

Prepared for:
Southwest Telehealth Resource Center

COVID-19 Virtual Visit & Reimbursement Guide Arizona

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Definition: There are three types of telehealth services:

- **Asynchronous Telehealth (Store & Forward)** is the transfer of digital images, sounds, or previously recorded video from one location to another to allow a consulting practitioner (usually a specialist) to obtain information, analyze it, and report back to the referring practitioner. This is a non-interactive telecommunication because the physician or health care practitioner views the medical information without the patient being present.
- **Synchronous Telehealth** is real-time interactive video teleconferencing that involves communication between the patient and a distant practitioner who is performing the medical service. The practitioner sees the patient throughout the communication, so that two-way communication (sight and sound) can take place.
- **Remote Patient Monitoring** is use of digital technologies to collect health data from individuals in one location and electronically transmit that information to providers in a different location for assessment.

For the purposes of this document, the guidelines below are specific to synchronous telehealth with the originating site being the patient's home, as that will be the most applicable during the COVID-19 pandemic.

CPT/HCPCS Codes:

Telehealth eligible CPT/HCPCS codes vary by payor (refer to payor guidelines section).

Place of Service Codes

POS 02: Telehealth Provided Other than in Patient's Home*

- The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

POS 10: Telehealth Provider in Patient's Home-Effective January 1st, 2022

- The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care)

*Note-Renamed on January 1st, 2022, previously was only called "Telehealth"

During the COVID-19 PHE, many payors are allowing the POS that would have been used if the visit was performed in person to allow for a site of service payment differential

Reporting Criteria:

- Report the appropriate E/M code for the professional service provided.
- Communication must be performed via live two-way interaction with both video and audio.
 - During the COVID-19 pandemic, some payors have waived the video requirement.
- All payors had previously required that communications be performed over a HIPAA compliant platform. However, during the COVID-19 pandemic, several payors, including Medicare, have waived this requirement.
 - Refer to the HIPAA Compliant section for more details.

Documentation Requirements: Telehealth services have the same documentation requirements as a face-to-face encounter. The information of the visit, history, review of systems, consultative notes, or any information used to make a medical decision about the patient should be documented. In addition, the documentation should note that the service was provided through telehealth, both the location of the patient and the provider, and the names and roles of any other persons participating in the telehealth visit. Obtain verbal consent at the start of the visit and ensure consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record.

Definition: Online Digital Evaluation and Management Services (E-Visits) are an E/M service provided by a Qualified Healthcare Professional or an assessment provided by a Qualified Nonphysician Healthcare Professional to a patient using an audio and visual software-based communication, such as a patient portal.

CPT/HCPCS Codes:

Reportable by a Qualified Healthcare Professionals:

- **99421:** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.
- **99422:** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.
- **99423:** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Reportable by Qualified Nonphysician Healthcare Professionals (Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists Registered Dietitian, etc.):

- **G2061/98970:** Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes.
- **G2062/98971:** Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes.
- **G2063/98972:** Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

Reporting Criteria:

- Online visits must be initiated by the patient. However, practitioners can educate beneficiaries on the availability of e-visits prior to patient initiation.
- The patient must be established. However, during the COVID-19 pandemic Medicare and some other payors have waived this requirement.
- E-Visit codes can only be reported once in a 7-day period.
- Cannot report when service originates from a related E/M service performed/reported within the previous 7 days, or for a related problem within a postoperative period.
- E-Visits are reimbursed based on time.
 - The 7-day period begins when the physician personally reviews the patient's inquiry.
 - Time counted is spent in evaluation, professional decision making, assessment and subsequent management.
 - Time is accumulated over the 7 days and includes time spent by the original physician and any other physicians or other qualified health professionals in the same group practice who may contribute to the cumulative service time.
 - Does not include time spent on non-evaluative electronic communications (scheduling, referral notifications, test result notifications, etc.). Clinical staff time is also not included.

Documentation Requirements: These are time-based codes, and documentation must support what the physician did and for how long. Time is documented and calculated over the 7-day duration and must meet the CPTs time requirement. Obtain verbal consent at the start of the visit and ensure the consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record.

