



Special coding advice during COVID-19 public health emergency

Information provided by the American Medical Association does not dictate payor reimbursement policy and does not substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

Version 3.1b • Updated May 4, 2020

COVID-19 UPDATE

Special coding advice during COVID-19 public health emergency

- The coding scenarios in this document are designed to apply best coding practices. The American Medical Association (AMA) has worked to ensure that all payors are applying the greatest flexibility to our physicians in providing care to their patients during this public health crisis.
- The Centers for Medicare & Medicaid Services (CMS) [lifted](#) Medicare restrictions on the use of telehealth services during the COVID-19 emergency. Key changes effective March 1, and lasting throughout the national public health emergency include:
 - Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.
 - Patients can receive telehealth services in all areas of the country and in all settings, including at their home.
 - CMS expanded the [list](#) of services eligible to be reported via telehealth ([link here](#))
 - CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM).
 - The Qualified Healthcare Professionals that are eligible for telehealth has been expanded. Additional codes for these services were also added to the [CMS telehealth list](#).
 - CMS has clarified that telehealth services are permitted with both new and established patients.
 - Physicians can reduce or waive cost-sharing for telehealth visits. ***In addition, all cost-sharing for Medicare beneficiaries is waived for COVID-19 testing and visits related to the testing. Modifier CS – Cost sharing must be appended to these claims to ensure cost-sharing.***
 - Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.
- HHS Office for Civil Rights [offers](#) flexibility for telehealth via popular video chat applications, such as FaceTime or Skype, during the pandemic.
- AMA's [telemedicine quick guide](#) has detailed information to support physicians and practices in expediting implementation of telemedicine.
- Disclaimer: Information provided by the AMA contained within this Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology® manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payor coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

Scenario 1: Patient comes to office for E/M visit, is tested for COVID-19 during the visit, test conducted at laboratory not in physician's office



Action	In-office E/M visit	Patient swab sample collected	COVID-19 test performed
Who is performing	Physician/QHP	Clinical staff (eg, RN/LPN/MA)	Laboratory
Applicable CPT Codes	99201-99205 (New Patient) 99212-99215 (Established Patient)	Swab collection included in E/M 99000, Handling and/or conveyance of specimen for transfer from office to a laboratory, <i>if applicable*</i>	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828		
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	N/A	19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes		*Check with specific payor. Not covered by Medicare	

Scenario 1a: Patient comes to office for E/M visit, tested for COVID-19 in office during the visit, test conducted in office



Action	In-office E/M visit	Patient swab sample collected	COVID-19 test performed in office*
Who is performing	Physician/QHP	Clinical staff (eg, RN/LPN/MA)	Physician Office
Applicable CPT Codes	99201-99205 (New Patient) 99212-99215 (Established Patient)	Included in E/M	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828 U07.1, COVID-19 (<i>Effective April 1, 2020 - CDC Announcement</i>)		
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	N/A	N/A – reported on same claim
Notes			* Contact payor for applicable reimbursement policies concerning in-office laboratory testing.

Scenario 2: Patient comes to office for E/M visit re: COVID-19 and is directed to an external testing site (not affiliated with physician), sample sent to lab



Action	In-office E/M visit	Patient swab sample collected	COVID-19 test performed
Who is performing	Physician/QHP	Testing Site	Laboratory
Applicable CPT Codes	99201-99205 (New Patient) 99212-99215 (Established Patient)	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.) <i>(when requirements are met)</i> <i>Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</i> <i>or</i> 99001 (Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)), <i>if applicable*</i>	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828		
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital	19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	COVID-19 test orders given to patient	If provided, Patient presents physician/QHP test orders to testing personnel. *Check with specific payor. Not covered by Medicare	

Scenario 3: Patient received telehealth visit re: COVID-19, and is directed to go to their physician's office or physician's group practice site for testing

