

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 PHE was renewed for another 90 days and will remain in effect until Oct. 22, 2020.

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

Type of Service	What is the Service?	HCPCS / CPT Code	Patient Relationship with Provider
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): <ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• G2012• G2010	For new or established patients
E-Visits	A communication between a patient and their provider through an online patient portal .	<ul style="list-style-type: none">• 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 waiver 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 9/25/20)*

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.

Coverage of telemedicine services for commercial telemedicine services will continue through Dec. 31, 2020. For commercial plans, Aetna will cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone, until Dec. 31, 2020.

Aetna Commercial patients have no cost sharing for telemedicine visits regardless of diagnosis until June 4, 2020. Aetna is extending member cost-sharing waivers for in-network telemedicine visits for outpatient mental health counseling services for commercial plans through Dec. 31, 2020. Aetna will offer zero-pay primary care and behavioral health telemedicine visits with network providers to all individual and group MA members through Dec. 31, 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 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 Dec. 31, 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. In an updated [FAQ document](#), Aetna indicates telephone only service codes 99441-99443 will be reimbursed equal to 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 to reflect coverage extension through Dec. 31, 2020)*

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 Dec. 31, 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 8/27/20)*

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 Dec. 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 cost sharing waived until Oct. 31, 2020 for the patient.

Cigna published billing and referral guidelines for Medicare Advantage (MA) plans, last updated July 24 to reflect the renewal of the PHE, available [here](#).

Geisinger *(Updated 9/30/20)*

Geisinger posts telehealth information on Navinet with regular updates. Effective through Dec. 31, 2020, Geisinger will cover telehealth services and member costs will be waived for telehealth services rendered by either in-network providers or Teladoc for medical or behavioral health, whether or not the visit is COVID-related through Dec. 31, 2020. 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 9/3/20)*

For Highmark ACA and Commercial plans, member cost-sharing (deductibles, coinsurance and copayments) for outpatient in-network virtual visits will be waived for dates of service from March 13 through Dec. 31, 2020 regardless of medical diagnosis. The telehealth cost share waiver does not apply to FEP or self-insured employer groups that opted out of the cost-share waiver.

Highmark offers Virtual Retail Clinic Visits, Virtual PCP Visits, Specialist Virtual Visits, Virtual Behavioral Health and TeleDermatology. 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 Dec. 31, 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 June 10, 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 was last updated Aug. 5, and can be found [here](#). In this most recent revision, Highmark identifies service codes for telephone services (98966-98968; and 99441-99443) and

interprofessional consultations (99446-99449) as being eligible for reimbursement on an interim basis during the PHE.

Highmark Medicare *(Updated 9/3/20)*

Highmark Medicare Advantage member cost-sharing (deductibles, coinsurance and copayments) for outpatient, in-network or out-of-network virtual visits will be waived for dates of service from March 13 through Dec. 31, 2020 regardless of medical diagnosis.

Highmark MA plans continue to follow [CMS's guidelines](#) for telemedicine visit coverage and reimbursement. Highmark's expanded code list can be found [here](#). This list includes codes reimbursed by 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. 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 was last updated Aug. 5 and can be found [here](#).

Independence Blue Cross *(Updated 6/24/20)*

To encourage social distancing and increase access to care, Independence Blue Cross is expanding its telemedicine services effective March 6 through Dec. 31, 2020 for commercial lines. Expansion of telemedicine services for Medicare Advantage is effective March 6, 2020 through the duration of the PHE.

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 9/25/20)*

United Healthcare expanded telehealth policies for MA, Medicaid, individual market, and group market health plans beginning March 18, 2020.

For individual and group market health plans, telehealth access for COVID-19 related services will continue through Dec. 31, 2020 for in-network providers, and through Oct. 22, 2020 (the duration of the PHE) for out-of-network providers. Telehealth access for non-COVID-19 related services will continue through Dec. 31, 2020 for in-network providers. For out-of-network providers, the expansion of telehealth access for non-COVID-19 services will apply through July 24, 2020. As of July 25, 2020, out-of-network telehealth services will be covered according to the benefit plan and standard reimbursement policy.

United Healthcare will extend the expansion of telehealth services for Medicare Advantage in-network providers through Dec. 31, 2020, and for out-of-network providers through Oct. 22, 2020 with the continuation of the PHE.

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 for COVID-19-related out-of-network services from March 31 until Oct. 22, 2020. Cost-sharing for COVID-19-related in-network visits will be waived until Dec. 31, 2020. UHC is waiving cost sharing for non-COVID-19-related in-network visits through Sept. 30, 2020. Beginning Oct. 1, 2020, benefits will be paid according to the plan. For non-COVID-19-related telehealth services rendered by out-of-network providers, cost sharing waiver does not apply.

Cost-sharing for Medicare Advantage members is waived through Oct. 22, 2020 for COVID-19-related telehealth services for both in-network and out-of-network providers. Cost sharing for Medicare Advantage members for non-COVID-19-related telehealth services is waived through Sept. 30, 2020. Beginning Oct. 1, 2020, benefits will be paid in accordance with the benefit plan.

For UHC's summary of policy end dates, click [here](#).

UPMC *(Updated 9/25/20)*

UPMC Health Plan will cover a variety of services rendered via telehealth; refer to the [telehealth policy](#) for specific coverage.

Until Dec. 31, 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 for providers that use non-HIPAA compliant technology platforms for telehealth on temporary basis.

For UPMC Health Plan's telehealth policy for CHIP, Commercial, Medical Assistance, Community Health Choices, and Medicare Advantage, click [here](#). For FAQ document last updated Sept. 25, 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](#)
- [U.S. Department of Health and Human Services Telehealth Resource Website for Providers](#)