



Telehealth Services Regulations and Reimbursement Guide

Updated October 2, 2020: Addendum C for Covid-19 Updates

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CMS and Maryland Medicaid Regulations

Originating Sites

An originating site is the location where a beneficiary gets physician or practitioner medical services through a telecommunication system. The beneficiary must have an established relationship with the provider. An originating site must meet the following qualifications:

Medicare:¹

1. Must be located in a rural Health Professional Shortage Area (HPSA) in a rural census tract OR located in a county outside a Metropolitan Statistical Area (MSA)
2. The site must be one of following:
 - a. Physician and practitioner offices
 - b. Hospital
 - c. Critical Access Hospital (CAH)
 - d. Rural Health Clinic
 - e. Federally qualified Health Center
 - f. Hospital-based or CAH based Renal Dialysis Center (including satellites)
 - g. Skilled Nursing Facility (SNF)
 - h. Community Mental Health Centers (CMHCs)
 - i. Renal Dialysis Facilities
 - j. Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
 - k. Mobile Stroke Units

Medicaid:²

1. The site must be one of the following:
 - a. College or university student health or counseling office
 - b. Community-based substance use disorder provider
 - c. Deaf or hard of hearing participant's home or any other secure location as approved by the participant and the provider
 - d. An elementary, middle, high, or technical school with a supported nursing, counseling or medical office
 - e. Local health department
 - f. Federally Qualified Health Center (FQHC)
 - g. Hospital, including the emergency department
 - h. Nursing facility
 - i. Private office (physician, physician assistant, psychiatric nurse practitioner, nurse practitioner, or nurse midwife)
 - j. Opioid treatment program
 - k. Outpatient mental health center (OMHC)

- l. Renal dialysis center
- m. Residential crisis services site

Distant Sites

The distant site refers to the location of the eligible healthcare provider. The provider must be licensed in the state in which the patient is located (the originating site). Eligible providers include:

Medicare:¹

1. Physicians
2. Nurse Practitioner (NP)
3. Physician Assistant (PA)
4. Nurse-midwives
5. Clinical Nurse Specialist (CNS)
6. Certified Registered Nurse Anesthetists
7. Clinical Psychologists (CP) and Clinical Social Workers (CSW)
 - a. CP's and CSW's cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for CPT codes 90792, 90833, 90836, and 90838.
8. Registered Dietitians or Nutrition Professional

Medicaid:²

1. Physicians
2. Nurse Practitioner
3. Psychiatric Nurse Practitioner
4. Physician Assistant
5. Nurse-midwives
6. Provider fluent in American Sign Language providing telehealth services to a deaf or hard of hearing participant
7. Community-based substance use disorder provider
8. Opioid treatment program
9. Outpatient mental health center
10. Federally Qualified Health Center

*All providers that participate in the Maryland Medicaid Telehealth Program are required to enroll in the Maryland Medical Assistance Program.³

Documentation Requirements

CMS allows for reimbursement for telemedicine at the same rates as face-to-face encounters so long as the telemedicine encounter meets the same documentation standards. Below is a list of recommendations for documenting telemedicine encounters for accurate reimbursement payments:¹⁸

1. Providers must document all encounters/services within the medical record and provide that documentation to the originating site when applicable. Providers should document:
 - a. That the visit occurred via telemedicine
 - b. The physical location of the patient
 - c. The physical location of the provider
 - d. The names of all persons participating in the telemedicine service and their role in the encounter.
2. In the virtual environment, Level 3 and 4 reimbursements must be based on time rather than physical examinations
 - a. Providers should document the length of time of the consultation visit and should note that more than 50 percent of the encounter was spent counseling/coordinates care
 - Documentation should include: differential diagnosis, active diagnosis, prognosis, risks, benefits of treatment, instruction, compliance, risk reduction, and coordination of care with other providers
3. Telemedicine provider assessments should:
 - a. Include 4+ history of present illnesses (HPI)
 - b. Include 10+ complete review of systems (ROS)
 - c. Include all 3 past, family, and social history (PFSH)
4. Documentation on telemedicine orders should include:
 - a. Review/Order of clinical lab tests
 - b. Review/Order of radiographs
 - c. Review/Order of medical tests (PFTs, ECK, Echo, Cath)
 - d. Review/Summary of old records
5. Documentation should include a statement of risk (most patients will meet a “moderate risk”)

Reimbursement

Medicare

In order to bill Medicare for telehealth services, you must use an interactive audio and video telecommunications system that permits real-time communication between you at the distant site, and the beneficiary at the originating site.¹

Codes:¹

The list of codes for Medicare Telehealth Services CY 2020 are located in Addendum A of this document.

Modifiers/Place of Service:¹

Submit telehealth service claims using Place of Service (POS) 02-Telehealth to indicate the billed service was performed as a telehealth service from a distant site.

Facility Fee:¹

Utilize HCPCS Code Q3014 to bill for Medicare telehealth originating facility fees.

Medicaid

Codes:

Category I and Category III CPT Codes with the proper modifiers and POS will be considered for reimbursement.

Modifiers/Place of Service:^{2 3}

Distant site providers must bill utilizing normal CPT codes and identify services rendered via telehealth by including the “GT” modifier.

Providers should use the place of service code that would be appropriate as if it were a nontelehealth claim. The distant site should use the location of the doctor. If a distant site provider is rendering services at an off-site office, use place of service office (11).

Facility Fee:⁴

Originating sites may bill facility fees using HCPCS Code Q3014. If the originating site is a Maryland based hospital, use telemedicine revenue code 0780.

Commercial Payers

Aetna

Effective January 1, 2020, Aetna policy will cover telemedicine services for members enrolled in all Aetna commercial plans. Aetna will reimburse for two-way, real-time audiovisual interactive communication between the patient and the health care practitioner. This interaction does not include direct patient contact but the patient must be present and take part throughout the interaction. Telemedicine healthcare practitioner reimbursement will be the same as if the service was rendered face-to-face. Cost shares will remain the same as they are for face-to-face visits.

Codes:^{5 8 10}

Appropriate diagnostic, consultative, and treatment telemedicine services from Category I and Category III CPT will be considered for reimbursement.

Modifiers/Place of Service:^{5 8 10}

The following modifiers are required in order to identify telehealth services. Use modifier “95” for telehealth codes included in Appendix P of CPT and modifier “GT” for all other eligible telehealth codes and Medicaid products.

