

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. With the emergence of the COVID-19, there is an urgency to expand the use of technology to maintain access to needed care, while also keeping vulnerable patients with minor/mild symptoms in their homes. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

Under the expansion of the telehealth 1135 waiver, Medicare will 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. Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services. Documentation guidelines still apply.

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. Waiving cost-sharing is optional and will not be considered an illegal inducement by the OIG.

Health and Human Services (HHS) will not conduct audits to ensure that a prior relationship (new vs. established patient) existed for claims submitted during the public emergency. All of these new flexibilities are subject to review and renewal in 90 days.

This fact sheet summarizes three main types of virtual services: telehealth visits, virtual check-ins and e-visits, based on the respective line of business.

Line of Business	Type of service	What is the service?	Is it covered? How much?	HCPCS/ CPT Code
Medicare	Telehealth Visit	<p>Visit with a provider that uses telecommunication systems between a provider and a patient.</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> <p>For the duration of the PHE for the COVID-19 pandemic, Medicare will make separate payment for audio-only visits as outlined on page 125 in the Interim Final Rule with Comment.</p>	<p>Yes</p> <p>Yes</p>	<p>99201-99205 (office/outpatient visits for new patients) 99211-99215 (office/ Outpatient visits for established patients) List POS 02 G0425-G0427 (Telehealth consultations, ED or initial inpatient) G0406-G0408 (F/U inpatient tele-health consultations furnished to patients in hospitals or SNFs) Here is a complete list.</p> <p>98966 – 98968; 99441 – 99443</p>
Medicare	Virtual/ Telephonic Check-In	<p>a. For new and/or established patient, brief (5-10 mins) check in with practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed.</p> <ul style="list-style-type: none"> Confirm patient identity (e.g., name, date of birth or other identifying information as 	<p>a. Yes, \$14.81 Medicare Part B</p>	<p>a. HCPCS code G2012 List POS 11</p>

		<p>needed, in particular if documenting independently from the patient's electronic or paper record).</p> <ul style="list-style-type: none"> • Confirm that the patient is an established Patient to the practice. • Detail what occurred during the Communication (e.g., patient problem(s), details of the encounter as warranted) to establish medical necessity. • Document the total amount of time spent in communicating with the patient and only submit code G2012 if a minimum of five minutes of direct communication with the patient was achieved. • Document that the nature of the call was not Tied to a face-to-face office visit or procedure that occurred within the past seven days. • Document that a subsequent office visit for the patient's problems were not indicated within 24 hours or the next available appointment. • Include that the patient provided consent for The service. <p>b. Remote evaluation of recorded video and/or images submitted by an established patient.</p>	<p>b. Yes, \$11.91 Medicare Part B</p>	<p>b. HCPCS code G2010 List POS 11</p>
Medicare	E-Visits	<p>A communication between patient and their provider through an online patient portal, for new and/or established patient, for up to 7 days, cumulative time during the 7 days. Not to be used for:</p> <ul style="list-style-type: none"> • Scheduling appointments • Conveying test results <p>Consider HIPAA compliant secure platforms.</p> <p>*Non-HIPAA compliant platforms are allowed during the public emergency as long as they are not public facing. Examples of non-public facing remote communication products would include platforms such as Apple Face Time, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, or Skype. Such products also would include commonly using texting applications such as Signal, Jabber, Facebook Messenger, Google Hangouts, Whatsapp, or iMessage. (HIPAA Flexibility)</p>	<p>Yes \$15.52 (5-10 mins) \$31.04 (10-20 mins) \$50.16 (21+ mins)</p>	<p>99421* 99422* 99423* For qualified nonphysician healthcare professionals: G2061 G2062 G2063 List POS 02</p>
Medicare Resources		<p>Physicians/Clinicians: CMS Flexibilities to Fight COVID-19 Trump Administration Sweeping Regulatory Changes CMS National Stakeholder Call Transcript w/ Verma Seema General Provider Telehealth and Telemedicine Tool Kit Medicare Telemedicine Health Care Provider Fact Sheet CMS Information Current COVID-19 Emergency Medicare FFS Response to Public Health Emergency COVID-19</p>		
Medicaid Resources:		<p>Since Medicaid programs are state-run, they follow state-specific telemedicine regulations, which can vary widely. Some states have expansive policies that will allow for telehealth to be used when an emergency like COVID-19 occurs; others will follow CMS adjustments during this time. To learn more about current</p>		

