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 (PHE), 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

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<th>Type of Service</th>
<th>What is the Service?</th>
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| Telehealth Visits   | A visit with a provider that uses telecommunication systems (audio and video) between a provider and a patient. CMS will reimburse for certain telehealth services conducted via audio-only. | 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 PHE. |
| 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.
- Some payers may require either GT modifier or 95 modifier. Review specific payer policies for more information.
- On March 30, the Centers for Medicare & Medicaid Services (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 PHE. HHS offers more information on HIPAA during the COVID-19 emergency here.

Insurer Policies

Medicare

Starting March 1, 2020 and for the duration of the COVID-19 PHE, 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.

In an April 30 press release, CMS announcement an increase in payment for telephone visit. In order to increase reimbursement, CMS will crosswalk evaluation and management (E/M) codes to the telephone codes: 99212, 99213, and 99214 will crosswalk to 99441, 99442, and 99443, respectively, for the duration of the PHE. Work relative value units (wRVU) amounts have been adjusted on an interim basis: .48 for code 99441; 97 for 99442; and 1.5 for 99443.
Recognizing that Medicare beneficiaries may not have the capability to participate in traditional telemedicine, which requires audio and video synchronous technology, CMS wants to ensure beneficiaries have access to health care by the most appropriate means, and that providers are reimbursed appropriately.

CMS has revised their policy for E/M level selection on an interim basis when services are provided via telehealth. E/M selection can be based on medical decision making (MDM) or time. Requirements for documentation of history and physical exam have been removed during the time of the PHE. Be sure to document all the time associated with the E/M service on the day of the encounter.

**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

**Children’s Health Insurance Program (CHIP)**

Department of Human Services (DHS) indicates that telehealth may be utilized for office visits for exam, diagnosis, and treatment of an illness. DHS updated their FAQ on May 19, which can view [here](#). DHS indicates that specialists were not intended to be excluded from providing telemedicine to CHIP beneficiaries.

**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**

Payers have responded to the PHE in various ways. See below for summary on telemedicine and telehealth policies for these Pennsylvania insurers, with information on coverage of telemedicine, reimbursement equal to face-to-face visits. Click on the payer’s name for details on each payer's policies.*

*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.
**Aetna** *(Updated 5/13/20)*

In an electronic letter to its partners, Aetna outlines a number of details and resources, including various FAQ documents. Aetna’s telemedicine policy – which specifies coverage of telephone services – is available on Navinet and Availity.

Aetna Commercial patients have no cost sharing for telemedicine visits regardless of diagnosis until June 4, 2020. Commercial non-facility telemedicine claims must use POS 02 with GT or 95 modifier. Fee schedules have been updated so claims with approved telemedicine CPT codes and modifier with POS 02 will reimburse equal to an office visit.

Aetna is extending member cost-sharing waivers for in-network telemedicine visits for outpatient and mental health counseling services for commercial plans through Sept. 30, 2020. Aetna will offer zero-pay primary care and behavioral health telemedicine visits with network providers to all individual and group MA members through Sept. 30, 2020.

Aetna Medicare is expanding telemedicine visits to Aetna Medicare members. Aetna Medicare will waive cost sharing for patients who have telemedicine visits with in-network providers for any diagnosis through Sept. 30, 2020. Additionally, it will waive out-of-pocket costs for all in-network primary care visits, whether done in-office or via telehealth, for any reason effective May 13, 2020 through Sept. 30, 2020. Aetna Medicare has also expanded coverage for brief virtual check-ins and remote evaluation. Claims for Medicare members should use POS 02 or POS 11, or the POS equal to what it would have been, had the service been rendered in-person, along with modifier 95 to indicate it was a telehealth visit. Reimbursement will be at the same rate as the in-person visit.

Aetna offers reimbursement rate parity for telehealth services rendered via audio and video technology. However, telephone only services are not reimbursed the same as E/M visits.

On a temporary basis, Aetna is using similar discretion as announced by OCR regarding the use of synchronous platforms such as Skype and Facetime.

**Capital Blue Cross** *(Updated 5/29/20)*

Capital Blue Cross will reimburse for telehealth services; virtual check-ins and e-visits on an interim basis. The policy change applies to individual, commercial groups, and CHIP* members from April 1 through June 30, 2020. For MA, the change applies from March 6 through the end of the public health emergency. In a policy clarification from April 23, CBC states that providers should not use POS 02 when billing for telehealth services. They must also indicate that it was telehealth by attaching modifier 95 on the claim. Remote services require an interactive audio and or video telecommunication system. This clarification and CBC’s Provider Library of COVID-19 resources can be found here.

Capital Blue Cross has removed language on their website that excluded reimbursement for telemedicine provided by specialists.

**Cigna** *(Updated 5/22/20)*

Cigna is recommending that physicians and other providers bill a face-to-face visit for virtual care services, and has issued interim billing guidance in effect through July 31, 2020. Providers should bill using a face-to-face 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 (i.e. POS 11). Providers will be reimbursed consistent with face-to-face rates. Cigna will also reimburse for brief phone calls, billed as code G2012 with no cost sharing to the patient.

Cigna published billing and referral guidelines for Medicare Advantage (MA) plans, last updated May 12, available here.

**Geisinger** (Updated 4/21/20)

Geisinger posts telehealth information on Navinet with regular updates. Effective through June 15, 2020, Geisinger will cover telehealth services and member costs will be waived for telehealth services rendered by either in-network providers or Teladoc. To bill standard E/M services provided via telehealth, providers should bill the same POS code that would have been billed for the face-to-face visit and add modifier 95 to indicate telehealth. If POS 02 is used on a claim, it will be reimbursed at a lesser rate. Geisinger will reimburse for brief check-in code G2012.