- 95 - Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications system.
- GT - Via Interactive Audio and Video Telecommunications systems. Place of Service (POS) code 02 to be utilized to indicate telehealth services.

Facility Fee:^{5 8 10}

Originating sites may bill facility fees using HCPCS Code Q3014 and the GT modifier.

CareFirst BCBS of Maryland

"Telemedicine services," refers to the use of a combination of interactive audio, video, or other electronic media used by a licensed health care provider for the purpose of diagnosis, consultation, or treatment consistent with the provider's scope of practice. Use of audio-only telephone, electronic mail message (e-mail), online questionnaires or facsimile transmission (FAX) is not considered a telemedicine service. Services for diagnosis, consultation or treatment provided through telemedicine must meet all the requirements of a face-to-face consultation or contact between a health care provider and a patient for services appropriately provided through.

Codes:^{5 7 10}

Appropriate diagnostic, consultative, and treatment telemedicine services from Category I and Category III CPT will be considered for reimbursement.

Modifiers/Places Service:^{5 7 10}

The following modifiers are required in order to identify telehealth services. Use modifier "95" for telehealth codes included in Appendix P of CPT and modifier "GT" for all other eligible telehealth codes and Medicaid products.

- 95 - Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications system.
- GT - Via Interactive Audio and Video Telecommunications systems. Place of Service (POS) code 02 to be utilized to indicate telehealth services.

Facility Fee:^{5 7 10}

CareFirst does not reimburse for originating site facility fees.

United Healthcare

This policy describes reimbursement for Telehealth and Telemedicine services, which occur when the Physician or Other Qualified Health Care Professional and the patient are not at the same site. Examples of such services are those that are delivered over the phone, via the Internet or using other communication devices.

Codes:^{5 6 10}

Codes recognized by CMS for telehealth services will be considered for reimbursement (utilize modifier GT). In addition, services recognized by the AMA included in Appendix P of CPT will also be considered for reimbursement (utilize modifier “95” for these codes specifically). United Healthcare also considers the following services, also to be appended by modifier “GT,” as able to be performed via telehealth services

- Medical genetics and genetic counseling (code 96040)
- Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum (codes 98960-98962)
- Alcohol and/or substance abuse screening and brief intervention services (codes 9940899409)
- Remote real-time interactive video-conferenced critical care evaluation and management of the critically ill or critically injured patient, use 99499

Modifiers/Place of Service:^{5 6 10}

The following modifiers are required in order to identify telehealth services. Please see United Healthcare Codes above for instances to use each modifier.

- 95 - Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications system
- GT - Via Interactive Audio and Video Telecommunications systems Place of Service (POS) code 02 to be utilized to indicate telehealth services.

Facility Fee:^{5 6 10}

Originating sites may bill facility fees using HCPCS Code Q3014 and the GT modifier.

Cigna

Cigna does not directly contract for telehealth. Cigna telehealth vendors are listed below:¹⁰

MDLive:

<https://welcome.mdlive.com/providers/become-a-provider/> or
(888)700-8312

American Well: <https://www.americanwell.com/telehealth-medical-group/join-online-care-group/> or **(617)-204-3500**

In an effort to remove barriers for Cigna's customers to access timely and safe care, while ensuring that providers can continue to deliver necessary services in necessary settings, Cigna will allow providers to bill a standard face-to-face visit for all virtual care services (not required to use outside vendors), including those not related to COVID-19. Please refer to Addendum C for temporary changes to Cigna's policy.

Addendum A: CMS Telehealth Codes CY 2020

LIST OF MEDICARE TELEHEALTH SERVICES CY 2020	
Code	Short Descriptor
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx pt&/family 30 minutes
90833	Psytx pt&/fam w/e&m 30 min
90834	Psytx pt&/family 45 minutes
90836	Psytx pt&/fam w/e&m 45 min
90837	Psytx pt&/family 60 minutes
90838	Psytx pt&/fam w/e&m 60 min
90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min
90845	Psychoanalysis
90846	Family psytx w/o patient
90847	Family psytx w/patient
90951	Esrdr serv 4 visits p mo <2yr
90952	Esrdr serv 2-3 vsts p mo <2yr
90954	Esrdr serv 4 vsts p mo 2-11
90955	Esrdr serv 2-3 vsts p mo 2-11
90957	Esrdr serv 4 vsts p mo 12-19
90958	Esrdr serv 2-3 vsts p mo 12-19
90960	Esrdr serv 4 visits p mo 20+
90961	Esrdr serv 2-3 vsts p mo 20+
90963	Esrdr home pt serv p mo <2yrs
90964	Esrdr home pt serv p mo 2-11
90965	Esrdr home pt serv p mo 12-19
90966	Esrdr home pt serv p mo 20+
90967	Esrdr home pt serv p day <2
90968	Esrdr home pt serv p day 2-11
90969	Esrdr home pt serv p day 12-19
90970	Esrdr home pt serv p day 20+
96116	Neurobehavioral status exam
96150	Assess hlth/behav init
96151	Assess hlth/behav subseq
96152	Intervene hlth/behav indiv
96153	Intervene hlth/behav group
96154	Interv hlth/behav fam w/pt
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
97804	Medical nutrition group
99201	Office/outpatient visit new
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit est
99212	Office/outpatient visit est
99213	Office/outpatient visit est
99214	Office/outpatient visit est
99215	Office/outpatient visit est

LIST OF MEDICARE TELEHEALTH SERVICES CY 2020	
Code	Short Descriptor
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq
99354	Prolonged service office
99355	Prolonged service office
99356	Prolonged service inpatient
99357	Prolonged service inpatient
99406	Behav chng smoking 3-10 min
99407	Behav chng smoking > 10 min
99495	Trans care mgmt 14 day disch
99496	Trans care mgmt 7 day disch
99497	Advncd care plan 30 min
99498	Advncd care plan addl 30 min
G0108	Diab manage trn per indiv
G0109	Diab manage trn ind/group
G0270	Mnt subs tx for change dx
G0296	Visit to determ ldct elig
G0396	Alcohol/subs interv 15-30mn
G0397	Alcohol/subs interv >30 min
G0406	Inpt/tele follow up 15
G0407	Inpt/tele follow up 25
G0408	Inpt/tele follow up 35
G0420	Ed svc ckd ind per session
G0421	Ed svc ckd grp per session
G0425	Inpt/ed teleconsult30
G0426	Inpt/ed teleconsult50
G0427	Inpt/ed teleconsult70
G0436	Tobacco-use counsel 3-10 min
G0437	Tobacco-use counsel>10min
G0438	Ppps, initial visit
G0439	Ppps, subseq visit
G0442	Annual alcohol screen 15 min
G0443	Brief alcohol misuse counsel
G0444	Depression screen annual
G0445	High inten beh couns std 30m
G0446	Intens behave ther cardio dx
G0447	Behavior counsel obesity 15m
G0459	Telehealth inpt pharm mgmt
G0506	Comp asses care plan ccm svc
G0508	Crit care telehea consult 60
G0509	Crit care telehea consult 50
G0513	Prolong prev svcs, first 30m
G0514	Prolong prev svcs, addl 30m
G2086	Off base opioid tx first m
G2087	Off base opioid tx, sub m
G2088	Off opioid tx month add 30