Definition: A brief check in between a practitioner and a patient via telephone or other audiovisual device to decide whether an office visit or other service is needed. A remote evaluation is recorded video and/or images submitted by an established patient.

CPT/HCPCS Codes:

- **G2012:** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating 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; 5-10 minutes of medical discussion.
- **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating 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.
- **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment.
- **G2251:** Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion.
- **G2252:** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating 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; 11-20 minutes of medical discussion
- **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only.

Reporting Criteria:

- The patient must be established. However, during the COVID-19 pandemic Medicare and some other payors have waived this requirement.
- Communication must be a direct interaction between the patient and the practitioner. Not billable if performed by clinical staff.
- If the virtual check-in originates from a related E/M provided within the previous 7 days, then the service is considered bundled into that previous E/M and would not be separately billable.
- If the virtual check-in leads to an E/M within the next 24 hours or soonest available appointment, then the service is considered bundled into the pre-visit time of the associated E/M and would not be separately billable.

Documentation Requirements:

Documentation should include medical decisions made, names and roles of any persons participating in the evaluation, and the communication method (telephone, video/audio software, etc.). Obtain verbal consent at the start of the visit and ensure the consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record.

Definition: A telephone visit is an evaluation and management service provided by a qualified healthcare professional or an assessment and management service provided by a qualified nonphysician health care professional via audio telecommunication.

CPT/HCPCS Codes:

Reportable by Qualified Healthcare Professionals:

- **99441:** Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating 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; 5-10 minutes of medical discussion.
- **99442:** 11-20 minutes of medical discussion.
- **99443:** 21-30 minutes of medical discussion.

Reportable by Qualified Nonphysician Healthcare Professionals (Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists Registered Dietitian, etc.):

- **98966:** Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- **98967:** 11-20 minutes of medical discussion.
- **98969:** 21-30 minutes of medical discussion.

Reporting Criteria:

- Call must be initiated by the patient.
- The patient must be established. However, during the COVID-19 pandemic Medicare and some other payors have waived this requirement.
- Communication must be a direct interaction between the patient and the healthcare professional.
- If the call originates from a related E/M or assessment provided within the previous 7 days, then the service is considered bundled into that previous E/M or assessment and would not be separately billable.
- If the call leads to an E/M or assessment within the next 24 hours or soonest available appointment, then the service is considered bundled into the pre-visit time of the associated E/M or assessment and would not be separately billable.

Documentation Requirements:

Documentation should include medical decisions made, the names and roles of any persons participating in the call, and the length of call. Obtain verbal consent at the start of the visit and ensure the consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record