Documentation requirements are the same as face-to-face visits.

**Highmark Commercial** (Updated 5/20/20)

All Highmark member cost-sharing (deductibles, coinsurance and copayments) for outpatient virtual visits will be waived for dates of service from March 13 through June 13, 2020 regardless of medical diagnosis.

Highmark offers Virtual Retail Clinic Visits, Virtual PCP Visits, Specialist Virtual Visits, Virtual Behavioral Health and TeleDermatology. Highmark’s reimbursable telemedicine code list can be found here. In accordance with the telehealth waiver issued by CMS related to COVID-19, new patients will be permitted to receive telehealth until the PHE expires.

Highmark offers reimbursement for telemedicine services for dates of service between March 13 and Sept. 30, 2020. The list of services eligible for reimbursement include telehealth, telephone services, virtual check-ins, and e-visits can be found here. This list (last updated May 20, 2020) includes codes for both commercial and MA plans, but only the codes identified by CMS as appropriate for telemedicine services will be reimbursed by Highmark for MA members.

A provider may use video or audio to provide virtual visits to patients using any non-public facing remote communication product that is available. Claims billed for these services will be processed the same as a virtual visit that utilizes both audio and video as normally recommended. In line with OCR’s decision to exercise enforcement discretion, Highmark will temporarily relax its policy requirements as they relate to the specific communications applications used.

Highmark’s telemedicine policy can be found here.

**Highmark Medicare** (Updated 5/20/20)

All Highmark member cost-sharing (deductibles, coinsurance and copayments) for outpatient virtual visits will be waived for dates of service from March 13 through Sept. 30, 2020 regardless of medical diagnosis.

Highmark MA plans continue to follow CMS’s guidelines for telemedicine visit coverage and reimbursement. Only the codes identified by CMS as appropriate for telemedicine services will be reimbursed by Highmark for MA members. In accordance with the telehealth waiver issued by CMS related to COVID-19, new patients will be permitted to receive telehealth until the PHE expires.
Highmark’s telemedicine policy can be found [here](#).

**Independence Blue Cross (Updated 5/12/20)**

To encourage social distancing and increase access to care, Independence Blue Cross is expanding its telemedicine services effective March 6 through June 30, 2020.

Independence will waive cost-sharing for all telemedicine PCP visits. HMO/HMO-POS telemedicine visits are considered included in capitation. PCP’s will need to submit an encounter claim (837P) in order to be compensated for copayments.

Telemedicine service availability is expanded to specialists and certain ancillary services. Regular cost-sharing will apply to all specialist and ancillary telemedicine services *not* related to COVID-19 testing.

Reimbursement will be at the same level as the current applicable contracted office fee schedule for a standard in-office visit including up to level 5 E/M.

**Commercial members:** Eligible providers performing telemedicine services must report the appropriate modifier (GT or 95) and POS code 02 to ensure payment of eligible telemedicine services. Telemedicine services performed through a telephone communication only must report the appropriate POS code 02 to ensure payment. Use of Modifier GT or 95 will not be required. To view the Commercial policy, click [here](#).

**Medicare Advantage members:** Eligible providers performing telemedicine services must report the appropriate POS code 02 to ensure payment of eligible telemedicine services. To view the Medicare Advantage policy, click [here](#).

**TRICARE (Updated 5/12/20)**

The Department of Defense issued an interim final rule that expands the use of telehealth for TRICARE beneficiaries. The interim rule provides a temporary exception that permits the use of telephone, audio-only telehealth services when medically appropriate and video capability is not available, and conducted by an in-network provider. The interim rule is in effect for the duration of the COVID-19 pandemic.

**United HealthCare (Updated 5/29/20)**

United Healthcare expanded telehealth policies for MA, Medicaid, individual market, and group market health plans beginning March 18, 2020 and will continue through June 18, 2020. A list of reimbursable codes that can be used can be found under the Billing Guidance section of Telehealth or Virtual Check-Ins. Guidance includes using POS code that would have been reported had the service been furnished in person, with use of modifier or 95.

Telehealth services can be conducted using interactive audio-video or audio only. Consistent with CMS requirements MA plans require audio-only services to be billed using audio-only codes. Medicaid, individual market, and group market plans may bill for telehealth services using either audio-video technology or audio only, except where the need for interactive audio and video is explicitly noted.

Cost-sharing is waived March 31 until June 18, 2020 for in-network telehealth visits for medical, outpatient behavioral and physical, occupational and speech therapy, with opt-in available for self-funded employers. Cost-sharing for COVID-19 related visits will be waived through July 24, 2020.
Cost-sharing is waived beginning May 11, 2020 until at least Sept. 30, 2020 for all Medicare Advantage primary care and specialist visits. For UHC’s summary of end dates, click here.

**UPMC (Updated 3/20)**

Until June 15, 2020, UPMC Health Plan will waive all member cost sharing – including deductibles and copayments – for virtual health care visits with in-network providers.

Providers billing for telehealth visits should use POS 02 or modifier 95 be included any claims to ensure appropriate processing of $0 cost-sharing.

UPMC indicated it will follow OCR discretion until the earlier of June 15, 2020 or the withdrawal of the federal guidance.

For UPMC Health Plan’s telehealth policy for CHIP, Commercial, Medical Assistance, Community Health Choices, and Medicare Advantage, click here. For FAQ document dated May 5, 2020, click here.

**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.
- Telehealth Policies in the Time of COVID-19 (The Center for Connected Health Policy)
- 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.
- U.S. Department of Health and Human Services Telehealth Resource Website for Providers