		<p>state laws and reimbursement policies in your state for Medicaid, visit the Center for Connected Health Policy.</p> <p>CMS has provided tools that will permit states to assess emergency administrative relief, make temporary modifications to Medicaid eligibility and benefit requirements, relax rules to ensure that individuals with disabilities and the elderly can be effectively served in their homes, and modify payment rules to support health care providers impacted by the outbreak. The Administration has called on states to allow Medicaid beneficiaries to receive services through telehealth. While this doesn't require federal approval in many cases, these tools can also help states quickly remove state-specific restrictions on telehealth:</p> <p>Medicaid Telemedicine Policy Options for Paying Medicaid Providers for Telehealth Services Tools to Accelerate Relief for State Medicaid & CHIP Programs Section 1135 Waiver Template for State and Territory Medicaid CMS FAQs for State Medicaid and Children's Health Insurance Program (CHIP) Agencies CA Department of Health Care Services (DHCS) Guidance CA Department of Health Care Services (DHCS) Telehealth FAQs CA Department of Managed Health Care (DMHC) Guidance</p> <p>Here is a list of approved state 1135 waivers and Appendix K waivers.</p>		
Managed Medicaid	Telehealth Visit	<p>Visit with a provider that uses telecommunication systems between a provider and a patient.</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>	Yes	<p>99201-99205 (office/outpatient visits for new patients) 99211-99215 (office/ Outpatient visits for established patients) List POS 02</p>
Managed Medicaid	Virtual / Telephonic Check-In	<p>a. For new and/or established patient, brief (5-10 mins) check in with practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed.</p> <ul style="list-style-type: none"> Confirm patient identity (e.g., name, date of birth or other identifying information as needed, in particular if documenting independently from the patient's electronic or paper record). Confirm that the patient is an established Patient to the practice. Detail what occurred during the Communication (e.g., patient problem(s), details of the encounter as warranted) to establish medical necessity. Document the total amount of time spent in communicating with the patient and only submit code G2012 if a minimum of five minutes of direct communication with the patient was achieved. Document that the nature of the call was not Tied to a face-to-face office visit or procedure that occurred within the past seven days. Document that a subsequent office visit for the patient's problems were not indicated within 24hours or the next available appointment. Include that the patient provided consent for The service. <p>b. Remote evaluation of recorded video and/or images submitted by an established patient.</p>	<p>a. Yes, \$12.48</p> <p>b. Yes, \$10.87</p>	<p>a. HCPCS code G2012</p> <p>b. HCPCS code G2010</p>

Managed Medicaid	E-Visits	<p>A communication between patient and their provider through an online patient portal, for new and/or established patient, for up to 7 days, cumulative time during the 7 days.</p> <p>Not to be used for:</p> <ul style="list-style-type: none"> Scheduling appointments Conveying test results <p>Consider HIPAA compliant secure platforms.</p> <p>*Non-HIPAA compliant platforms are allowed during the public emergency as long as they are not public facing. Examples of non-public facing remote communication products would include platforms such as Apple Face Time, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, or Skype. Such products also would include commonly using texting applications such as Signal, Jabber, Facebook Messenger, Google Hangouts (HIPAA Flexibility)</p>	No	Not Covered
Commercial	Telehealth Visit	<p>Visit with a provider that uses telecommunication systems between a provider and a patient.</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> <p>For the duration of the PHE for the COVID-19 pandemic, Medicare will make separate payment for audio-only visit as outlined on page 125 in the Interim Final Rule with Comment.</p>	<p>Coverage varies per health plan</p> <p>Coverage varies per health plan</p>	<p>99201-99205 (office/outpatient visits for new patients) 99211-99215 (office/ Outpatient visits for established patients) G0425-G0427 (Telehealth consultations, ED or initial inpatient) G0406-G0408 (F/U inpatient telehealth consultations furnished to patients in hospitals or SNFs) Here is a complete list. Add Modifier 95 (dependent on Commercial Payer)</p> <p>98966 – 98968; 99441 – 99443</p>
Commercial	Virtual / Telephonic Check-In	<p>a. For new and/or established patient, brief (5-10 mins) check in with practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed.</p> <ul style="list-style-type: none"> Confirm patient identity (e.g., name, date of birth or other identifying information as needed, in particular if documenting independently from the patient's electronic or paper record). 	a. Coverage varies per health plan	a. HCPCS code G2012