Updated May 4, 2020



Action	Patient evaluated for COVID-19 testing need: E/M Telehealth ^{1,2} OR Telephone visit		Pt goes to site	Throat swabs taken at site, sent to lab	COVID-19 test performed
Who is performing	Physician / QHP			Clinical Staff (eg, RN/LPN/MA)	Laboratory
Applicable CPT Code(s)	E/M Telehealth ^{1,2,3}	Telephone Visit New and Established Patients	Patient directed to proceed to office for COVID-19 testing	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.) <i>(when requirements are met)</i> <i>Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</i> 99000, Handling and/or conveyance of specimen for transfer from office to a laboratory, <i>if applicable*</i>	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
	<i>New Patient (CPT times)</i>				
	99201 (typical time 10 min) 99202 (typical time 20 min) 99203 (typical time 30 min) 99204 (typical time 45 min) 99205 (typical time 60 min)	99441 (5-10 min) Payor guidelines may vary 99442 (11-20 min) Payor guidelines may vary			
	<i>Established Patient (CPT times)</i>				
	99212 (typical time 10 min) 99213 (typical time 15 min) 99214 (typical time 25 min) 99215 (typical time 40 min)	99443 (21-30 min) Payor guidelines may vary			
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828				
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital			11 Physician Office	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	¹ CMS requires use of modifier 95 for telehealth services; other payors may require its use ² Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. ³ CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) Office for Civil Rights at HHS provides flexibility on audio/visual tools Medicare will pay telehealth at in-person rates and not conduct audits to ensure prior relationship with patient			*Check with specific payor. Not covered by Medicare	

Scenario 4: Patient received telehealth visit re: COVID-19, and is directed to unaffiliated testing site (not affiliated with physician/health care facility or laboratory)

Updated May 4, 2020



Action	Patient Evaluated for COVID-19 testing need: E/M Telehealth ^{1,2} OR Telephone visit		Pt goes to testing site	Throat swabs taken at remote testing site, delivered to lab site	COVID-19 test performed
Who is performing	Physician / QHP			Testing Site	Laboratory
Applicable CPT Code(s)	E/M Telehealth ^{1,2,3}		Telephone Visit New and Established Patients	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.) <i>(when requirements are met)</i> <i>Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</i> or 99001 (Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)), <i>if applicable*</i>	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
	<i>New Patient (CPT times)</i>				
	99201 (typical time 10 min) 99202 (typical time 20 min) 99203 (typical time 30 min) 99204 (typical time 45 min) 99205 (typical time 60 min)				
	<i>Established Patient (CPT times)</i>				
	99212 (typical time 10 min) 99213 (typical time 15 min) 99214 (typical time 25 min) 99215 (typical time 40 min)				
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828				
Place of Service	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital			15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility	11 Physician Office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	<ol style="list-style-type: none"> CMS requires use of modifier 95 for telehealth services; other payors may require its use Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) <p>Office for Civil Rights at HHS provides flexibility on audio/visual tools</p> <p>Medicare will pay telehealth at office visit rates and not conduct audits to ensure prior relationship with patient</p>			When provided, patient presents physician/QHP test orders to testing personnel. *Check with specific payor. Not covered by Medicare	

Scenario 5: Patient receives virtual check-in/online visit re: COVID-19 (not related to E/M visit), and is directed to come to their physician office for testing

Updated May 4, 2020



Action	Patient evaluated for COVID-19 testing need: Online digital E/M	Pt goes to office	Throat swab taken in office Sample sent to Lab	COVID-19 test performed
Who is performing	Physician / QHP		Clinical Staff (eg, RN/LPN/MA)	Laboratory
Applicable CPT Code(s)	<p>New or Established Patient</p> <p>99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min) <i>Payor guidelines may vary</i></p> <p>G2010 Remote Image G2012 Virtual Check-In</p>	Patient directed to proceed to office for COVID-19 testing	<p>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.) <i>(when requirements are met)</i></p> <p><i>Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</i></p> <p>99000, Handling and/or conveyance of specimen for transfer from office to a laboratory, <i>if applicable*</i></p>	<p>87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique</p>
COVID-19 focused ICD-10 CM codes	<p>Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828</p>			
Place of Service (POS)	11 Physician Office or other applicable site of the practitioner's normal office location		11 Physician Office	<p>19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory</p>
Notes	*Check with specific payor. Not covered by Medicare			

