

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. *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.) Application of Section 1135 and Section 1812(f) Waivers to PHE</p>	Yes	<p>99201-99205 (office/outpatient visits for new patients) 99211-99215 (office/ Outpatient visits for established patients) List POS 02</p> <p>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.</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. Additionally, CMS will pay for audio-only telephone between beneficiaries and their doctors/other clinicians, including behavioral health and patient education services. CMS is also increasing payments for these telephone visits to match payments for</p>	<p>Yes</p> <p>Yes. Increase Payments for such services from \$14-\$41 to about \$46-\$110. The</p>	<p>98966 – 98968; 99441 – 99443</p>

		similar office and outpatient visits. Additional Background: Trump Administration Sweeping Regulatory Changes	Payments are retro-active to March 1, 2020.	
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 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, \$14.81 Medicare Part B</p> <p>b. Yes, \$11.91 Medicare Part B</p>	<p>a. HCPCS code G2012 List POS 11</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.</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>	<p>Yes</p> <p>\$15.52 (5-10 mins)</p> <p>\$31.04 (10-20 mins)</p> <p>\$50.16 (21+ mins)</p>	<p>99421*</p> <p>99422*</p> <p>99423*</p> <p>For qualified nonphysician healthcare professionals: G2061 G2062 G2063</p> <p>List POS 02</p>
Medicare Resources		<p>Application of Section 1135 and Section 1812(f) Waivers to PHE Additional Background: Trump Administration Sweeping Regulatory Changes Telehealth Services for Risk Adjustment Physicians/Clinicians: CMS Flexibilities to Fight COVID-19 Trump Administration Sweeping Regulatory Changes CMS National Stakeholder Call Transcript w/ Verma Seema</p>		

		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		
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 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 	a. Yes, \$12.48	a. HCPCS code G2012

		<p>appointment.</p> <ul style="list-style-type: none"> • 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. Yes, \$10.87	b. HCPCS code G2010
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 vis 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. List POS 02 Add Modifier 95 (depending 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 needed.</p> <ul style="list-style-type: none"> • Confirm patient identity (e.g., name, date of birth or other identifying information as 	a. Coverage varies per health plan	a. HCPCS code G2012

		<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 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>b. Coverage varies per health plan</p>	<p>b. HCPCS code G2010</p>
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>	<p>Coverage varies per health plan</p>	<p>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)</p>
<p>Billing and coding rules may vary by entity, so here are additional resources:</p>		<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 • California Telehealth Billing Grid • CA Department of Health Care Services (DHCS) Guidance • CA Department of Managed Health Care (DMHC) Guidance 		

	<ul style="list-style-type: none"> • CA Department of Insurance (DOI) Guidance • CareFirst Health Plan Guidance for COVID-19 • CDPHP Health Plan Guidance for COVID-19 • Centene Health Plan Guidance for COVID-19 • Cigna Health Plan Guidance for COVID-19 • CommunityCare Health Plan Guidance for COVID-19 • Dean Health Plan Guidance for COVID-19 • Geisinger Health Plan Guidance for COVID-19 • Health Net Health Plan Guidance for COVID-19 • Health Care Service Corporation Health Plan Guidance for COVID-19 • HealthPartners Health Plan Guidance for COVID-19 • Humana Health Plan Guidance for COVID-19 • Kaiser Permanente Health Plan Guidance for COVID-19 • MVP Health Care Health Plan Guidance for COVID-19 • Priority Health Plan Guidance for COVID-19 • SelectHealth Health Plan Guidance for COVID-19 • UnitedHealthcare Health Plan Guidance for COVID-19
Other resources for state-specific data	<ul style="list-style-type: none"> • KFF State Data and Policy Actions to Address Coronavirus

FOR CALIFORNIA PHYSICIAN GROUPS ONLY: [Summary of Payor Telehealth Billing Requirements & Limitations](#) --Revised 06.08.2020

Courtesy of Gus Guarige, UCSF Medical Group & Physician Services

- Notes:
1. Inpatient on-campus services that are *not telehealth* are not addressed in this grid.
 2. Inpatient on-campus and off-campus telehealth services follow the guidelines in the grid below.
 3. Inpatient rounding done via telephone/audio only should be billed with an NC001. It is not reportable.
 4. POS = 02 usually paid at Facility rates unless contracts stipulate all payment at Non-Facility rates.

