

NC AHEC PRACTICE SUPPORT

Medicare & Commercial Telehealth Coding Update in Response to COVID-19

The following tip sheet provides the latest information on telehealth codes that can be used for Medicare and commercial patients in response to COVID-19. These payors are temporarily adjusting reimbursement policies to enable providers to care for their patients through different means. Medicare and commercial plans have broadened their lists of patient encounters that are eligible for reimbursement. NC AHEC Practice Support is available to assist health care providers with questions via practicesupport@ncahec.net.

Medicare Telemedicine Highlights

- CMS has broadened access to Medicare telehealth services so that patients do not have to travel to a healthcare facility and can receive services from their home or healthcare facility.
- CMS has expanded this benefit on a temporary and emergency basis under the 1135 waiver authority.
- Available to help patients who need routine care, chronic disease management, or keep vulnerable patients with mild symptoms in their homes.
- Enables a range of providers to participate including physicians, APPs, clinical psychologists, and licensed clinical workers.
- Medicare coinsurance and deductible do apply but allows healthcare providers to reduce or waive costsharing arrangements.
- Includes E&M visits, mental health counseling, preventive health screenings.

Telehealth Visits

Medicare HCPCS/ CPT Code	Criteria for Use	Patient Relationship with Provider
99201-99215	Office or other outpatient visit	For new or established patients. Must use interactive audio and visual (Skype and Facetime is ok). HHS will not conduct audits to ensure prior relationship existed for claims submitted during this public health emergency. For complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth-Codes
G0425-G0427	Telehealth consultations, emergency dept or initial inpatient	
G0406-G0408	Follow-up inpatient telehealth consultations furnished to patients in hospitals or SNFs	

Virtual Check-In (Includes Telephone Only)

Medicare HCPCS/CPT Code	Criteria for Use	Patient Relationship to Provider
G2012 Telephone, Audio/Video, Secure Text, Email or Portal G2010 Captured video or images	Brief 5-10 minute check-in with provider 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.	For established patient in their home. May not be related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours. Patient must verbally consent to receive services. Medicare coinsurance and deductible apply.



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E-Visits

Medicare HCPCS/CPT Code	Criteria for Use	Patient Relationship to Provider
99421-99423		
Physicians & APPs G2061-G2063 PT, OT, Speech/Language Pathologists, Clinical Psychologists	Communication between a patient and their provider through an online patient portal. Each code level progresses from 5-10 minutes to 11-20 minutes to 21 or more minutes.	For established patients in all types of locations including home. Patient must generate initial inquiry. Communications can occur over a 7 day period. Patient must verbally consent. Medicare coinsurance and deductible apply.

Commercial Health Plans and Telehealth

Given the risk of rapidly changing medical coverage policies, please reference the following health plan websites for guidance on caring for your patients during the pandemic.

Health Plan	Website
BCBSNC	https://blog.bcbsnc.com/coronavirus-providers/
United	https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html
Aetna	Guidance on telehealth General clinical updates
Cigna	Testing reimbursement Telehealth update
Humana	Message for clinicians with resource links Telehealth guidance

ICD-10 Diagnosis Code

ICD-10 Dx Code	Criteria for Use	
Z20.828	risit for COVID-19 symptoms, contact with and (suspected) exposure to other viral communicable disease	

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