PAYOR MATRIX

PAYOR	E-VISIT	TELEHEALTH	VIRTUAL CHECK-IN	TELEPHONE
AETNA	ALLOWABLE 99421-99423 98970 -98972 G2061-G2063	ALLOWABLE <u>Allowable Codes:</u> Telehealth Eligible Code <u>Professional:</u> Modifier GT, 95, FR, 93 or FQ w/ POS 02. <u>Facility:</u> Modifier GT, 95, FR, 93 or FQ	ALLOWABLE G2010 G2012	ALLOWABLE 99441-99443 98966-98968
BCBS of AZ	ALLOWABLE 99421-99423 98970 -98972 G2061-G2063	ALLOWABLE <u>Allowable Codes:</u> Telehealth Eligible Code <u>Professional:</u> POS 02 or 10 & Modifier 95, GT, 93, FQ <u>Facility:</u> Modifier GT, 95, 93 or FQ	ALLOWABLE G2010 G2012	ALLOWABLE 99441-99443 98966-98968
CIGNA	NOT ALLOWABLE	ALLOWABLE <u>Allowable Codes:</u> Telehealth Eligible Code <u>Professional:</u> Modifier 95 or GT & POS used for in-person visit. <u>Facility:</u> Not Allowable	ALLOWABLE G2012	ALLOWABLE 99441-99443
MEDICA* *Excludes MHCP Members	ALLOWABLE 99421-99423 98970 -98972 G2061-G2063	ALLOWABLE <u>Allowable Codes:</u> Telehealth Eligible Code <u>Professional:</u> POS 02 or 10 w/ modifier 95, GT, FQ or 93 <u>Facility:</u> Modifier GT, 95, 93, or FQ	ALLOWABLE G2010 G2012	ALLOWABLE 99441-99443 98966-98968
MEDICARE	ALLOWABLE 99421-99423 G2061-G2063 RHC: G0071	ALLOWABLE <u>Allowable Codes:</u> Telehealth Eligible Code <u>Professional:</u> Modifier 95 w/ POS used for in-person visit. <u>Facility:</u> PN or PO modifier w/ DR condition code. <u>Method II:</u> Modifier GT. RHC: G2025. Facility PT/OT/ST: Modifier 95	ALLOWABLE G2010 G2012 G2250-G2252 RHC: G0071	ALLOWABLE 99441-99443 98966-98968 Modifier 95 RHC: G2025
MEDICAID	ALLOWABLE 99421-99423 98970 -98972 Modifier: GT	ALLOWABLE <u>Allowable Codes:</u> Telehealth Eligible Code <u>Professional:</u> POS of originating site and modifier GT or GQ <u>Facility:</u> Modifier GT or GQ Audio Only: FQ Modifier	NOT ALLOWABLE	ALLOWABLE 99441-99443 98966-98968 Modifier: FQ
UHC COMMERICAL	ALLOWABLE 99421-99423 98970 -98972	ALLOWABLE <u>Allowable Codes:</u> Telehealth Eligible Code <u>Professional:</u> 02 or 10	ALLOWABLE G2010 G2012 G2250-G2252	ALLOWABLE 99441-99443

PAYOR GUIDELINES

FEDERAL COVID-19 PHE

Numerous flexibilities listed in the below payor sections, as noted, will end when the COVID Federal PHE Ends. The official end of the COVID-19 PHE will occur May 11th, 2023.

AETNA

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, 98970-98972, G2061-G2063
- **Telephone:** 99441-99443, 98966-98968
- **Virtual Check-Ins:** G2010, G2012

Remote Patient Monitoring:

Allowable Codes: 99453, 99454, 99457, 99458

Telehealth:

Allowable Services: See table below

- **Wellness:** Appropriate E/M codes with a wellness diagnosis for wellness aspects of the visit done via telehealth will be covered. Preventative visit codes should be billed when routine in-office visits can resume, and the remaining parts of the well visit can be completed. Both services will be fully reimbursed, and the patient will not incur a cost share.

HIPAA Compliant Platform: Through the end of the federal COVID-19 PHE, non-HIPAA compliant, non-public facing software can be utilized for telehealth visits, such as Skype & FaceTime.

Modifiers/POS:

- **Commercial:**
 - **1500:** POS 02 with modifier GT, 95, or FR
 - If audio only, POS 02 with modifier FQ or 93
 - **UB:** Modifier GT, 95, or FR
 - If audio only, modifier FQ or 93

Not Reimbursable:

- Synchronous telemedicine rendered via an audio only connection.
 - Modifier FQ or 93*
- Asynchronous Telemedicine Services (services reported w/ GQ modifier).
- Services that do not include direct patient contact, such as physician standby services.

*Allowable during the COVID-19 PHE

Provider Location: Aetna will allow physicians to provide care from any location, including the provider's home.

Reimbursement: Reimbursement will be at the same rate as in-person face-to-face visits, refer to your Aetna contract for allowable rates.

- **Capitation:** Telemedicine will be covered within the capitation agreement, similar to an in-office visit

Transmission & Originating Site Fees: T1014 and Q3014 are not eligible for payment, Aetna considers these services as incidental to the charges associated with the E/M.

Video Component: The telehealth video component is required, except on codes indicated below that can be provided over audio only.