Scenario 6: Patient receives virtual check-in/online visit re: COVID-19 and is directed to unaffiliated testing site (not affiliated with physician/health care facility or laboratory)

Updated May 4, 2020

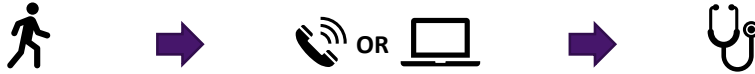


Action	Patient evaluated for COVID-19 testing need: Online digital E/M	Pt goes to testing site	Throat swab taken at testing site, delivered to lab	COVID-19 test performed
Who is performing	Physician / QHP		Testing Site	Laboratory
Applicable CPT Code(s)	New or Established Patient 99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min) Payor guidelines may vary G2010 Remote Image G2012 Virtual Check-In		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.) <i>(when requirements are met)</i> <i>Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</i> <i>or</i> 99001 (Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)), <i>if applicable*</i>	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828			
Place of Service	11 Physician Office or other applicable site of the practitioner's normal office location		15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	COVID-19 test orders given to patient		When provided, patient presents physician/QHP test orders to testing personnel. *Check with specific payor. Not covered by Medicare	

Scenario 7: Physician orders remote physiologic monitoring following patient quarantined at home after receiving COVID-19 diagnosis

Action	Patient receives initial set-up of monitoring device and education on its use	Remote physiologic monitoring treatment management services (First 20 minutes)	Remote physiologic monitoring treatment management services (Each additional 20 minutes)	Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient to physician/QHP (Minimum of 30 minutes)
Who is performing	Physician/QHP/Clinical Staff	Physician/QHP	Physician/QHP	Physician/QHP
Applicable CPT Code(s)	99453 Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	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	99458 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; each additional 20 minutes (List separately in addition to code for primary procedure)	99091 Collection and interpretation of physiologic data (eg, 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
Place of Service	11 Physician Office or other applicable site of the practitioner's normal office location	11 Physician Office or other applicable site of the practitioner's normal office location	11 Physician Office or other applicable site of the practitioner's normal office location	11 Physician Office or other applicable site of the practitioner's normal office location
Notes	(Do not report 99453 for monitoring of less than 16 days)	(Report once per calendar month, regardless of number of parameters monitored)	(Use 99458 in conjunction with 99457)	Report once per 30 days (Do not report in conjunction with 99457 or 99458)
<p><i>Per the 4/30 IFR, CMS will allow remote physiologic monitoring services to be reported to Medicare for periods of time that are fewer than 16 days, but no less than 2 days, during the PHE. For monitoring of less than 16 days, but more than 2 days, payment for CPT codes 99453, 99454, 99091, 99457 and 99458 is limited to patients who have a suspected or confirmed diagnosis of COVID-19.</i></p>				

Scenario 8 – (COVID-19 or Non-COVID-19 case): Patient receives virtual check-in OR on-line visits via patient portal/e-mail (not related to E/M visit) OR telephone call from qualified nonphysician (those who may not report E/M)



Action	Communication method	Patient evaluated	
Who is performing		Physician / QHP	Qualified nonphysician (may not report E/M)
Applicable CPT Code(s)	Virtual Check-Ins Telephone	G2010 Remote Image G2012 Virtual Check-In	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)
	Online Visits (eg EHR portal, secure email; allowed digital communication)	99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min)	98970/G2061 (5-10 min) 98971/G2062 (11-20 min) 98972/G2063 (21 or more min)
Applicable ICD-10 CM codes		Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i>	
Place of Service		11 Physician Office or other applicable site of the practitioner's normal office location	