Addendum B: Appendix P of CPT

Appendix P of CPT				
90791	90954	96040	99213	99254
90792	90955	96116	99214	99255
90832	90957	97802	99215	99307
90833	90958	97803	99231	99308
90834	90960	97804	99232	99309
90836	90961	98960	99233	99310
90837	92227	98961	99241	99354
90838	92228	98962	99242	99355
90845	93228	99201	99243	99406
90846	93229	99202	99244	99407
90847	93268	99203	99245	99408
90863	93270	99204	99251	99409
90951	93271	99205	99252	99495
90952	93272	99212	99253	99496

Addendum C: Payer Telehealth Response to COVID-19

Updated 10/2/2020 at 12:00 PM EST

Medicare

Expansion of Telehealth with 1135 Waiver:^{15 18 21} – *Retroactively applies to March 1, 2020*

Telehealth Requirements

- Waive geographic restrictions, meaning patients can receive telehealth services in non-rural areas;
- Waive originating site restrictions, meaning patients can receive telehealth services in their home;
- Patients do not need to be established. HHS will not conduct audits to ensure that such a prior relationship existed.
- Allow use of telephones that have audio and video capabilities; ○ Audio-only telehealth list is expanded. CMS will allow a variety of therapy-related E/M codes to be billed as telehealth services with an audio-only connection, i.e. over the phone, without requiring real-time video. Please refer to the chart below this section for the full list of codes and detail.
- Medicare coinsurance and deductible would generally apply to these services. However, 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.
- HIPAA penalties waived. The HHS OCR will use its powers of discretionary enforcement to waive penalties for HIPAA violations against providers using non-secure communications platforms (including FaceTime and Skype) if they are serving patients “in good faith” during the nationwide health emergency posed by the coronavirus pandemic. If your organization uses a platform that is not secure, inform your patient prior to their telehealth visit.
- On an interim basis, CMS is amending their policies regarding “incident to” billing to allow for virtual supervision through audio/video real-time communications technology. This change was made in an effort to reduce exposure risks for the beneficiary and health care provider.
- Limitations on practitioner type are waived. For the duration of the COVID-19 PHE, CMS will waive restrictions on which provider type can bill for telehealth services. Now, other practitioners besides physicians, nurse practitioners, and physician assistants can bill for telehealth. This includes physical therapists, occupational therapists, and speech language pathologists.

Telehealth Billing^{15 18 21}

- On an interim basis, CMS is amending Place of Service (POS) and Modifier requirements for telehealth. Retroactive to March 1, 2020, Medicare is instructing providers to utilize the **POS code of the setting where the service would normally be rendered if it were not performed via telehealth**. Additionally, all claims should include **Modifier 95 to indicate the visit was actually performed via telehealth**. This change will allow providers to bill **facility fees** for their services.
- Hospitals may bill as the originating site for telehealth, even when the patient is located at home. This will be allowed for telehealth services furnished by hospital-based practitioners to Medicare patients who are registered as hospital outpatients.

- CMS has expanded the list of covered telehealth services. Please refer to the chart below this section for the new list of authorized codes and their ability to be performed via audio-only technology
- Payments increased for audio-only services. CMS is bumping up the payment for these services from the current range of \$14-\$41 to a range of \$46-\$110, bringing them in line with payments for similar office/outpatient visits. This payment change will be retroactive back to March 1, 2020.
- On an interim basis, CMS has revised their policy to specify that the **office/outpatient E&M** level selection for these services when furnished via telehealth can be based on medical decision making (MDM) or time. These changes are similar to the policies finalized in the CY 2020 PFS Final Rule. Time is defined as all the time associated with the E&M visit on the day of the encounter (both face-to-face and non-face-to-face). CMS has maintained the current definition of MDM. The policy removes requirements regarding documentation of history and the physical exam in the medical record. CMS expects the practitioners to continue to document necessary information during visits to ensure quality and continuity of care. Below we have provided a grid outlining the general times the office/outpatient E&M visits (Source: CY 2020 PFS Final Rule). Please note these policies only apply to office/outpatient E&M visits furnished via telehealth during the PHE Covid-19 pandemic.

Code	Time (min)	Code	Time (min)
99211	< 10	99201	10
99212	10	99202	20
99213	15	99203	30
99214	25	99204	45
99215	40	99205	60

- To better serve the patient population that would otherwise not have access to clinically appropriate in-person treatment, the following services no longer have limitations on the number of times they can be provided by Medicare telehealth:
 - A subsequent inpatient visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days (CPT codes 99231-99233);
 - A subsequent skilled nursing facility visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 30 days (CPT codes 99307-99310)
 - Critical care consult codes may be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation (CPT codes G0508-G0509).
- For Medicare patients with End Stage Renal Disease (ESRD), clinicians no longer must have one “hands on” visit per month for the current required clinical examination of the vascular access site.
- For Medicare patients with ESRD, we are exercising enforcement discretion on the following requirement so that clinicians can provide this service via telehealth: individuals must receive a face-to-face visit, without the use of telehealth, at least monthly in the case of the initial 3 months of home dialysis and at least once every 3 consecutive months after the initial 3 months.
- To the extent that a National Coverage Determination (NCD) or Local Coverage Determination (LCD) would otherwise require a face-to-face visit for evaluations and assessments, clinicians would not have to meet those requirements during the public health emergency.
- Beneficiary consent should not interfere with the provision of telehealth services. Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished.

- Physician visits: CMS is waiving the requirement in 42 CFR 483.30 for physicians and nonphysician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.