Cost Share Waiver:

- **Effective March 6th, 2020 through End of PHE:** Aetna will waive cost sharing for COVID-19 testing-related services, which are medical visits that result in an order for, or administration, of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test

AETNA ELIGIBLE TELEHEALTH CODES													
Telehealth Allowable Codes													
90791	90845	90960	92227	96161	99203	99243	99309	99408	G0396	G0442	G2086	90840	G0439
90792	90846	90961	93228	97802	99204	99244	99310	99409	G0397	G0443	G2087	90958	G0513
90832	90847	90963	93229	97803	99205	99245	99354	99495	G0406	G0444	G2088	90970	99453
90833	90853	90964	93268	97804	99211	99231	99355	99496	G0407	G0446	90955	96160	99454
90834	90863	90965	93270	G0270	99212	99232	99356	99497	G0408	G0447	99252	99202	99457
90836	90951	90966	93271	98960	99213	99233	99357	99498	G0425	G0459	99253	99242	99458
90837	90952	90967	93272	98961	99214	99251	99406	97085	G0426	G0506	99254	99308	99418
90838	90954	90968	96040	98962	99215	99255	99407	G0108	G0427	G0508	G0445	G0437	G0316
90839	90957	90969	96116	99201	99241	99307	G0436	G0109	G0438	G0509	G0514	G0296	G0317
G0318	G3002	G3003	96105	97750	C7900	C7901	C7902						
Commercial Codes Effective March 6 th , 2020-End of PHE													
G0410	92002	96170	97164	99217	99235	99307	99344	99476	G0408	G2010	90839	96121	96161
G2061	92012	96171	97165	99218	99236	99308	99345	99477	G0425	G2012	90840	96127	96164
G2062	92065	97110	97166	99219	99238	99309	99347	99478	G0426	G2086	90845	96130	96165
G2063	92526	97112	97167	99220	99239	99310	99348	99479	G0427	G2087	90846	96131	96167
H0015	92601	97116	97168	99221	99281	99315	99349	99480	G0442	G2088	90847	96132	96168
H0035	92602	97150	97530	99222	99282	99316	99350	99483	G0443	97085	90853	96133	97535
H2012	92603	97151	97542	99223	99283	99327	99421	G0108	G0444	90791	90863	96136	97802
H2036	92604	97153	S9443	99224	99284	99328	99422	G0109	G0445	90792	92507	96137	97803
S9480	92606	97155	97755	99225	99285	99334	99423	G0270	G0446	90832	92508	96138	97804
77427	92609	97156	97760	99226	99291	99335	99468	G0296	G0447	90833	92521	96139	G0270
90953	94664	97157	97761	99231	99292	99336	99469	G0396	G0459	90834	92522	96156	98966
90956	96110	97161	98970	99232	99304	99337	99471	G0397	G0506	90836	92523	96158	98967
90959	96112	97162	98971	99233	99305	99341	99472	G0406	G0513	90837	92524	96159	98968
90962	96113	97163	98972	99234	99306	99343	99475	G0407	G0514	90838	96116	96160	99451
99354	99355	99356	99357	99406	99407	G0436	G0437	99441	99442	99443	99446	99447	99448
99449	99497	99498	99452	H0038	G0422	G0423	G0424	99342	90875	93750	93798	95970	95791
95972	95983	95984	90849	96125	97129	97130	92228	94625	94626	96105	96125	97129	97130
92556	92557	92563	92565	92567	92568	92570	92587	92607	92608	92609	92610	92625	92626
92627	90901	97763											
Codes in Blue Require an Audiovisual Connection Codes in Green Can be Performed Over a Telephone or Audiovisual Connection Cells Highlighted in Yellow do NOT Require Modifier GT,95, or FR													

Payor Specific Key Points

E-Visits/Telephone/Virtual Check-In:

Allowable Codes:

- **E-Visits:** 99421-99423, G2061-G2063
- **Telephone:** 99441-99443, 98966-98968
- **Virtual Check-In:** G02010, G2012

Telehealth:

Allowable Services*: Telehealth services provided by an in-network provider are eligible for coverage if the service would have been covered if provided in person, can be appropriately provided through telehealth, and one of the below is met:

- Audio-visual services if the service would have been covered if provided in person and can be appropriately and effectively provided through telehealth
- Audio-only telephonic services for non-behavioral health services when the provider has an existing relationship with the patient and all the below are met:
 - An audio-visual visit is not reasonable due the member's functional status or lack of technology
 - The encounter is initiated at the request of the member or authorized by the member before the encounter
- Audio-only telephonic services for behavioral health services when all the following are met:
 - An audio-visual visit is not reasonable due the member's functional status or lack of technology
 - The encounter is initiated at the request of the member or authorized by the member before the encounter

*Coverage for telehealth services is dependent upon benefit plan language. Ensure members' benefits are reviewed prior to providing telehealth services.

HIPAA Compliant Platform: Through the end of the federal COVID-19 PHE, non-HIPAA compliant, non-public facing software can be utilized for telehealth visits, such as Skype & FaceTime.

Non-Covered Services: Non-emergency and non-urgent telehealth services from an out-of-network provider. Services delivered through the sole use of an audio-only telephone (except as described in the document), a video-only system, a facsimile machine, instant messages or electronic mail.

Modifiers/POS:

- **Professional (1500) Claims:** POS 02 or 10 with modifier 95 or GT
- **Facility (UB) Claims:** Appropriate revenue code for the service rendered with modifier 95 or GT
- **Audio Only:** Modifier 93 (commercial) or FQ (Medicare)

Patient Location: Arizona HB2454 allows telehealth services to be provided and must be covered regardless of where the patient is located.

Provider Type: Licensed, in-network, provider performing within their scope.

- If an emergent or urgent service was provided via telehealth by an out-of-network provider, then the service is eligible for coverage if appropriately and effectively provided through telehealth.

Reimbursement: Per Arizona HB2454 a payor must reimburse providers at the same level of payment for equivalent services, whether provided through telehealth or in-person care, unless the telehealth encounter is provided through a platform sponsored by the payor.

Transmission & Originating Site Fees: Not specified by payor

Video Component: During the COVID-19 PHE, BCBS AZ will cover audio-only visits if the service meets the requirements noted in the above “Allowable Services” section. See below audio only code list:

ELIGIBLE TELEHEALTH CODES												
AUDIO-ONLY- EFFECTIVE 1/1/22												
96130	96131	96132	96133	96136	96137	96138	96139	96127	96156	97129	97130	H0001
H0002	H0004	H0031	H0034	H0034	H2027	H2033	96160	96161	T1002	T1003	T1015	98966
98967	98968	99288	99441	99442	99443	H0025	H0038	H2014	H2025	S5110	T1016	

Cost Share Waiver:

- **Duration of COVID-19 PHE:** BCBS of AZ will waive cost-share for in- and out-of-network telehealth services related to COVID-19 testing.

Payor Specific Key Points**E-Visits/Telephone/Virtual Check Ins:****Allowable Codes:**

- **E-Visits:** Not Allowable
- **Telephone:** 99441-99443
- **Virtual Check-Ins:** G2010, G2012

E-Consults:

Cigna recognizes E-Consult codes, which occurs when a treating health provider seeks guidance from a specialist physician through electronic means (phone, internet, EHR consultation, etc.)

- **Allowable Codes:** 99446-99452
- **Non-Billable:**
 - If the consultation to a transfer of care or other face-to-face service (e.g., a surgery, a hospital visit, or a scheduled office evaluation of the patient) within the next 14 days or next available appointment date of the consultant, these codes should not be billed.
 - If the consultation lasted less than 5 minutes.
 - If the consultation was for the sole purpose to arrange transfer of care or a face-to-face visit.

Remote Patient Monitoring:

Cigna recognizes remote patient monitoring, which is the use of digital technologies to monitor and capture medical data from patients and electronically transmit this information to healthcare providers for assessment:

- Allowable codes: 99091, 99453, 99454, 99457, 99458, 99473, 99474, S9110

Telehealth Medical:

Allowable Services: See below table for allowable medical telehealth codes.