A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit

Scenario 9: (COVID-19 or Non-COVID-19 case): Telehealth / Telephone visit

Updated May 4, 2020



Action	Patient evaluated via: E/M Telehealth, Telephone Visit		
Who is performing	Physician / QHP		
Applicable CPT Code(s)	E/M Telehealth ^{1 2 3}	Telephone Visit New and Established Patients	
	<i>New Patient (CPT times)</i>		
	99201 (typical time 10 min) 99202 (typical time 20 min) 99203 (typical time 30 min) 99204 (typical time 45 min) 99205 (typical time 60 min)		99441 (5-10 min)
	<i>Established Patient (CPT times)</i>		99442 (11-20 min)
	99212 (typical time 10 min) 99213 (typical time 15 min) 99214 (typical time 25 min) 99215 (typical time 40 min)		99443 (21-30 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)		
Place of Service	11 Physician Office or other applicable site of the practitioner's normal office location		
Notes	<ol style="list-style-type: none"> 1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. 3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) 		

Scenario 10: (COVID-19 or Non-COVID-19 case): Telehealth visit: Emergency Department



Action	Patient evaluated via: E/M Telehealth ^{1 2}
Who is performing	Physician / QHP
	<i>New or Established Patient</i>
	99281 (self limited or minor) 99282 (low to moderate severity) 99283 (moderate severity) 99284 (high severity, <u>no</u> immediate significant threat to life or physiologic function) 99285 (high severity, immediate significant threat to life or physiologic function)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i>
Place of Service	23 Emergency Room - Hospital
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.

Scenario 11: (COVID-19 or Non-COVID-19 case): Telehealth visit: Observation Care



Action	Patient evaluated via: E/M Telehealth ^{1 2}	
Who is performing	Physician / QHP	
Applicable CPT Code(s)	Initial Observation Care ^{1 2}	Subsequent Observation Care ^{1 2}
	99218 (typical time 30 min) 99219 (typical time 50 min) 99220 (typical time 70 min)	99224 (typical time 15 min) 99225 (typical time 25 min) 99226 (typical time 35 min)
	Observation Care Discharge ^{1 2}	Observation or Inpatient Hospital Care (admit and discharge same day) ^{1 2}
	99217	99234 (typical time 40 min) 99235 (typical time 50 min) 99236 (typical time 55 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)	
Place of Service	19 Off Campus – Outpatient Hospital 22 On Campus – Outpatient Hospital	
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.	

Scenario 12: (COVID-19 or Non-COVID-19 case) Telehealth: Initial and Subsequent Hospital Care, Discharge Day Management



Action	Patient evaluated via: E/M Telehealth ^{1 2}		
Who is performing	Physician / QHP		
Applicable CPT Code(s)	Initial Hospital Care ^{1 2}	Subsequent Hospital Care ^{1 2}	Hospital Discharge Services ^{1 2}
	99221 (typical time 30 min) 99222 (typical time 50 min) 99223 (typical time 70 min)	99231 (typical time 15 min) 99232 (typical time 25 min) 99233 (typical time 35 min)	99238 (30 min or less) 99239 (more than 30 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i>		
Place of Service	21 Inpatient Hospital		
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.		

Scenario 13: (COVID-19 or Non-COVID-19 case) Telehealth: Critical Care



Action	Patient evaluated via: E/M Telehealth ^{1 2}
Who is performing	Physician / QHP
Applicable CPT Code(s)	Critical Care Services ^{1 2}
	99291 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes + 99292 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) (Use 99292 in conjunction with 99291)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i>
Place of Service	Report applicable site of care
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.

Scenario 14: (COVID-19 or Non-COVID-19 case) Telehealth: Inpatient Neonatal and Pediatric Critical Care



Action	Patient evaluated via: E/M Telehealth ^{1 2}		
Who is performing	Physician / QHP		
Applicable CPT Code(s)	E/M Telehealth ^{1 2}		
	<i>28 Days of age or younger</i>	<i>29 Days – 24 months of age</i>	<i>2 through 5 years of age</i>
	99468 Initial inpatient neonatal critical care , per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger 99469 Subsequent inpatient neonatal critical care , per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	99471 Initial inpatient pediatric critical care , per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age 99472 Subsequent inpatient pediatric critical care , per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	99475 Initial inpatient pediatric critical care , per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age 99476 Subsequent inpatient pediatric critical care , per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i>		
Place of Service	21 Inpatient Hospital		
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.		

