Telehealth During the COVID-19 Emergency: Guidance for Pennsylvania Physicians

The use of telehealth is rapidly expanding in response to the COVID-19 emergency. Starting March 1, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for services furnished to beneficiaries in all areas of the country in all settings. Many other health insurers have also updated their telemedicine policies in response to the crisis.

The Pennsylvania Medical Society (PAMED) has created this guidance to help physicians, practices, and health care organizations navigate telehealth and e-visits.

### Telehealth Coding Reference Sheet

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>What is the Service?</th>
<th>HCPCS / CPT Code</th>
<th>Patient Relationship with Provider</th>
</tr>
</thead>
</table>
| Telehealth Visits     | A visit with a provider that uses telecommunication systems (audio and video) between a provider and a patient. | Common telehealth services include (but are not limited to):  
  • 99201-99215  
  • G0425-G0427  
  • G0406-G0408 | For new* or established patients  
  *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency. |
| Telephone Visits      | A visit with a provider that uses telephone (audio only) between a provider and a patient. |  
  • 99441-99443  
  • 98966-98968 | For established patients |
| Virtual Check-In      | A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed.  
  A remote evaluation of recorded video and/or images submitted by an established patient. |  
  • G2012  
  • G2010 | For new or established patients |
| E-Visits              | A communication between a patient and their provider through an online patient portal. |  
  • 99421-99423  
  • G2061-G2063 | For established patients |
Telehealth Visits: Key Takeaways

- Medicare will consider these visits the same as in-person visits and will be paid at the same rate as regular, in-person visits. Some — but not all — payers have adopted Medicare’s policy.
- Telehealth services are generally billed as if the service has been furnished in-person.
- Payers may require either GT modifier or 95 modifier. Review specific payer policies for more information.
- On March 30, CMS expanded Medicare telehealth to include many more services. Learn more in this CMS fact sheet.

E-Visits: Key Takeaway

Individual services need to be initiated by the patient; practitioners may educate beneficiaries on availability of the service prior to patient education.

Health Insurance Portability and Accountability Act (HIPAA)

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

HHS offers more information on HIPAA during the COVID-19 emergency here.

Insurer Policies

Medicare

Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for services furnished to beneficiaries in all areas of the country in all settings.

Additionally, the federal Office of Inspector General (OIG) is offering flexibility for health care providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs.

These resources from the Centers for Medicare and Medicaid Services offer more information:

- Medicare Telemedicine Health Care Provider Fact Sheet
- Medicare Telehealth Frequently Asked Questions (FAQs)

In an April 3 communication, CMS revised its instruction regarding correct Place of Service (POS) codes. POS code 02 should not be used during the pandemic. POS should be equal to what it should have been had the service been furnished in-person. CMS instructs providers that Modifier 95 should be used to indicate that the service rendered was actually performed via telehealth.

Medical Assistance/Medicaid

Pennsylvania’s Office of Medical Assistance Programs (OMAP) has announced coverage of service rendered via telemedicine. During this state of emergency, telephone only services may be utilized in situations where video technology is not available.

For questions related to Managed Care Organization’s (MCO) coverage of telemedicine services, contact the MCO directly.

The Pa. Department of Human Services offers more details on telemedicine for Medical Assistance:
Provider Quick Tips: Telemedicine Guidelines Related to COVID-19

Behavioral Health Guidelines

Workers Compensation
The Pennsylvania Department of State (DOS) Bureau of Professional and Occupational Affairs (BPOA) released guidance clarifying that health care professionals licensed under BPOA’s licensing boards can provide services to patients via telemedicine during the COVID-19 emergency.

Telemedicine visits can be used for new injuries or ongoing treatment of injuries sustained in the workplace. Find telemedicine guidance from the commonwealth here.

Pennsylvania Insurer Telehealth Policies
Click on the links in the payer column below to view COVID-19 telemedicine and telehealth policies for these Pennsylvania insurers:

<table>
<thead>
<tr>
<th>Payer</th>
<th>Telehealth</th>
<th>Virtual Check In</th>
<th>E-Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coverage</td>
<td>Parity</td>
<td>Audio Only</td>
</tr>
<tr>
<td>Aetna Commercial</td>
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<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Aetna Medicare</td>
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<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Capital Blue Cross</td>
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<td>Facility Rate</td>
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<tr>
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<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Geisinger</td>
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<td>n/a</td>
</tr>
<tr>
<td>Highmark Commercial</td>
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<tr>
<td>Highmark Medicare</td>
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<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Independence Blue Cross Commercial</td>
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<td>Y</td>
</tr>
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<td>Independence Blue Cross Medicare</td>
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</tr>
<tr>
<td>Medical Assistance/Medicaid</td>
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<tr>
<td>Medicare Part B</td>
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</tr>
<tr>
<td>United HealthCare</td>
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<td>Y</td>
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</tr>
<tr>
<td>UPMC Medicare</td>
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</table>

*Important Note:* Please keep in mind that insurers are making updates to policies frequently as they respond to COVID-19. We encourage you to contact the insurers you work with directly with any questions you have regarding their telemedicine policies.
Telemedicine Vendors
PAMED is working with several state societies to share telemedicine resources. The Texas Medical Association offers the following guidance on finding and evaluating vendors (Please note that PAMED has not vetted or endorsed any of the vendors listed):

- Telemedicine vendor options
- Evaluating telemedicine vendors

Additional Resources and Information

- Mid-Atlantic Telehealth Resource Center (MATRC) — Pennsylvania physicians and practices can also get resources as well as technical assistance through the Mid-Atlantic Telehealth Resource Center (MATRC). Visit matrc.org to learn more and get MATRC’s COVID-19 resources here.
- AMA Quick Guide to Telemedicine (American Medical Association)
- Drug Enforcement Administration (DEA) COVID-19 Guidance on Telemedicine and Controlled Substances Prescribing — Please note that the DEA call center is temporarily closed. Email at DEA.Registration.Help@usdoj.gov with questions.
- CMS General Practitioner Telehealth and Telemedicine Toolkit