Expansion of Virtual Check-Ins with 1135 Waiver: ^{15 18 21} – *Retroactively applies to March 1, 2020*

- Virtual check-in services can only be reported with established and new patients under the temporary regulations.
- This is not limited to only rural settings or certain locations.
- Individual services need to be agreed to by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient agreement.
- HCPCS code **G2012**: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- HCPCS code **G2010**: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.
- Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication.

Expansion of Evisits with 1135 Waiver: ^{15 18 21} - *Retroactively applies to March 1, 2020*

- These services can only be reported when the billing practice has an established relationship with the patient.
- This is not limited to only rural settings. There are no geographic or location restrictions for these visits.
- Patients communicate with their doctors without going to the doctor’s office by using online patient portals.
- Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.
- These services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable
- Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists may also provide e-visits. (HCPCS Codes G2061G2063
- The Medicare coinsurance and deductible would generally apply to these service
- **Expanded Covered Telehealth Services as of June 1, 2020:**²¹

Code	Status	Can Audio-only Meet the Requirements?	Medicare Payment Limitations
77427	Temporary		

90785		Yes	
90791		Yes	
90792		Yes	
90832		Yes	
90833		Yes	
90834		Yes	
90836		Yes	
90837		Yes	
90838		Yes	

Code	Status	Can Audio-only Meet the Requirements?	Medicare Payment Limitations
90839		Yes	
90840		Yes	
90845		Yes	
90846		Yes	
90847		Yes	
90853	Temporary	Yes	
90875	Temporary		Non-covered service
90951	Temporary		
90952	Temporary		
90953	Temporary		
90954	Temporary		
90955	Temporary		
90956	Temporary		
90957	Temporary		
90958	Temporary		
90959	Temporary		
90960	Temporary		
90961	Temporary		
90962	Temporary		
90963	Temporary		
90964	Temporary		
90965	Temporary		
90966	Temporary		

90967	Temporary		
90968	Temporary		
90969	Temporary		
90970	Temporary		
92002	Temporary		
92004	Temporary		
92012	Temporary		
92014	Temporary		
92507	Temporary	Yes	
92508	Temporary	Yes	
92521	Temporary	Yes	
92522	Temporary	Yes	
92523	Temporary	Yes	
92524	Temporary	Yes	
92601	Temporary		
92602	Temporary		
92603	Temporary		
92604	Temporary		

Code	Status	Can Audio-only Meet the Requirements?	Medicare Payment Limitations
94002	Temporary		
94003	Temporary		
94004	Temporary		
94005	Temporary		Bundled code.
94664	Temporary		
96110	Temporary		
96112	Temporary		Non-covered service
96113	Temporary		
96116	Temporary	Yes	
96121	Temporary	Yes	
96127	Temporary	Yes	
96130	Temporary	Yes	
96131	Temporary	Yes	
96132	Temporary	Yes	
96133	Temporary	Yes	

96136	Temporary	Yes	
96137	Temporary	Yes	
96138	Temporary	Yes	
96139	Temporary	Yes	
96156	Temporary	Yes	
96158	Temporary	Yes	
96159	Temporary	Yes	
96160	Temporary	Yes	
96161	Temporary	Yes	
96164	Temporary	Yes	
96165	Temporary	Yes	
96167	Temporary	Yes	
96168	Temporary	Yes	
96168	Temporary	Yes	
96170	Temporary		Non-covered service
96171	Temporary		Non-covered service
97110	Temporary		
97112	Temporary		
97116	Temporary		
97150	Temporary		
97151	Temporary		
97152	Temporary		
97153	Temporary		
97154	Temporary		
97155	Temporary		
97156	Temporary		

Code	Status	Can Audio-only Meet the Requirements?	Medicare Payment Limitations
97157	Temporary		
97158	Temporary		
97161	Temporary		
97162	Temporary		
97163	Temporary		
97164	Temporary		
97165	Temporary		

97166	Temporary		
97167	Temporary		
97168	Temporary		
97530	Temporary		
97535	Temporary	Yes	
97542	Temporary		
97750	Temporary		
97755	Temporary		
97760	Temporary		
97761	Temporary		
97802	Temporary	Yes	
97803	Temporary	Yes	
97804	Temporary	Yes	
99201	Temporary		
99202	Temporary		
99203	Temporary		
99204	Temporary		
99205	Temporary		
99211	Temporary		
99212	Temporary		
99213	Temporary		
99214	Temporary		
99215	Temporary		
99217	Temporary		
99218	Temporary		
99219	Temporary		
99220	Temporary		
99221	Temporary		
99222	Temporary		
99223	Temporary		
99224	Temporary		
99225	Temporary		
99226	Temporary		
99231	Temporary		

Code	Status	Can Audio-only Meet the Requirements?	Medicare Payment Limitations
99232	Temporary		
99233	Temporary		
99234	Temporary		
99235	Temporary		
99236	Temporary		
99238	Temporary		
99239	Temporary		
99281	Temporary		
99282	Temporary		
99283	Temporary		
99284	Temporary		
99285	Temporary		
99291	Temporary		
99292	Temporary		
99304	Temporary		
99305	Temporary		
99306	Temporary		
99307	Temporary		
99308	Temporary		
99309	Temporary		
99310	Temporary		
99315	Temporary		
99316	Temporary		
99324	Temporary		
99325	Temporary		
99326	Temporary		
99327	Temporary		
99328	Temporary		
99334	Temporary		
99335	Temporary		
99336	Temporary		
99337	Temporary		
99341	Temporary		
99342	Temporary		

99343	Temporary		
99344	Temporary		
99345	Temporary		
99347	Temporary		
99348	Temporary		
99349	Temporary		
99350	Temporary		

Code	Status	Can Audio-only Meet the Requirements?	Medicare Payment Limitations
99354	Temporary	Yes	
99355	Temporary	Yes	
99356	Temporary	Yes	
99357	Temporary	Yes	
99406	Temporary	Yes	
99407	Temporary	Yes	
99441	Temporary	Yes	
99442	Temporary	Yes	
99443	Temporary	Yes	
99468	Temporary		
99469	Temporary		
99471	Temporary		
99472	Temporary		
99473	Temporary		
99475	Temporary		
99476	Temporary		
99477	Temporary		
99478	Temporary		
99479	Temporary		
99480	Temporary		
99483	Temporary		
99495	Temporary		
99496	Temporary		
99497	Temporary	Yes	
99498	Temporary	Yes	
0373T	Temporary		