Scenario 15: (COVID-19 or Non-COVID-19 case) Telehealth: Initial and Continuing Intensive Care Services



Action	Patient evaluated via: E/M Telehealth ^{1 2}			
Who is performing	Physician / QHP			
Applicable CPT Code(s)	E/M Telehealth ^{1 2}			
	Initial hospital care neonate (28 days or younger)	Subsequent intensive care		
		Recovering very low birth weight infant (present body weight less than 1500 grams)	Recovering low birth weight infant (present body weight 1500-2000 grams)	Recovering infant (present body weight 2501-5000 grams)
	99477	99478	99479	99480
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i>			
Place of Service	21 Inpatient Hospital			
Notes	<p>1 CMS requires use of modifier 95 for telehealth services; other payors may require its use</p> <p>2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.</p>			

Scenario 16: (COVID-19 or Non-COVID-19 case) Telehealth: Home Visits



Action	Patient evaluated via: E/M Telehealth ^{1 2}	
Who is performing	Physician / QHP	
Applicable CPT Code(s)	E/M Telehealth ^{1 2}	
	<i>New Patient</i>	<i>Established Patient</i>
	99341 (typical time 20 min) 99342 (typical time 30 min) 99343 (typical time 45 min) 99344 (typical time 60 min) 99345 (typical time 75 min)	99347 (typical time 15 min) 99348 (typical time 25 min) 99349 (typical time 40 min) 99350 (typical time 60 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i>	
Place of Service	12 Home	
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.	

Scenario 17: (COVID-19 or Non-COVID-19 case) Telehealth: Initial and Subsequent Nursing Facility Visits, Discharge Day Management



Action	Patient evaluated via: E/M Telehealth ^{1 2}		
Who is performing	Physician / QHP		
Applicable CPT Code(s)	Initial Nursing Facility Care ^{1 2}	Subsequent Nursing Facility Care ^{1 2}	Nursing Facility Discharge Services ^{1 2}
	99304 (typical time 25 min) 99305 (typical time 35 min) 99306 (typical time 45 min)	99307 (typical time 10 min) 99308 (typical time 15 min) 99309 (typical time 25 min) 99310 (typical time 35 min)	99315 (30 min or less) 99316 (more than 30 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i>		
Place of Service	31 Skilled Nursing Facility 32 Nursing Facility		
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.		

Scenario 18: (COVID-19 or Non-COVID-19 case) Telehealth: Domiciliary, Rest Home or Custodial Care Services



Action	Patient evaluated via: E/M Telehealth ^{1 2}	
Who is performing	Physician / QHP	
	E/M Telehealth ^{1 2}	
	<i>New Patient</i>	<i>Established Patient</i>
	99327 (typical time 60 min) 99328 (typical time 75 min)	99334 (typical time 15 min) 99335 (typical time 25 min) 99336 (typical time 40 min) 99337 (typical time 60 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i>	
Place of Service	13 Assisted Living Facility 14 Group Home 33 Custodial Care Facility 54 Intermediate Care Facility	
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.	

Antibody Testing Scenario Grid

The following grid may be used to determine the appropriate guidance scenario for COVID-19 serology testing, based on key reporting decision points related to reporting.

Patient visit setting	Blood draw location	Where is testing performed?	See Scenario
E/M in office	During E/M visit	During E/M visit	19
E/M in office	During E/M visit	Outside Lab	20
E/M Telehealth	Physician's office	In office	21
E/M Telehealth	Outside facility	At site <i>or</i> Outside Lab	22
Virtual Check-in	Physician's office	Outside Lab	23
Virtual Check-in	Outside Facility	Outside Lab	24

Scenario 19: (COVID-19 or Non-COVID-19 case) Patient comes to office for E/M visit, is tested for COVID-19 antibodies during the visit



Action	In-office E/M visit	Blood sample collected	COVID-19 antibody test performed in office ¹
Who is performing	Physician/QHP	Clinical staff (e.g., RN/LPN/MA)	Physician Office
Applicable CPT Codes	99201-99205 (New Patient) 99212-99215 (Established Patient)	Included in E/M	86328 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
Applicable ICD-10 CM codes	Code applicable ICD-10-CM diagnoses, <i>and any applicable COVID-19 focused diagnosis</i> Asymptomatic, no known exposure, results unknown or negative Z11.59 Contact with COVID-19, Suspected exposure Z20.828 U07.1, COVID-19 (<i>Effective April 1, 2020 - CDC Announcement</i>)		
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	N/A - Reported on same claim	Reported on same claim
Notes	1 Contact third-party payor for applicable reimbursement policies concerning in-office laboratory testing.		

