

Managing Patients Remotely Due to COVID-19: Billing for Digital and Telehealth Services

— Updated as of April 2, 2020 —

Both public and private health insurers have taken steps to increase access to telehealth services due to concern over the spread of **COVID-19**. Below you will find a summary of the major telehealth policy changes, as well as information on how to code and bill for the remote management of patients. We will update this resource as policies change. Changes as of March 30th are denoted with an asterisk*

Major Medicare Telehealth Policy Changes Due to COVID-19:

Most commercial payers are also following these new Medicare guidelines for telehealth amid this public health emergency.

- Telehealth visits will be covered for all traditional Medicare beneficiaries regardless of geographic location or originating site
- You are not required to have a pre-existing relationship with a patient to provide a telehealth visit
- You can use FaceTime, Skype, and other everyday communication technologies to provide telehealth visits.

Coding for Telehealth and Other Outpatient Remote Services

Telehealth Visits – Synchronous audio/visual evaluation and management visit:

- 99201-99205: Office/outpatient E/M visit, new
- 99210-99215: Office/outpatient E/M visit, established

Attach the following to these codes as required to indicate this was a telehealth visit:

- Modifier 95 – Required by most commercial payers, **use on an interim basis for Medicare telehealth billing***
- Note: Medicare typically requires the Place of Service code “02” for telehealth services, however, practitioners billing Medicare telehealth services should use the same place of service code they typically use when billing for in-person services during the COVID-19 public health emergency.*

Telephone E/M Services – Telephone or audio-only evaluation and management services for new and established patients, cannot originate 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. **Now covered by Medicare and some Medicaid programs on an interim basis***

- 99441: 5-10 minutes of medical discussion
- 99442: 11-20 minutes
- 99443: 21-30 minutes

Digital E/M Services – Online digital E/M services for **established** patient for a period of up to 7 days, cumulative time during the 7 days. These codes can be billed once a week and cannot be billed within a 7-day period of a separately reported E/M service, unless the patient is initiating an online inquiry for a new problem not addressed in the separately reported E/M visit. These services must be initiated by the patient (e.g., patient portal, e-mail). **Medicare will cover these services for new patients on an interim basis.***

Physicians report:

- 99421: 5-10 minutes
- 99422: 11-20 minutes
- 99423: 21 or more minutes

Qualified non-physician professionals report:

- 98970: 5-10 minutes
- 98971: 11-20 minutes
- 98972: 21 or more minutes

For Medicare, non-physicians report: G2061-G2063

Virtual Check-Ins – The following cannot originate 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. **Medicare will cover virtual check-ins for new patients on an interim basis***

- G2012: Brief communication (5-10 minutes) technology-based service, new or established
- G2010: Remote evaluation of recorded video and/or images submitted, new or established, including interpretation and follow-up within 24 business hours.

Remote Patient Monitoring – Medicare will now cover these services for both new and established patients, for both acute and chronic conditions, and for patients with only one disease.*

- 99091: Collection and interpretation of physiologic data (e.g. blood pressure) digitally stored and/or transmitted by the patient to the physician or QHP, requiring a minimum of 30 minutes of time, each 30 days
- 99453: Initial set-up and patient education on the use of monitoring equipment
- 99454: Initial collection, transmission and report/summary services to the clinician managing the patient.
- 99457: Remote physiologic monitoring treatment management services, clinician time in a calendar month requiring interactive communication with the patient or caregiver, first 20 minutes in the month
- 99458: Each additional 20 minutes (list in addition to code from primary procedure)
- 99473: Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration. Report once per device.
- 99474: 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 or caregiver to the physician or QHP, with report of average blood pressures and subsequent communication of a treatment plan to the patient

Coding for Observation, Inpatient, and Emergency Department Telehealth Services

- 99217: Observation care discharge services
- 99218-99220: Initial observation E/M service, per day, new or established
- 99224-99226: Subsequent observation E/M service, per day
- 99221-99223: Initial hospital E/M service, per day, new or established
- 99231-99233: Subsequent hospital E/M service, per day
- 99234-99236: Observation or inpatient E/M service, including admission and discharge on the same date, new or established
- 99238-99239: Hospital discharge day management
- 99281-99285: Emergency department E/M service (can only be reported by one clinician per patient per day)
- G0425-G0427: Consultations, emergency department or initial inpatient (Medicare only)
- G0406-G0408: Follow-up inpatient telehealth consultations for patients in hospitals or SNFs (Medicare only)

Attach the following to these codes as required to indicate this was a telehealth visit:

- Modifier 95 – Required by most commercial payers, **use on an interim basis for Medicare telehealth billing***
- Note: Medicare typically requires the Place of Service code "02" for telehealth services, however, practitioners billing Medicare telehealth services should use the same place of service code they typically use when billing for in-person services during the COVID-19 public health emergency.*

Diagnosis Coding

Appropriate diagnosis coding will depend upon the condition being assessed remotely. Be sure to support and link your procedure code to a diagnosis that supports the medical necessity for performing the service.

Effective April 1, 2020, a new ICD-10-CM diagnosis code chapter, **Chapter 22 Codes for Special Purposes (U00-U85)** and new code **U07.1 COVID-19** is available for reporting the coronavirus diagnosis.

Patient Cost-Sharing

- Medicare: Physicians have the option of waiving or reducing patient cost-sharing requirements for Medicare beneficiaries. Should a physician choose to waive or reduce cost-sharing requirements, Medicare will not increase reimbursement rates for physicians to cover this cost.
- Commercial payers: Some have opted to waive cost-sharing requirements for all telehealth benefits due to COVID-19, while others have not.

Relevant Clinical Guidance

[ACOG Committee Opinion No. 798: Implementing Telehealth in Practice](#)

Telehealth has become integrated into many aspects of obstetrics and gynecology, perhaps even more so in the wake of the COVID-19 public health crisis. Here are some examples of common uses of telehealth in obstetrics and gynecology as outlined in CO 798:

- Remote blood pressure monitoring with text-based surveillance
- Virtual consultation with specialty services
- Remote provision of medication-induced abortion
- Text communication combined with web-based platforms for breastfeeding consultation
- Text communication notification of sexually transmitted infection results
- Fertility tracking with patient-generated data

See the full CO 798 for additional guidance and recommendations.

Additional Resource Links

Centers for Medicare and Medicaid Services [Fact Sheet for Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)

[Centers for Medicare and Medicaid Fact Sheet on Medicare Coverage and Payment of Virtual Services during COVID-19](#)

[Center for Connected Health Policy's List of COVID-19 State Actions](#)

[American Medical Association: Quick Guide to Implementing Telehealth in Practice](#)

[Full List of Medicare Telehealth Codes](#)

[SMFM Coding Guidance: Recommended Coding for COVID-19 and Pregnancy](#)

[Financial Support for Physicians and Practices During the COVID-19 Pandemic](#)

Payer Resources

Private payers continue to update their policies as the COVID-19 public health crisis. To check each payer's most updated policy changes in relation to the billing and coding for telehealth and COVID-19, please visit the payer's website.