All of the following must also be met:

- Services must be interactive and use both audio and video internet-based technologies, and would be reimbursed if the service was provided face-to-face
- The patient or involved caregiver must be present on the receiving end and the service must occur in real time
- All technology used must be secure and meet or exceed federal and state privacy requirements
- A permanent record of online communications relevant to the ongoing medical care and follow-up is maintained as part of the record as if the service were provided as an in-office visit
- The permanent record must include documentation which identifies the virtual service delivery method. i.e.: audio/video or telephone only
- All services provided are medically appropriate and necessary
- The evaluation and management services (E/M) provided virtually must meet E/M criteria
- The patient's clinical condition is of low to moderate complexity, and while it may be an urgent encounter, it should not be an emergent clinical condition
- Virtual care services must be provided by a health care professional who is licensed, registered, or otherwise acting within the scope of his/her licensure.

Excluded Services:

- The virtual care service occurs on the same day as a face to face visit, when performed by the same provider and for the same condition.
- Transmission of digitalized data is considered integral to the procedure performed and is not separately reimbursable.

- Virtual care services billed within the post-operative period of a previously surgical procedure will be considered part of the global payment for the procedure.
- Services were performed via asynchronous communications systems (e.g., fax).
- Store and forward telecommunication, whether an appropriate virtual care modifier is appended to the procedure code or not.
- Patient communications are incidental to E/M services, counseling, or medical services, including, but not limited to reporting of test results and provision of educational materials.
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.
- No reimbursement will be made for any equipment used for virtual care communications.

Telehealth Behavioral Health:

Allowable Services: See below table for allowable medical telehealth codes.

All of the following must also be met:

- Services must be interactive and use audio and/or video internet-based technologies (synchronous communication), and would be reimbursed as if the service was provided face-to-face
- The patient and/or actively involved caregiver must be present on the receiving end
- All technology used must be secure and meet or exceed federal and state privacy requirements.
- A permanent record of online communications relevant to the ongoing care and follow-up is maintained as part of the medical record as if the service were provided as an in-office visit
- The permanent record must include documentation which identifies the virtual service delivery method. I.E.: audio/video or telephone only
- All services provided are medically appropriate and necessary
- The evaluation and management services (E/M) provided virtually must meet E/M criteria
- While some aspects of care in an acute setting may be rendered virtually, exclusively virtual services should be limited to situations when the clinical condition is low to moderate complexity and not the primary intervention for an emergent clinical condition.
- Virtual care services must be provided by a health care professional who is licensed, registered, or otherwise acting within the scope of his/her licensure.

Excluded Services:

- The virtual care service occurs on the same day as a face to face visit, when performed by the same provider and for the same condition.
- Transmission of digitalized data is considered integral to the procedure performed and is not separately reimbursable.
- Patient communications are incidental to E/M services, counseling, or medical services, including, but not limited to reporting of test results and provision of educational materials
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.
- No reimbursement will be made for the originating site of service fee or facility fee, unless otherwise mandated by state or federal law
- No reimbursement will be made for any equipment used for virtual care communications.

HIPAA Compliant Platform: Through the end of the PHE providers may use nonpublic facing, non-HIPAA compliant platforms, such as FaceTime, Skype, Zoom, etc). Once PHE ends, compliant platform must be utilized.

Modifiers/POS:

- **Professional/1500 Claims:**
 - **During the COVID PHE:** POS for in person visit and modifier 95, GT, or GQ

- **After COVID PHE:** POS 02 and modifier 95, GT, or GQ, 93 or FQ
- **Do not bill POS 10 until further notice**
- **Facility/UB Claims:** Modifier 95
 - During the COVID-19 PHE, Cigna will temporarily reimburse virtual care services billed on a UB, when the service is:
 - Reasonable to be provided in a virtual setting; reimbursable per a provider's contract; and synchronous audiovisual technology is utilized (except for CPTs 99441-99443)
 - Note: Intensive outpatient program (IOP) telehealth services were covered prior to the pandemic, and will continue to be covered

Provider Type: Providers who are licensed, registered, or otherwise acting within the scope of their licensure may provide telehealth services.