Scenario 20: (COVID-19 or Non-COVID-19 case) Patient comes to office for E/M visit, sample taken for COVID-19 antibody test, sample sent to laboratory (lab not performed in physician's office)

Updated May 4, 2020



Action	In-office E/M visit	Blood sample collected	Sample to lab	COVID-19 antibody test performed in laboratory
Who is performing	Physician/QHP	Clinical staff (e.g., RN/LPN/MA)		Laboratory
Applicable CPT Codes	99201-99205 (New Patient) 99212-99215 (Established Patient)	<p>*** Reimbursement policies vary: contact payor for specific policy***</p> <p>36415 Collection of venous blood by venipuncture, <i>if applicable</i></p>	99000 Handling and/or conveyance of specimen for transfer from the office to a laboratory, <i>if applicable</i>	<p>86328 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</p> <p><i>or</i></p> <p>86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</p>
Applicable ICD-10 CM codes	Code applicable ICD-10-CM diagnoses, <i>add applicable COVID-19 focused diagnosis when needed</i> Asymptomatic, no known exposure, results unknown or negative Z11.59 Contact with COVID-19, Suspected exposure Z20.828 U07.1, COVID-19 (<i>Effective April 1, 2020 - CDC Announcement</i>)			
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	N/A – reported on physician claim		19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes				

Scenario 21: (COVID-19 or Non-COVID-19 case) Patient received telehealth visit, and is directed to go to physician's office for COVID-19 antibody testing, testing completed in office

Updated May 4, 2020



Action	Patient evaluated for COVID-19 testing need: E/M Telehealth ^{1,2} OR Telephone visit		Pt goes to office	Blood sample taken at physician's office	COVID-19 Antibody test performed
Who is performing	Physician / QHP			Clinical Staff (eg, RN/LPN/MA)	Physician Office
Applicable CPT Code(s)	E/M Telehealth ^{1,2,3}	Telephone Visit New and Established Patients		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.) <i>(when requirements are met)</i> <i>*Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</i>	86328 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
	<i>New Patient (CPT times)</i>	99441 (5-10 min) Payor guidelines may vary			
	99201 (typical time 10 min)				
	99202 (typical time 20 min)				
	99203 (typical time 30 min)				
	99204 (typical time 45 min)				
<i>Established Patient (CPT times)</i>	99442 (11-20 min) Payor guidelines may vary				
99212 (typical time 10 min)	99443 (21-30 min) Payor guidelines may vary				
99213 (typical time 15 min)					
99214 (typical time 25 min)					
99215 (typical time 40 min)					
COVID-19 focused ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>and</i> appropriate COVID-19 related code <i>U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i> Asymptomatic, no known exposure, results unknown or negative Z11.59 Contact with COVID-19, Suspected exposure Z20.828				
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital		11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory	
Notes	<ol style="list-style-type: none"> CMS requires use of modifier 95 for telehealth services; other payors may require its use Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) <p>Office for Civil Rights at HHS provides flexibility on audio/visual tools</p> <p>Medicare will pay telehealth at in-person rates and not conduct audits to ensure prior relationship with patient</p>				

Scenario 22: (COVID-19 or Non-COVID-19 case) Patient received telehealth visit, and is directed to go to other site for COVID-19 antibody testing

