Telehealth Guidance during the COVID-19 Outbreak



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Numerous governmental and commercial health plans have changed or removed certain requirements during the COVID-19 public health emergency related to telehealth services. Provider guidance for these services are evolving rapidly. The following information was accessed on March 31, 2020.

Medicare

CMS reimburses healthcare providers through the following telemedicine visit types:

- Telehealth visits
  - Provider must use real-time interactive audio and video communication
  - Provider and patient **do not** have to have a prior established relationship.
  - Patients **do not** need to be located in a rural area or at a specific originating site.
  - CMS has published a list of visit types eligible for telehealth reimbursement.
  - Providers may reduce or waive cost-sharing for telehealth visits.

- Virtual Check-ins
  - **Established** patient-initiated brief communication via telephone services (bill as G2012) or via email, recorded videos or images (bill as G2010)

- E-visits
  - **Established** patient initiated brief communication
  - Providers who can independently bill for Evaluation & Management (E&M) services can bill the following visits:
    - 99421 – online digital E&M service 5-10 minutes total within a 7 day period
    - 99422 – online digital E&M service 11-20 minutes total within a 7 day period
    - 99423 – online digital E&M service 21+ minutes total within a 7 day period
  - Clinicians who cannot independently bill for E&M services (for example: physical/occupational therapists, psychologists, speech language pathologists) can bill for the following visits:
    - G2061 – online digital assessment service 5-10 minutes total within a 7 day period
    - G2062 – online digital assessment service 11-20 minutes total within a 7 day period
    - G2063 – online digital assessment service 21+ minutes total within a 7 day period

- Coding Medicare Telehealth Claims
  - For *non-traditional* telehealth services with dates of service after March 1, 2020—keep the POS Code the same as it would have been if performed at that location and add modifier 95.

    - For *traditional* telehealth services should have Place of Service (POS) Code 02
    - For *Critical Access Hospital method II* claims, providers should continue to use modifier GT.

Medicaid – Kentucky

- The Department of Medicaid Services (DMS) issued guidance on telehealth or telephonic services updated through March 30, 2020.
    - The DMS added temporary HCPCS Codes G2012 (for telephone calls between physicians and patients) and G2010 (for remote evaluation of information sent by patients by emails, recorded videos or images).
    - These codes are limited to MDs, APRNs and DOs.
    - These codes reimburse between $3-4.
- The following Medicaid Managed Care Organizations have also issued guidance:
    - Aetna Better Health of Kentucky – Provides link to DMS telehealth guidance
    - Anthem Kentucky Medicaid
    - Humana CareSource
    - Passport Health Plan
    - Wellcare

Commercial Payers

The following major commercial payers have released updated guidance. These payers largely adopted the temporary changes made by CMS. Additionally, providers should also follow state-specific telehealth requirements.

- Aetna
- Anthem/Blue Cross Blue Shield
- Cigna
- Humana
- United Healthcare
- Wellcare – Medicare Advantage

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CARES Act: Healthcare Summary