S9152	Temporary		Not valid for Medicare
0362T	Temporary		
90785	Temporary	Yes	
G0108	Temporary	Yes	
G0109	Temporary	Yes	
G0270	Temporary	Yes	
G0296	Temporary	Yes	
G0396	Temporary	Yes	
G0397	Temporary	Yes	
G0406	Temporary	Yes	
G0407	Temporary	Yes	
G0408	Temporary	Yes	
G0410	Temporary		Statutory exclusion
G0420	Temporary	Yes	
G0421	Temporary	Yes	
Code	Status	Can Audio-only Meet the Requirements?	Medicare Payment Limitations
G0425	Temporary	Yes	
G0426	Temporary	Yes	
G0427	Temporary	Yes	
G0436	Temporary	Yes	
G0437	Temporary	Yes	
G0438	Temporary	Yes	
G0439	Temporary	Yes	
G0442	Temporary	Yes	
G0443	Temporary	Yes	
G0444	Temporary	Yes	
G0445	Temporary	Yes	
G0446	Temporary	Yes	
G0447	Temporary	Yes	
G0459	Temporary	Yes	
G0506	Temporary	Yes	
G0508	Temporary		
G0509	Temporary		
G0513	Temporary	Yes	
G0514	Temporary	Yes	

G2086	Temporary	Yes	
G2087	Temporary	Yes	
G2088	Temporary	Yes	
G9685	Temporary		

Aetna (As of 3:00 PM EST 10/2/2020)

Telehealth Cost Sharing:

From now until December 31, 2020, Aetna will waive member cost sharing for covered in-network telehealth visits for outpatient behavioral and mental health counseling services. This applies to Aetna Student Health plans as well. Self-insured plan sponsors will be able to opt-out of this program at their discretion.^{10 11}

Telehealth Billing:

Aetna has added the following HCPCS codes below. All telemedicine services previously covered in Aetna’s telemedicine policy not noted below will be covered according to Aetna’s current policy.¹² As of April 1, 2020, Aetna is requiring all telehealth claims to use **place of service (POS) code 02.**^{10 11}

The following codes require an audiovisual connection:^{10 11}

Code	Mod	Description
90791, 90792	GT or 95	Psychiatric diagnostic interview examination
90832, 90833, 90834, 90836, 90837, 90838	GT or 95	Individual psychotherapy
90839, 90840	GT or 95	Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes
90845	GT or 95	Psychoanalysis
90846, 90847, 90853	GT or 95	Family or group psychotherapy
90863	GT or 95	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970	GT or 95	End-Stage renal disease (ESRD) related services
92227	GT or 95	Remote imaging for detection of retinal disease
93228, 93229	GT or 95	External mobile cardiovascular telemetry with ECG recording
93268, 93270, 93271, 93272	GT or 95	External patient and when performed auto activated ECG rhythm derived event recording
96040	GT or 95	Medical genetics and genetic counseling services
96116	GT or 95	Neurobehavioral status examination
96160, 96161	GT or 95	Administration of patient-focused health risk assessment instrument with scoring and documentation or for the benefit of the patient, per standardized instrument
97802, 97803, 97804; G0270	GT or 95	Individual and group medical nutrition therapy
98960, 98961, 98962	GT or 95	Education and training for patient self-management by a qualified, nonphysician health care professional
99201 – 99205, 99211 – 99215, 99241 – 99245	GT or 95	Office or other outpatient visits or consults

99231, 99232, 99233	GT or 95	Subsequent hospital care services, with the limitation of 1 Telehealth visit every 3 days
99251 - 99255	GT or 95	Inpatient consultation for a new or established patient
99307, 99308, 99309, 99310	GT or 95	Subsequent nursing facility care services, with the limitation of 1 Telehealth visit every 30 days
99354, 99355, 99356, 99357	GT or 95	Prolonged service, inpatient or office
99406, 99407, G0436, G0437	GT or 95	Smoking and tobacco use cessation counseling visit
99408, 99409	GT or 95	Alcohol and substance screen and intervention
99495, 99496	GT or 95	Transitional care management services
99497, 99498	GT or 95	Advanced care planning
90785	GT or 95	Interactive complexity
G0108, G0109	GT or 95	Individual and group diabetes self-management training services
G0296	GT or 95	Counseling visit to discuss need for lung cancer screening using low dose CT scan
G0396, G0397	GT or 95	Alcohol and/or substance abuse structured assessment
G0406, G0407, G0408	GT or 95	Follow-up inpatient Telehealth consultations furnished to beneficiaries in hospitals or SNFs
G0425, G0426, G0427	GT or 95	Telehealth consultations, emergency department or initial inpatient
G0438, G0439	GT or 95	Annual Wellness Visit, includes a personalized prevention plan of service
G0442, G0443	GT or 95	Alcohol misuse screening, counseling
G0444	GT or 95	Annual depression screening
G0445	GT or 95	High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior
G0446	GT or 95	Annual, face-to-face intensive behavioral therapy for cardiovascular disease
G0447	GT or 95	Face-to-face behavioral counseling for obesity
G0459	GT or 95	Telehealth Pharmacologic Management
G0506	GT or 95	Comprehensive assessment of and care planning for patients requiring chronic care management services
G0508, G0509	GT or 95	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient via telehealth; subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
G0513, G0514	GT or 95	Prolonged preventive service
G2086, G2087, G2088	GT or 95	Opioid treatment
G2061, G2062, G2063	GT or 95	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes; 11 – 20 minutes; or 21 or more minutes

H0015	GT or 95	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
H0035	GT or 95	Mental health partial hospitalization, treatment, less than 24 hours.
H2012	GT or 95	Behavioral health day treatment, per hour.
H2036	GT or 95	Alcohol and/or other drug treatment program, per diem
S9480	GT or 95	Intensive outpatient psychiatric services, per diem

77427	GT or 95	Radiation treatment management, 5 treatments
90953	GT or 95	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month.
90959	GT or 95	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month.
90962	GT or 95	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month.
92507	GT or 95	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92521	GT or 95	Evaluation of speech fluency (eg, stuttering, cluttering).
92522	GT or 95	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria).
92523	GT or 95	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language).
92524	GT or 95	Behavioral and qualitative analysis of voice and resonance.
96121	GT or 95	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure).
96130, 96131	GT or 95	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour; + each additional hour (List separately in addition to code for primary procedure)
96132, 96133	GT or 95	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour; + each additional hour (List separately in addition to code for primary procedure)

96136, 96137	GT or 95	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes. + each additional 30 minutes (List separately in addition to code for primary procedure).
96138, 96139	GT or 95	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes. + Each additional 30 minutes (List separately in addition to code for primary procedure)
96158, 96159	GT or 95	Health behavior intervention, individual, face-to-face; initial 30 minutes. + each additional 15 minutes (List separately in addition to code for primary service).
96164, 96165	GT or 95	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes. + each additional 15 minutes (List separately in addition to code for primary service).

