Telehealth During the Public Health Emergency

Billing & Coding Guidance, updated May 1, 2020

Due to the COVID-19 state of emergency, regulations for telehealth have been temporarily changed to expand services via phone and video chat. These changes will help providers maintain continuity of care while patients and care teams practice social distancing. NYC REACH will continue to support providers during this time and offer guidance as regulations change.

Billing Guidance for Telehealth

Visits conducted via telephone or video chat will be reimbursed by Medicare and Medicaid, including HMOs, as well as by many commercial plans. Please refer to the latest Medicaid, Medicare, or commercial insurance guidance for updated billing information.

CPT/HCPCS Coding

Initial and follow-up visits via telehealth are billable to the patient's insurance as a telehealth visit. Medicaid or Medicare should be coded as follows, unless the plan has provided other guidance. The reimbursement rates for telephonic visits (phone only) may be the same or lower than for audio-video visits (both audio and video required), depending on the health plan.

Payer	Audio-Video	Telephonic
Medicare	**Reimbursement**: at parity with face-to-face visit **Coding**: 99202 – 99205 (new patient) 99212 – 99215 (established patient) 99495 – 99496 (transitional care mgmt.) More listed here **Modifiers: CS** (COVID-related), **95** (Audio-Video)	**Reimbursement:** $46 - $110 (apx.) **Coding:** 99441-99443 More listed here
Medicaid & Medicaid HMO	**Reimbursement**: at parity with face-to-face visit **Coding**: 99202 – 99205 (new patient) 99212 – 99215 (established patient) **Modifiers: 95** or **GT** (both refer to audio-video; check with plan for their preferred modifier)	**Reimbursement:** $12 - $37 in FFS* **Coding:** 99441-99443 (new or established patient)* *some managed care plans *may* reimburse at parity with audio-video and may have special coding requirements
Commercial	Many commercial plans are covering telehealth and/or telephonic services at this time. Coding will likely be similar to Medicare and/or Medicaid. Check your plans' websites or contact your representatives for information.	

Additional Coding Guidance for Federally Qualified Health Centers (FQHCs)

In addition to the CPT/HCPCS codes listed above, FQHC providers should submit claims with the following additional information:

Payer	Audio-Video	Telephonic
Medicare	**Reimbursement**: $92 flat rate* **Coding until 6/30/2020**: G0466 (new); G0467 (established) Use modifier **95** (audio-video) **Coding starting on 7/1/2020:** G2025, No modifier	**Reimbursement**: $24.76 **Coding**: G0071
NYS Medicaid	**Reimbursement**: Off-site FQHC rate **Rate Code:** 4012	**Reimbursement**: Off-site FQHC rate **Rate Code:** 4012
Medicaid HMO	**Reimbursement**: at parity with face-to-face visit **Coding**: 99202 – 99215 (new patient) 99212 – 99215 (established patient) Use modifiers **95** or **GT** (both refer to audio-video; check with plan for their preferred modifier)	**Reimbursement:** Varies by plan **Coding**: 99441-99443, depending on time
Commercial	Many commercial plans are covering telehealth and/or telephonic services at this time. Coding will likely be similar to Medicare and/or Medicaid guidelines. Check your plans' websites or contact your representatives for information.	

*FQHC Medicare claims paid prior to July 1, 2020 may be paid at FQHC PPS rate. From July 1, 2020 onward, claims submitted using G2025 will be paid at the $92 rate.

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CPT/HCPCS Code Reference

CPT/HCPCS Code	Description
99202	New Patient E&M, Level 2
99203	New Patient E&M, Level 3
99204	New Patient E&M, Level 4
99205	New Patient E&M, Level 5
99212	Est. Patient E&M, Level 2
99213	Est. Patient E&M, Level 3
99214	Est. Patient E&M, Level 4
99215	Est. Patient E&M, Level 5

CPT/HCPCS Code	Description
99441	Telephone E&M, 5-10 min
99442	Telephone E&M, 11-20 min
99443	Telephone E&M, 21+ min
99495	Transitional Care Management, Moderate Complexity, within 14 days
99496	Transitional Care Management, High Complexity, within 7 days
G2025	FQHC Telehealth Visit, eff. 7/1/20
G0071	FQHC Virtual (Phone/Elec.) Visit
G2012	Virtual (Telephone) Check-in, 5-10 min – *to determine if in-person visit is needed*
G0466	FQHC Visit, New
G0467	FQHC Visit, Established

Diagnosis Coding Guidance

The Centers for Disease Control and Prevention (CDC) published updated diagnosis coding guidelines for COVID-19 effective April 1, 2020. The full guidance is available at cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf, with coding highlights below:

- Patient has a confirmed positive COVID-19 test result: U07.1 [COVID-19]
    - When acute respiratory illness is secondary to COVID-19, code U07.1 [COVID-19] as primary, with respiratory illness (such as Acute Bronchitis or Pneumonia) as secondary
- Patient experiencing symptoms of COVID-19: Code symptoms — such as R05 [Cough], R06.02 [Shortness of Breath], R50.9 [Fever, unspecified].
    - If symptomatic patient has known or suspected exposure to COVID-19, but has not yet had a positive test themselves. Also code Z20.828 [Contact with and (suspected) exposure to other viral communicable diseases] secondary to the symptom coding.

Place of Service (POS) and Modifier Coding Guidance

Requirements differ by insurance type and health plan. For commercial and managed care plans, check your plans' websites, or reach out to provider services to confirm their specific requirements.

Payer	Modifiers	Place of Service
Medicare	**Audio-Video:** 95 **COVID Testing/Treatment:** CS*	For all services, use POS you would have used in-person (e.g. 11 for Office)
NYS Medicaid	**Audio-Video:** 95	**Audio-Video:** 02 **Telephonic**: normal POS (e.g. 11/office)
Medicaid HMO	Varies by plan. Check website or other information. Usually is similar to: **Audio-Video:** 95 or GT **Telephonic**: 95, GT, or none	Varies by plan. Check website or other information.
Commercial	Varies by plan. Check website or other information. Usually is similar to: **Audio-Video:** 95 or GT **Telephonic**: 95, GT, or none	Varies by plan. Check website or other information.

*CMS allows the use of modifier CS for patients seen for COVID testing and visits or telehealth visits required to order, perform, or rule out need for COVID testing. Use of this modifier waives patient cost-sharing requirements; Medicare will pay at 100%.

Caring for Uninsured Patients Diagnosed with COVID-19

Providers can seek reimbursement for COVID-19 testing and testing-related visits, as well as treatment for uninsured individuals with a COVID-19 diagnosis, for dates of service on or after February 4, 2020. Payments will be reimbursed at Medicare rates. Providers should enroll here.

Note: NYC REACH may change recommendations as the situation evolves.