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

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 *(does not apply to FQHC or RHC*)

- 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 cost-sharing arrangements.
- Includes E&M visits, mental health counseling, and preventive health screenings.

Telehealth Visits

Medicare HCPCS/ CPT Code	Criteria for Use	Patient Relationship with Provider
99201-99205	Office or other outpatient visit ,**new patient**	For new or established patients. Must use interactive audio and visual (Skype, Zoom, and Facetime are appropriate. See link for other platform: HIPAA emergency preparedness HHS will not conduct audits to ensure prior relationship existed for claims submitted during this public health emergency. For complete list: Telehealth codes emergency preparedness
99211-99215	Office or other outpatient visit, **established patient**	These visits are the same services as would be provided during in-person visit and are paid at the same rate as in-person visits.

Telephonic Visits

Medicare HCPCS/ CPT Code	Criteria for Use	Patient Relationship with Provider
99441 -99443	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. Each code level progresses from 5-10 minutes to 11-20 minutes to 21 or more minutes.	Non-face-to-face services by a physician or APP. 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. Initiated by the established patient or guardian. Patient must verbally consent to receive services. Medicare coinsurance and deductible apply.
98966-98968	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. Each code level progresses from 5-10 minutes to 11-20 minutes to 21 or more minutes.	Non-face-to-face services by a non- physician QHP. 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. Initiated by the established patient or guardian. Patient must verbally consent to receive services. Medicare coinsurance and deductible apply.

Virtual Check-In *(Includes Telephone)*

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 or new 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.

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.

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Remote Patient Monitoring

Medicare HCPCS/CPT Code	Criteria for Use	Patient Relationship to Provider
CPT codes 99091, 99457-99458, 99473-99474, 99493-99494	For both acute and chronic conditions and can now be provided for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry	For new and established patients.

Commercial Health Plans (some Medicare Advantage) 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. Providers should check each patient's health plan coverage/policies to enable timely and accurate claims payment.

Health Plan	Website
BCBSNC	Telehealth and other guidance
United	Telehealth and other guidance
Aetna	Telehealth and other guidance
Cigna	Telehealth and other guidance
Humana	Telehealth and other guidance
Tricare	Humana Tricare

ICD-10 Diagnosis Code

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

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