Updated May 4, 2020



Action	Patient evaluated for COVID-19 testing need: E/M Telehealth ^{1,2} OR Telephone visit	Pt goes to site	Blood sample taken at site	Sample to lab (if applicable)	COVID-19 Antibody test performed
Who is performing	Physician / QHP		Clinical Staff (eg, RN/LPN/MA)		Laboratory
Applicable CPT Code(s)	E/M Telehealth ^{1,2,3}	Telephone Visit	<p>*** Reimbursement policies vary: contact payor for specific policy***</p> <p>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.) (when requirements are met)</p> <p>Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</p> <p>36415 Collection of venous blood by venipuncture, if applicable</p>	99000 Handling and/or conveyance of specimen for transfer from the office to a laboratory, if applicable	<p>86328 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</p> <p>Or</p> <p>86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</p>
		<p><i>New Patient (CPT times)</i></p> <p>99201 (typical time 10 min) 99202 (typical time 20 min) 99203 (typical time 30 min) 99204 (typical time 45 min) 99205 (typical time 60 min)</p> <p><i>Established Patient (CPT times)</i></p> <p>99212 (typical time 10 min) 99213 (typical time 15 min) 99214 (typical time 25 min) 99215 (typical time 40 min)</p>			
COVID-19 focused ICD-10 CM codes	<p>Non-COVID-19 patient: Code applicable diagnoses</p> <p>COVID-19 patient: Code applicable diagnoses, and appropriate COVID-19 related code U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</p> <p>Asymptomatic, no known exposure, results unknown or negative Z11.59</p> <p>Contact with COVID-19, Suspected exposure Z20.828</p>				
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital		11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital		11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	<p>1 CMS requires use of modifier 95 for telehealth services; other payors may require its use</p> <p>2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.</p> <p>3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM)</p> <p>Office for Civil Rights at HHS provides flexibility on audio/visual tools</p> <p>Medicare will pay telehealth at in-person rates and not conduct audits to ensure prior relationship with patient</p>				

Scenario 23: Patient receives virtual check-in/online visit (not related to E/M visit), directed to go to their physician office for COVID-19 antibody testing, sample sent to lab



Action	Patient evaluated for COVID-19 testing need: Online digital E/M	Pt goes to office	Blood sample taken in office	Swab sent to lab	COVID-19 test performed
Who is performing	Physician / QHP		Clinical Staff (eg, RN/LPN/MA)		Laboratory
Applicable CPT Code(s)	New or Established Patient 99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min) Payor guidelines may vary G2010 Remote Image G2012 Virtual Check-In	Patient directed to proceed to office for COVID-19 testing	*** Reimbursement policies vary: contact payor for specific policy*** 36415 Collection of venous blood by venipuncture, if applicable	99000 Handling and/or conveyance of specimen for transfer from the office to a laboratory, if applicable	86328 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) or 86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828				
Place of Service (POS)	11 Physician Office or other applicable site of the practitioner's normal office location		11 Physician Office		11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes					

Scenario 24: (COVID-19 or Non-COVID-19 case) Patient receives virtual check-in/online visit (not related to E/M visit), directed to go to other site for COVID-19 antibody testing, sample sent to lab

Updated May 4, 2020



Action	Patient evaluated for COVID-19 testing need: Online digital E/M	Pt goes to site	Blood sample taken at site	Sample to lab	COVID-19 Antibody test performed
Who is performing	Physician / QHP		Clinical Staff (eg, RN/LPN/MA)		Laboratory
Applicable CPT Code(s)	<p>New or Established Patient</p> <p>99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min) Payor guidelines may vary</p> <p>G2010 Remote Image G2012 Virtual Check-In</p>		<p>*** Reimbursement policies vary: contact payor for specific policy***</p> <p>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.) <i>(when requirements are met)</i></p> <p><i>Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</i></p> <p>36415 Collection of venous blood by venipuncture, if applicable</p>	99000 Handling and/or conveyance of specimen for transfer from the office to a laboratory, if applicable	<p>86328 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</p> <p>Or</p> <p>86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</p>
COVID-19 focused ICD-10 CM codes	<p>Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, <i>and</i> appropriate COVID-19 related code <i>U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</i> Asymptomatic, no known exposure, results unknown or negative Z11.59 Contact with COVID-19, Suspected exposure Z20.828</p>				
Place of Service (POS)	<p>11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital</p>		<p>19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital</p>		<p>11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory</p>
Notes	<p>1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. 3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) Office for Civil Rights at HHS provides flexibility on audio/visual tools Medicare will pay telehealth at in-person rates and not conduct audits to ensure prior relationship with patient</p>				