96167, 96168	GT or 95	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes. + each additional 15 minutes (List separately in addition to code for primary service).
96170, 96171	GT or 95	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes + each additional 15 minutes (List separately in addition to code for primary service).
97110	GT or 95	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility.
97112	GT or 95	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.
97116	GT or 95	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing).
97151	GT or 95	Behavior identification assessment, administered by a QHP, face to face with patient and/or guardians administering assessments and discussing findings and recommendations. Includes non-face-to-face analyzing of past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
97153	GT or 95	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes.
97155	GT or 95	Adaptive behavior treatment with protocol modification, administered by QHP, which may include simultaneous direction of a technician working face to face with a patient
97156	GT or 95	Family adaptive behavior treatment guidance administered by QHP, with parent/guardian
97157	GT or 95	Multiple-family group adaptive behavior treatment guidance, administered by QHP, with multiple sets of parents/guardians
97161, 97162, 97163	GT or 95	Physical therapy evaluation: low, moderate, or high complexity
97164	GT or 95	Re-evaluation of physical therapy established plan of care
97165, 97166, 97167	GT or 95	Occupational therapy evaluation, low, moderate, or high complexity
97168	GT or 95	Re-evaluation of occupational therapy established plan of care

97535	GT or 95	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes.
97755	GT or 95	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes.
97760	GT or 95	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes.
97761	GT or 95	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes.
98970, 98971, 98972	None	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.
99217	GT or 95	Observation care discharge day management
99218, 99219, 99220	GT or 95	Initial observation care, per day, for the evaluation and management of a patient
99221, 99222, 99223	GT or 95	Initial hospital care, per day, for the evaluation and management of a patient,
99224, 99225, 99226	GT or 95	Subsequent observation care, per day, for the evaluation and management of a patient
99231, 99232, 99233	GT or 95	Subsequent hospital care services *The limitation of 1 Telehealth visit every 3 days will be waived during the 90 day period.
99234, 99235, 99236	GT or 95	Observation or inpatient hospital care, for the evaluation and management of a patient
99238, 99239	GT or 95	Hospital discharge day management; 30 minutes or less; or more than 30 minutes
99281, 99282, 99283, 99284, 99285	GT or 95	Emergency department visit for the evaluation and management of a patient
99291, 99292	GT or 95	Critical care, evaluation and management of the critically ill or critically injured patient
99304, 99305, 99306	GT or 95	Initial nursing facility care, per day, for the evaluation and management of a patient
99307, 99308, 99309, 99310	GT or 95	Subsequent nursing facility care services *The limitation of 1 Telehealth visit every 30 days will be waived during the 90 day period
99315, 99316	GT or 95	Nursing facility discharge day management
99327, 99328, 99334, 99335, 99336, 99337	GT or 95	Domiciliary or rest home visit for the evaluation and management of a new or established patient
99341, 99342, 99343; 99344, 99345, 99347, 99348, 99349, 99350	GT or 95	Home visit for the evaluation and management of a new or established patient
99421, 99422, 99423	None	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.

99468, 99469	GT or 95	Initial or Subsequent inpatient neonatal critical care
99471, 99472, 99475, 99476	GT or 95	Initial or Subsequent inpatient pediatric critical care
99477	GT or 95	Initial hospital care, per day, for the evaluation and management of the neonate
99478, 99479, 99480	GT or 95	Subsequent intensive care, per day, for the evaluation and management of the recovering infant
99483	GT or 95	Assessment of and care planning for a patient with cognitive impairment
G2010	None	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.
G2012	None	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
96156	None	Health behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making)
98966, 98967, 98968	None	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 21-30 minutes of medical discussion.
99441, 99442, 99443	None	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 20-30 minutes of medical discussion.
99446, 99447, 99448, 99449	None	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes; 11-20 minutes; 21-30 minutes; or 31 minutes or more of medical consultative discussion and review
99451		Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.
99452	None	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.
90791, 90792	GT or 95	Psychiatric diagnostic interview examination
90832, 90833, 90834, 90836, 90837, 90838	GT or 95	Individual psychotherapy
90839, 90840	GT or 95	Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes
90845	GT or 95	Psychoanalysis
90846, 90847, 90853	GT or 95	Family or group psychotherapy

90863	GT or 95	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
96116	GT or 95	Neurobehavioral status examination

CareFirst BCBS of Maryland (As of 3:00 PM EST 10/02/2020)

Telehealth Cost Sharing:

CareFirst is waiving cost sharing (copays, coinsurance and deductibles) for in-network and out-of-network visits to a provider's office, including telemedicine, related to diagnosis and treatment of COVID-19 through December 31. Expanded telehealth services will continue at a minimum through the duration of the national public health emergency. Though CareFirst is waiving out-of-pocket costs, members may experience balance billing from out-of-network providers. Providers should not collect copays for these services. If a member does owe a copay or coinsurance after the claim is processed, you can bill the member as you do for all other claims.¹²

Telehealth Billing:

If your practice has its own telemedicine capability (audio/video), proceed with visits and bill CareFirst as normal with a **Place of Service "02"** and refer to the chart below for accepted telemedicine procedure codes and modifiers.²⁰ Services for diagnosis, consultation or treatment provided through telemedicine must meet all the requirements of a face-to-face consultation or contact between a licensed health care provider and a patient consistent with the provider's scope of practice for services appropriately provided through telemedicine services. Utilization review may be performed. Documentation in the medical record must support the services rendered.¹²

If your practice does not have telemedicine capability, please note that the Office for Civil Rights (OCR) at the HHS has stated that providers may use commercially available video chat services to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules during the COVID-19 nationwide public health emergency. Guidance and frequently asked questions can be found on their website.²²

CareFirst is amending its Medical Policy on a temporary basis to pay for telephonic consultations provided by physicians and nurse practitioners credentialed in CareFirst's network for the following specialties: primary care provider, OB/GYN, family practice and pediatrics. CareFirst will pay a \$20 flat fee for CPT 99441. We selected this code for all telephonic visits, regardless of the amount of time. This is in effect through the duration of the national public health emergency.¹²

