10 minutes of medical discussion.
- 98966, 98967, 98968 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 21-30 minutes of medical discussion.
- 99441, 99442, 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; 5-10; 11-20; or 20-30 minutes of medical discussion.
- 90791, 90792; GT or 95 - Psychiatric diagnostic interview examination
- 90832, 90833, 90834, 90836, 90837, 90838; GT or 95 - Individual psychotherapy
- 90839, 90840; GT or 95 - Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes
- 90845; GT or 95 – Psychoanalysis
- 90846, 90847, 90853; GT or 95 - Family or group psychotherapy
- 90863; GT or 95 - Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
- 96116; GT or 95 - Neurobehavioral status examination

Behavioral Health

IOP Procedure codes - televideo only

H0015 Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education.

- H2012 Behavioral health day treatment, per hour.
- S9480 Intensive outpatient psychiatric services, per diem.

PHP Procedure codes - televideo only

- H0035 Mental health partial hospitalization, treatment, less than 24 hours.
- H2036 Alcohol and/or another drug treatment program, per diem.

For more information: [Aetna](#)

Cigna

- Waive customer cost-sharing for telehealth screenings for COVID-19 through May 31, 2020
- Make it easier for customers to be treated virtually for routine medical examinations by in-network physicians

Phone calls for COVID-19 (e.g.: 5-10 min virtual visit with or without video with the licensed health care provider)

- a. HCPCS code G2012 will be reimbursed without customer copay or cost-share
 - b. In agreement with CDC recommendations one of the following ICD10 diagnosis codes should be billed:
- For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out.
 - For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828: Contact with and (suspected) exposure to other viral communicable diseases.
 - This billing requirement and associated reimbursement applies to claims submitted on CMS 1500 claim forms or its electronic equivalent only.
 - a. all other virtual visits
 - a. CPT® code 99241 will be reimbursed for all other synchronous real-time virtual visits when billed with Place of Service 11.
 - b. If the visit is related to COVID-19, the above-mentioned ICD10 diagnosis codes (Z03.818 or Z20.828) are required to be billed and reimbursement will be without customer copay/cost-share.
 - c. If the virtual visit is not related to COVID-19, the ICD10 code for the visit should be billed and reimbursement will be made according to applicable benefits and related cost share.
 - d. No virtual care modifier should be billed
 - e. This billing requirement and associated reimbursement applies to services submitted on CMS1500 claim forms or its electronic equivalent only.

Virtual Visits	
Code	Description
99241	Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care providers, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care provider 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; 5-10 minutes of medical discussion

For more information:

[Cigna for HCP](#)

United Health Care

- Expanding the policies around telehealth services for our Medicare Advantage, Medicaid and commercial membership.
- Expanded Provider Telehealth Access - Through June 18, 2020, eligible medical care providers who have the ability and want to connect with their patient through synchronous virtual care (live videoconferencing) can do so. Benefits will be processed in accordance with the member's plan.
- UnitedHealthcare will waive the Centers for Medicare and Medicaid's (CMS) originating site restriction for Medicare Advantage, Medicaid and commercial members, so that eligible care providers can bill for telehealth services performed while a patient is at home.
- This policy change applies to members whose benefit plans cover telehealth services and will allow those patients to connect with their doctor through audio/video visits. Member cost sharing will be waived for COVID-19 testing-related visits during this national emergency.
- UnitedHealthcare will also reimburse care providers for telephone calls to existing patients, as described below.

Until June 18, 2020, UnitedHealthcare will reimburse appropriate claims for telehealth services under the following codes:

Commercial

- For all UnitedHealthcare commercial plans, any originating site requirements that may apply under UnitedHealthcare reimbursement policies are waived, so that telehealth services provided via a real-time audio and video communication system can be billed for members at home or another location.
- UnitedHealthcare will reimburse telehealth services that are:
 - Recognized by CMS and appended with modifiers GT or GQ and,
 - Recognized by the American Medical Association (AMA) included in Appendix P of CPT and appended with modifier 95. Reimbursable codes can be found embedded in the reimbursement policy at [Telehealth and Telemedicine Policy](#)

Medicaid

- For all UnitedHealthcare Medicaid plans, any originating site requirements that may apply under UnitedHealthcare reimbursement policies are waived, so that telehealth services provided via a real-time audio and video communication system can be billed for members at home or another location. UnitedHealthcare Community Plan will reimburse telehealth services that are:
 - Recognized by CMS and appended with modifiers GT or GQ and,
 - Recognized by the AMA, included in Appendix P of CPT and appended with modifier 95

Medicare Advantage

- For all UnitedHealthcare Medicare Advantage plans, including Dual Eligible Special Needs Plans, any originating site requirements that may apply under Original Medicare are waived, so that telehealth services provided via a real-time audio and video communication system can be billed for members at home or another location. All CPT/HCPCS codes, payable as telehealth when billed

with Place of Service 02 and the GQ or GT modifiers, as appropriate, under Medicare, will be covered on our Medicare Advantage plans for members at home during this time. Standard plan copays, coinsurance and deductibles will apply. Codes that are payable as telehealth under Medicare Advantage can be found here: [cms.gov](https://www.cms.gov)

- Additionally, for commercial, 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.

Additionally, for commercial, 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, for established patients.

Until June 18, 2020, UnitedHealthcare will extend this reimbursement to all Medicaid plans.

Virtual Check-In, including Telephone:

Commercial & Medicare Advantage

- Commercial and Medicare Advantage plans currently reimburse for “virtual check-in” patients to connect with their doctors remotely.
- These services are for established patients, not related to a medical visit within the previous 7 days and not resulting in a medical visit within the next 24 hours (or soonest appointment available).
- These services can be billed when furnished through several communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010).

Medicaid

- Effective immediately through June 18, 2020, our Medicaid plans will reimburse for “virtual check-in” patients to connect with their doctors remotely.
- These services are for established patients, not related to a medical visit within the previous 7 days and not resulting in a medical visit within the next 24 hours (or soonest appointment available).
- These services can be billed when furnished through several communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010).

E Visits

Medicare Advantage, Commercial and Medicaid:

- UnitedHealthcare will reimburse for patients to communicate with their doctors using online patient portals, using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable.
- Medicare Advantage, Medicaid and commercial plans currently reimburse for “e-visits” for patients to connect with their doctors remotely.
- These services are for established patients, not related to a medical visit within the previous 7 days and not resulting in a medical visit within the next 24 hours (or soonest appointment available).

For more information: [UHC for Providers](#)