Scenario 25: (COVID-19 or non-COVID-19 Case) Self Monitored Blood Pressure Services - Training as part of E/M Telehealth Visit

Updated May 4, 2020



Action	Patient evaluated via E/M Telehealth ^{1,2} OR Telephone visit		Patient education & device calibration	Subsequent Activity: Collect and interpret monthly BP readings (no additional E/M service associated)
Who is performing	Physician / QHP		Physician/QHP	Physician/QHP
Applicable CPT Code(s)	E/M Telehealth ^{1,2,3}	Telephone Visit New and Established Patients	Included in E/M	99474 Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient
	<i>New Patient (CPT times)</i> 99201 (typical time 10 min) 99202 (typical time 20 min) 99203 (typical time 30 min) 99204 (typical time 45 min) 99205 (typical time 60 min)	99441 (5-10 min) Payor guidelines may vary 99442 (11-20 min) Payor guidelines may vary		
	<i>Established Patient (CPT times)</i> 99212 (typical time 10 min) 99213 (typical time 15 min) 99214 (typical time 25 min) 99215 (typical time 40 min)	99443 (21-30 min) Payor guidelines may vary		
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable ICD-10-CM diagnoses COVID-19 patient: Code applicable ICD-10-CM diagnoses, <i>add applicable COVID-19 focused diagnosis</i> Asymptomatic, no known exposure, results unknown or negative Z11.59 Contact with COVID-19, Suspected exposure Z20.828 U07.1, COVID-19 (<i>Effective April 1, 2020 - CDC Announcement</i>)			
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital		11 Physician Office	11 Physician Office
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. 3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) Office for Civil Rights at HHS provides flexibility on audio/visual tools Medicare will pay telehealth at in-person rates and not conduct audits to ensure prior relationship with patient			Do not report 99474 more than once per calendar month

Scenario 26: (COVID-19 or non-COVID-19 Case) Self Monitored Blood Pressure Services - Training separate, but same day as E/M Telehealth Visit

Updated May 4, 2020



Action	Patient evaluated via E/M Telehealth ^{1,2} OR Telephone visit		Patient education & calibration of BP device	Subsequent Activity: Collect and interpret monthly BP readings (no additional E/M service associated)
Who is performing	Physician / QHP		Physician/QHP	Physician/QHP
Applicable CPT Code(s)	E/M Telehealth ^{1,2,3}	Telephone Visit New and Established Patients	99473 Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	99474 Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient
	<i>New Patient (CPT times)</i>	<i>Add 25 modifier</i>		
	99201 (typical time 10 min) 99202 (typical time 20 min) 99203 (typical time 30 min) 99204 (typical time 45 min) 99205 (typical time 60 min)	99441 (5-10 min) Payor guidelines may vary 99442 (11-20 min) Payor guidelines may vary		
	<i>Established Patient (CPT times)</i>	99443 (21-30 min) Payor guidelines may vary		
	99212 (typical time 10 min) 99213 (typical time 15 min) 99214 (typical time 25 min) 99215 (typical time 40 min)			
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable ICD-10-CM diagnoses COVID-19 patient: Code applicable ICD-10-CM diagnoses, <i>add applicable COVID-19 focused diagnosis</i> Asymptomatic, no known exposure, results unknown or negative Z11.59 Contact with COVID-19, Suspected exposure Z20.828 U07.1, COVID-19 (<i>Effective April 1, 2020 - CDC Announcement</i>)			
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	11 Physician Office		11 Physician Office
Notes	<ol style="list-style-type: none"> CMS requires use of modifier 95 for telehealth services; other payors may require its use Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) <p>Office for Civil Rights at HHS provides flexibility on audio/visual tools Medicare will pay telehealth at in-person rates and not conduct audits to ensure prior relationship with patient</p>			Do not report 99474 more than once per calendar month



Physicians' powerful ally in patient care