Code	Mod	POS	Temporary / Existing
90785	95 or GT	02	Existing
90791	95 or GT	02	Existing
90792	95 or GT	02	Existing
90832	95 or GT	02	Existing
90833	95 or GT	02	Existing
90834	95 or GT	02	Existing
90836	95 or GT	02	Existing
90837	95 or GT	02	Existing
90838	95 or GT	02	Existing
90845	95 or GT	02	Existing
90846	95 or GT	02	Existing
90847	95 or GT	02	Existing
90849	95 or GT	02	Existing

Code	Mod	POS	Temporary / Existing
97802	95 or GT	02	Existing
97803	95 or GT	02	Existing
97804	95 or GT	02	Existing
98960	95 or GT	02	Existing
98961	95 or GT	02	Existing
98962	95 or GT	02	Existing
99201	95 or GT	02	Existing
99202	95 or GT	02	Existing
99203	95 or GT	02	Existing
99204	95 or GT	02	Existing
99205	95 or GT	02	Existing
99211	95 or GT	02	Existing
99212	95 or GT	02	Existing

90853	95 or GT	02	Existing
90863	95 or GT	02	Existing
90951	95 or GT	02	Existing
90952	95 or GT	02	Existing
90954	95 or GT	02	Existing
90955	95 or GT	02	Existing

99213	95 or GT	02	Existing
99214	95 or GT	02	Existing
99215	95 or GT	02	Existing
99221	95 or GT	02	Existing
99222	95 or GT	02	Existing
99223	95 or GT	02	Existing

90957	95 or GT	02	Existing
90958	95 or GT	02	Existing
90960	95 or GT	02	Existing
90961	95 or GT	02	Existing
90964	95 or GT	02	Temporary
90965	GT	02	Temporary
90966	95 or GT	02	Temporary
90967	GT	02	Temporary
90968	95 or GT	02	Temporary
90969	GT	02	Temporary
90970	95 or GT	02	Temporary
92227	95 or GT	02	Existing
92228	95 or GT	02	Existing
92507	95 or GT	02	Existing
92508	None	02	Temporary
92521	None	02	Temporary
92522	None	02	Temporary
92523	None	02	Temporary
92524	None	02	Temporary
92526	95 or GT	02	Existing
92626	None	02	Temporary
92627	None	02	Temporary
92630	None	02	Temporary
92633	None	02	Temporary
93228	95 or GT	02	Existing
93229	95 or GT	02	Existing
93268	95 or GT	02	Existing
93270	95 or GT	02	Existing
93271	95 or GT	02	Existing
93272	95 or GT	02	Existing
96040	95 or GT	02	Existing
96105	None	02	Temporary
96116	95 or GT	02	Existing
96121	95 or GT	02	Existing
96125	None	02	Temporary
96160	GT	02	Temporary
96161	GT	02	Temporary
97110	None	02	Temporary
97112	None	02	Temporary
97129	None	02	Temporary

99231	95 or GT	02	Existing
99232	95 or GT	02	Existing
99233	95 or GT	02	Existing
99241	95 or GT	02	Existing
99242	95 or GT	02	Existing
99243	95 or GT	02	Existing
99244	95 or GT	02	Existing
99245	95 or GT	02	Existing
99251	95 or GT	02	Existing
99252	95 or GT	02	Existing
99253	95 or GT	02	Existing
99254	95 or GT	02	Existing
99255	95 or GT	02	Existing
99307	95 or GT	02	Existing
99308	95 or GT	02	Existing
99309	95 or GT	02	Existing
99310	95 or GT	02	Existing
99341	95 or GT	02	Existing
99342	95 or GT	02	Existing
99343	95 or GT	02	Existing
99344	95 or GT	02	Existing
99345	95 or GT	02	Existing
99347	95 or GT	02	Existing
99348	95 or GT	02	Existing
99349	95 or GT	02	Existing
99350	95 or GT	02	Existing
99354	95 or GT	02	Existing
99355	95 or GT	02	Existing
99381	None	02	Temporary
99382	None	02	Temporary
99383	None	02	Temporary
99384	None	02	Temporary
99385	None	02	Temporary
99386	None	02	Temporary
99387	None	02	Temporary
99391	None	02	Temporary
99392	None	02	Temporary
99393	None	02	Temporary
99394	None	02	Temporary
99395	None	02	Temporary

97130	None	02	Temporary
97151	GT	02	Temporary
97153	None	02	Temporary
97155	GT	02	Temporary
97156	GT	02	Temporary
97157	GT	02	Temporary
97161	None	02	Temporary
97162	None	02	Temporary
97164	None	02	Temporary
97165	None	02	Temporary
97166	None	02	Temporary
97168	None	02	Temporary
97530	95 or GT	02	Existing
97533	None	02	Temporary
97535	None	02	Temporary

99396	None	02	Temporary
99397	None	02	Temporary
99401	95 or GT	02	Existing
99402	95 or GT	02	Existing
99403	95 or GT	02	Existing
99404	95 or GT	02	Existing
99406	95 or GT	02	Existing
99407	95 or GT	02	Existing
99408	95 or GT	02	Existing
99409	95 or GT	02	Existing
99495	95 or GT	02	Existing
99496	95 or GT	02	Existing
99497	GT	02	Temporary
99498	GT	02	Temporary
S9443	95 or GT	02	Existing

UnitedHealthcare (As of 3:00 PM EST 10/2/2020)

Telehealth Cost Sharing:

Starting October 1, cost sharing for non-primary care telehealth services will be adjudicated in accordance with the members benefit plan. Cost sharing will continue for patients with COVID-19 through the national pandemic, scheduled to end October 22, 2020.