Payor	Updated Policy Date	Accepted Codes	Modifier	Place of Service	End date	Notes & Recommendation for billing	What POS should be reported for native POS=21 for telehealth?	Reasoning for response in previous column
Aetna	5/13/20	See tab for code details which was updated 04/14/20. In addition, minor acute E/M covered via phone only.	95	02	9/30/20	They do not pay for asynchronous service billed with GQ modifier per policy dated 12/19 Q3014 & T1014 are not payable.	02	Payor wants 02 for all telehealth.
Alameda Alliance	3/25/20	99201-99215 99241-99245	95	02	06/30/20	99442 not covered after 03/25/20	21	Payor guidance limits coverage and inpatient visits are not on the "payable" list.
Anthem	5/19/20	"For telehealth or telephonic services, providers should bill the same CPT codes that they would normally bill	95	02	Not specified	Effective 03/19/20 telephone only services can be billed as well as video visits.	02	Payor wants 02 for all telehealth.

		for in-person visits." Advice is not to report phone call codes (99441-99443) or online digital (99421-99423) for general telehealth. IOP, PHP, psychological testing, and the ABA services are payable only with audio and video.						
BTMG	5/20/20	BTMG: Physicians who are billing on a FFS basis may now bill for telehealth visits using the same CPT codes you would use if you were seeing the patient in the office.	Not Specified Use 95	11	Not specified	99442 not covered after April 1; Updated info obtained on 5/20/20	02	BTMG
Blue Shield and Blue Shield Federal (FEP)	5/20/20	Phone calls, Video visits, does not address E-visits or E-consults	95	02	Not specified	As of 04/27 220, "Professional providers should include modifiers 95 for synchronous rendering of services or GQ for asynchronous when billing for services provided via telehealth and the place of service should be indicated as "02."	02	Payor wants 02 for all telehealth.
Carefirst	5/20/20	See specific codes and POS.	95	02	Not specified	Will pay 99441 \$20 flat fee for primary care, OB-Gyn, pediatrics, family practice.	02	Payor wants 02 for all telehealth.
Central CA Alliance for Health	3/26/20	"Existing face-to-face codes"; Examples	95	02	Not specified	"Last week, the Alliance issued guidance for providers to bill	02	Payor wants 02 for all telehealth.

		given are 99201-99204 and 99212-99214				99441-99443 and 98966-98968 for telehealth visits. Due to the updated guidance from DHCS and DMHC, as detailed above, please re-bill for these services using the applicable face-to-face code and indicated place of service and modifier."		
Cigna	5/8/20	Usual face-to-face E/M code, G2012, no specific code restrictions, no restriction regarding new vs. established patient codes 97161 97162 97110	GQ (accept GT or 95 codes as of 4/09/20)	11	05/31/20	Per Cigna, "Claims will be processed consistent with these rules beginning April 6, 2020 for dates of service on or after March 2, 2020 and until at least May 31, 2020." Cigna wants -CS modifier on Covid-19 Dx to waive copay/ coinsurance. Home Health, AR and SNF now covered.	21	Per website, "use the POS that would be typically billed if the service was delivered face to face."
HealthNet Medi-Cal	4/30/20	Will pay for Medicare covered codes--see specific tab.	95	02	Not specified	Follows CMS rules.	02	Payor wants 02 for all telehealth.
HealthNet HMO	5/7/20	Commercial claims should be billed with "usual place of service code" effective 04/30/20	95	11, 21, 22 or 23 "usual POS"	Not specified	"Use the normal Place of Service code" for commercial but not for Medi-Cal.	21	"Use the normal Place of Service code."
HPMG commercial Medi-Cal	3/26/20	AWVs (G0438, G0439), 99497, 99211-99215	GT	11	Duration of emergency		21	Payor guidance limits coverage and inpatient visits are not on the "payable" list.
HPMG MA	3/26/20	AWVs (G0438, G0439), 99497, 99211-99215	No Modifier	02	Duration of emergency	No modifier for Medicare Advantage	02	Payor wants 02 for all telehealth.