		<ul style="list-style-type: none"> • Confirm that the patient is an established Patient to the practice. • Detail what occurred during the Communication (e.g., patient problem(s), details of the encounter as warranted) to establish medical necessity. • Document the total amount of time spent in communicating with the patient and only submit code G2012 if a minimum of five minutes of direct communication with the patient was achieved. • Document that the nature of the call was not Tied to a face-to-face office visit or procedure that occurred within the past seven days. • Document that a subsequent office visit for the patient's problems were not indicated within 24hours or the next available appointment. • Include that the patient provided consent for The service. <p>b. Remote evaluation of recorded video and/or images submitted by an established patient.</p>	b. Coverage varies per health plan	b. HCPCS code G2010
Commercial	E-Visits	<p>A communication between patient and their provider through an online patient portal, for new and/or established patient, for up to 7 days, cumulative time during the 7 days.</p> <p>Not to be used for:</p> <ul style="list-style-type: none"> • Scheduling appointments • Conveying test results <p>Consider HIPAA compliant secure platforms.</p> <p>*Non-HIPAA compliant platforms are allowed during the public emergency as long as they are not public facing. Examples of non-public facing remote communication products would include platforms such as Apple Face Time, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, or Skype. Such products also would include commonly using texting applications such as Signal, Jabber, Facebook Messenger, Google Hangouts, Whatsapp, or iMessage. (HIPAA Flexibility)</p>	Coverage varies per health plan	99421* (5-10 mins) 99422* (10-20 mins) 99423* (21+ mins) For qualified nonphysician healthcare professionals: G2061 G2062 G2063 List POS 02 List Modifier 95 (for synchronous telemedicine service via a real-time interactive audio and video telecommunication system) List Modifier GQ (for asynchronous telemedicine services rendered by both originating site and distant provider)
Billing and coding rules may vary by entity, so here are additional resources:		<ul style="list-style-type: none"> • COVID-19 Coding Advice • Expansion of Telehealth Access to Combat COVID-19 • Telehealth for Private Coverage FAQs • AHIP: Health Insurance Plans Respond to COVID-19 • Aetna Health Plan Guidance for COVID-19 • Anthem Health Plan Guidance for COVID-19 • BCBSA Health Plan Guidance for COVID-19 • Blue Shield CA Health Plan Guidance for COVID-19 • Bright Health Plan Guidance for COVID-19 • CA Department of Health Care Services (DHCS) Guidance • CA Department of Managed Health Care (DMHC) Guidance • CA Department of Insurance (DOI) Guidance • CareFirst Health Plan Guidance for COVID-19 • CDPHP Health Plan Guidance for COVID-19 		

	<ul style="list-style-type: none"> • <u>Centene Health Plan Guidance for COVID-19</u> • <u>Cigna Health Plan Guidance for COVID-19</u> • <u>CommunityCare Health Plan Guidance for COVID-19</u> • <u>Dean Health Plan Guidance for COVID-19</u> • <u>Geisinger Health Plan Guidance for COVID-19</u> • <u>Health Net Health Plan Guidance for COVID-19</u> • <u>Health Care Service Corporation Health Plan Guidance for COVID-19</u> • <u>HealthPartners Health Plan Guidance for COVID-19</u> • <u>Humana Health Plan Guidance for COVID-19</u> • <u>Kaiser Permanente Health Plan Guidance for COVID-19</u> • <u>MVP Health Care Health Plan Guidance for COVID-19</u> • <u>Priority Health Plan Guidance for COVID-19</u> • <u>SelectHealth Health Plan Guidance for COVID-19</u> • <u>UnitedHealthcare Health Plan Guidance for COVID-19</u>
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