Telehealth Expansion:

United Healthcare is extending telehealth through December 31, 2020 for in-network providers.¹³ UnitedHealthcare will waive the Centers for Medicare and Medicaid's (CMS) originating site restriction and audio-video requirement for Medicare Advantage, Medicaid and commercial members. Eligible care providers can now bill for telehealth services performed using audio-video or audio-only, except in the cases where they have explicitly denoted the need for interactive audio/video such as with PT/OT/ST, while a patient is at home.¹³

UnitedHealthcare is reimbursing any code approved by CMS for telehealth services during the public health emergency in addition to previously approved United approved Telehealth CPT codes. UnitedHealthcare is asking providers to use **Modifier 95** and **Place of Service (POS) code where service would normally be rendered (i.e. Office – 11)**.¹⁹

Telehealth Expansion for Physical Therapy, Occupational Therapy and Speech Therapy:

UnitedHealthcare will allow physical, occupational and speech therapists to bill telehealth services when they are rendered using interactive audio/video technology. Please see the chart below for reimbursable codes for physical, occupational, and speech therapy.¹³

Service Type	Code	Description
PT	97161	Physical therapy evaluation -low complexity
PT	97162	Physical therapy evaluation -moderate complexity
PT	97163	Physical therapy evaluation -high complexity
PT	97164	Physical therapy re-evaluation
PT	97110	Therapeutic procedure, one or more areas, each 15 minutes
PT	97116	Gait training
PT	97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
PT	97112	Therapeutic procedure, one or more areas, each 15 minutes
PT	97535	Therapy Self-care/home management training, each 15 minutes
OT	97165	Occupational therapy evaluation -low complexity
OT	97166	Occupational therapy evaluation -moderate complexity
OT	97167	Occupational therapy evaluation -high complexity
OT	97168	Occupational therapy re-evaluation
OT	97110	Therapeutic procedure, one or more areas, each 15 minutes
OT	97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
OT	97112	Therapeutic procedure, one or more areas, each 15 minutes
OT	97535	Self-care/home management training, each 15 minutes
ST	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder

ST	92521	Evaluation of speech fluency
ST	92522	Evaluation of speech sound production
ST	92523	Evaluation of speech sound production
ST	92526	Treatment of swallowing dysfunction and/or oral function for feeding
ST	96105	Assessment of Aphasia and Cognitive Performance Testing
ST	97129	Therapeutic interventions that focus on cognitive function
ST	97130	Each additional 15 minutes (use in conjunction with 97129)

Cigna (As of 3:00 PM EST 10/02/2020)

In an effort to remove barriers for our customers to access timely and safe care, while ensuring that providers can continue to deliver necessary services in necessary settings, Cigna will allow providers to bill a standard face-to-face visit for all virtual care services, including those not related to COVID-19. This means that providers can perform services for commercial Cigna customers in a virtual setting and bill as though the services were performed face-to-face.¹⁴

- Cigna is waiving all cost sharing related to virtual care (through October 31,2020):
 - o For COVID-19 related screening (i.e., quick phone or video consult):
 - By contracted physician in Cigna's network: No cost-share for customer
 - By virtual vendor (e.g., Amwell or MDLive): No cost-share for customer o For non-COVID-19 related services (e.g., oncology visit, routine follow-up care)
 - By contracted physician in Cigna's network: Reimbursable at standard office visit rates.
 - By virtual vendor (e.g., Amwell or MDLive): Reimbursable at standard rates currently in place today.
- Providers should bill using a face-to-face evaluation and management code, append the **GQ, GT or 95 modifier**, and use the **POS that would be typically billed** if the service was delivered face to face.
- Providers will be reimbursed consistent with their typical face-to-face rates.
- Providers can also bill code **G2012** for a 5-10 minute phone conversation, and Cigna will waive cost-share for the customer. This will allow for quick telephonic consultations related to COVID-19 screening or other necessary consults, and will offer appropriate reimbursement to providers for this amount of time.
- Mid-level practitioners (e.g., physician assistants and nurse practitioners) can also provide services virtually using the same guidance. Reimbursement will be consistent as though they performed the service in a face-to-face setting.
- Cigna will not make any requirements regarding the type of technology used (i.e., phone, video, FaceTime, Skype, etc. are all appropriate to use at this time).

Telehealth Expansion for Physical Therapy, Occupational Therapy and Speech Therapy:

- PT/OT/ST providers can now deliver virtual care for any service that is on their current fee schedule. We have removed the previous guidance that CMS also had to cover the service virtually. PT/OT/ST providers should continue to submit virtual claims with a GQ, GT, or 95 modifier and a face-to-face place of service code (e.g., POS 11).

References

1. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-NetworkMLN/MLNProducts/Downloads/TelehealthSrvcsfctsh.pdf>
2. <https://mmcp.health.maryland.gov/SiteAssets/SitePages/Telehealth/Telehealth%20Program%20Manual%20March2020.pdf>
3. <http://maryland.beaconhealthoptions.com/spotlight/Telehealth-Program-Manual.pdf>
4. https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/hit_telemedicine.aspx
5. <https://evisit.com/resources/telemedicine-reimbursement-guide>
6. <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/commreimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf>
7. <https://secure.compliance360.com/Common/ViewUploadedFile.aspx?PD=PbRt%2bA78MS6FkSmlI Nhl1HU32aMSSmCVLRRUymzZyPxWk4fQ9EfuOKd0mFEp1HhIy87fgU7dAi4Xd9GpCyLkgjiLe ewFLuwkU33dgJmAvQtyQrK7zYISK1%2fVnaI44%2bVWYGDNrgmcpZ%2bd00H8PmGyyrx4J %2fIe9z%2bSA5xwk1Nrx8opbIVrdXlk0KZ7BZbIWUhY9SMA3LwOQGVzIK3pNv4bRW0ZPTsi 4I%2b6IQg%2f28mD8joliuLtBeMR95yP3P6qCaIH34EA8o%2fExDuPvxZCIAZ6Jv%2f09Hj46IB W7bowLUCZqmtCkPkacc3nBg%3d%3d>
8. <http://www.aetna.com/healthcare-professionals/documents-forms/provider-facility-participationcriteria.pdf>
9. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
10. Commercial Payer Representatives and Provider Manuals from Aetna, CareFirst, Cigna, and United
11. https://www.aetna.com/health-care-professionals/provider-education-manuals/covidfaq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_11
12. <https://individual.carefirst.com/individuals-families/about-us/coronavirus-healthcare-providers.page>
13. <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19telehealth-services.html>
14. <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>
15. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
16. https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf
17. <https://healthsectorcouncil.org/wp-content/uploads/2018/08/AHIMA-Telemedicine-Toolkit.pdf>
18. <http://s3.amazonaws.com/public-inspection.federalregister.gov/2020-06990.pdf>
19. <https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fresources%2Fnews%2F2020%2FTelehealth-Patient-Scenarios.pdf>
20. <https://individual.carefirst.com/carefirst-resources/pdf/carefirst-telemedicine-code-modifier.pdf>
21. <https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-roundsweeping-changes-support-us-healthcare-system-during-covid>
22. <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>