HPSM	3/20/20	G2010, G2012; Otherwise follow Medi-Cal Policy	95	02	Not specified		02	Follows Medi-Cal guidelines.
Kaiser	3/20/20	Outpatient Mental Health, Applied Behavioral Analysis (ABA) Supervision and Parent Training, Speech Therapy, Occupational Therapy and Physical Therapy only	None; Instructs to use modifier	02	Not specified	Kaiser verified quite limited scope for telehealth.	21	Inpatient visits are not covered per Kaiser policy.
Magellan BH	3/20/20	Any service normally provided to Magellan patients except intensive outpatient programs or partial in-patient programs.	95	02	Not specified	Behavioral health	02	Payor wants 02 for all telehealth.
Medi-Cal & CCS	4/30/20	G2010, G2012, (E&M) and all other covered Medi-Cal services, E-consults, Q3014, T1014.	95	02	Not specified	"Medi-Cal provider may bill DHCS or their managed care plan as appropriate for any covered Medi-Cal benefits or services using the appropriate procedure codes, i.e., Current Procedural Terminology (CPT) Health Care Procedures Coding System (HCPS) codes." "For e-consults, the health care practitioner at the distant site (consultant) may use the following CPT code in conjunction with the modifier GQ: CPT Code 99451."	02	Payor wants 02 for all telehealth.

Medicare after 03/01/20	3/30/20	See specific tab for Medicare covered codes.	95	11 for Off-License; otherwise 22, 23	End of PHE		21	Bill 21 if provider "on campus" or within 250 feet of hospital.
Meritage	Not Dated	G0438 & G0439 (AWVs); Otherwise they appear to be following Medicare guidelines.	95	Whatever would have been billed in person (e.g., 11, 19, 22)	Not specified		21	Whatever would have been billed in person (e.g., 11, 19, 22)
Multiplan	3/23/20	"Applicable range of E&M codes"	No Modifier	02	Not specified	Follows CMS rules per bulletin.	02	Payor wants 02 for all telehealth.
PHP Medi-Cal	5/20/20	G2012, E/M codes, T1014. Only synchronous services are payable for BH so those must have 95 modifier.	95	02	Not specified		02	Payor wants 02 for all telehealth.
UHC – Modifier 95	5/20/20	Established Patient: 99211-99215 (audio-video or audio only), New Patient: 99201-99205 (audio-video or audio only), other codes listed in Medicare covered tab , incl PT, OT, SLP and Home Health as well as Chiro.	95	11	03/18/20 through 06/18/20	Significant changes published 04/05/20 for POS and modifiers to align with CMS. Will pay for Medicare covered codes.	21	Per website, "Care providers may conduct a telehealth visit from any private, secure location that will support member privacy." "Use place of service that would have been reported had the service been furnished in person."
UHC -- No Modifier	5/20/20	E-Visit: 99421-99423 & G2061-G2063 (No modifier), Virtual check in G2010 & G2012 (audio only); Now includes 99441-99443	No Modifier	11	03/18/20 through 06/18/20	Significant changes published 04/05/20 for POS and Modifiers to align with CMS. Will pay for Medicare covered codes.	21	Per website, "Care providers may conduct a telehealth visit from any private, secure location that will support member privacy." "Use place of service that would have been reported had the service been furnished

								in person."
VA	3/13/20	Follows CMS guidelines for Medicare	95	11 for Off-License; otherwise 21, 22, 23	Not specified		21	Follows CMS guidelines.
ZZ-Govt	None	Bill services with a modifier -95 POS = 02	95	02	Not specified		02	Payor wants 02 for all telehealth.
ZZ-Commercial	None	Bill services with a modifier -95 POS = 02	95	02	Not specified		02	Payor wants 02 for all telehealth.
Note:		Claims logic for SA10 was updated on 04/08/20 to comply with the above payor parameters with the exception of HN Commercial which changed 04/30/20.						
Recommendation:		1. Absent other payor direction, bill codes as submitted by coders with a modifier -95 and POS = 02.						
		2. After extensive discussion we recommend here and above use of modifier -95 where payors say "95 or GT."						