Reimbursement: Reimbursement will be at the same rate as in-person face-to-face visits, refer to your Cigna contract for allowable rates.

Video Component: An audiovisual connection is required except for telephone codes.

Transmission & Originating Site Fees: Cigna will not reimburse an originating site of service fee/facility fee for telehealth visits (HCPCS Q3014). Cigna will also not reimburse transmission fees; transmission of digitalized data is considered integral to the procedure performed and is not separately reimbursable.

CIGNA MEDICAL ELIGIBLE VIRTUAL CODES												
90951	90952	90953	90954	90955	90956	90957	90958	90959	90960	90961	90962	90963
90964	90965	90966	90967	90968	90969	90970	92507	92508	92521	92522	92523	92524
92601	92602	92603	92604	96040	96112	96113	96116	96156	96158	96159	96160	96161
96164	96165	96167	96168	97110	97112	97161	97162	97163	97164	97165	97166	97167
97168	97530	97755	97760	97761	97802	97803	97804	92202	92203	99204	99205	99211
99212	99213	99214	99215	99406	99407	99408	99409	99441	99442	99443	99495	99496
99497	99498	G0108	G0151	G0152	G0153	G0155	G0157	G0158	G0270	G0296	G0299	G0300
G0396	G0397	G0438	G0439	G0442	G0443	G0444	G0445	G0446	G0447	G0493	G0513	G0514
G2012	S9123	S9128	S9129	S9131	S9152	99446	99447	99448	99449	99451	99452	99091
99453	99454	99457	99458	99473	99474	G2010	S9110					

Non-Reimbursable Codes Regardless of Modifier												
98966	98967	98968	98970	98971	98972	99421	99422	99423	G0406	G0407	G0408	G0425
G0426	G0427	G0459	G0508	G0509	G2025	Q3014	S0320	T1014				

CIGNA BEHAVIORAL HEALTH ELIGIBLE VIRTUAL CODES												
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845	0846
90847	90849	90853	90863	90875	90876	90880	96110	96127	916156	96158	96159	96164
96165	96167	96168	96170	96171	97151	97152	97153	97154	97155	97156	97157	97158
99058	99078	99202	99203	99204	99205	99211	99212	99213	99214	99215	99217	99218
99219	99220	99221	99222	99223	99224	99225	99226	99231	99232	99233	99234	99235
99236	99238	99239	99281	99282	99283	99284	99285	99304	99305	99306	99307	99308
99309	99310	99315	99316	99318	99324	99325	99326	99327	99328	99334	99335	99336
99337	99354	99335	99336	99337	93354	99355	99356	99357	99404	99408	99409	99415
99416	99417	99441	99442	99443	99446	99447	99448	99449	99456	994484	99495	99496
0591T	0592T	G0410	H0015	H0035	H0038	H2011	S0201	S9480				

Cost Share Waiver:

Effective March 13th, 2020-End of PHE: Cigna will waive cost sharing for COVID-19 testing-related services, which are medical visits that result in an order for, or administration, of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test or to the evaluation of an individual for purposes of determining the need for such a test.

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, 98970-98972, G2061-G2063
- **Telephone:** 98966-98968, 99441-99443
- **Virtual Check-In:** G2010, G2012

E-Visit Exclusions:

- See below "Telehealth Coverage Limitations"

Telehealth:

Medica's emergency telehealth policy is set to end when the COVID-19 PHE ends

Allowable Codes: See table below for specific codes.

- **Wellness Visits:** During the COVID-19 PHE Medica will allow preventive visits to be provided via telehealth utilizing CPTs 99381-99387 and 99391-99397.
 - Providers may perform all or portions of a preventive visit that can be done appropriately via telehealth.
 - Services that require face-to-face interaction may be provided later, however, providers may only bill one preventive medicine code to cover both portions.

HIPAA Compliant Platform: Through the end of the federal COVID-19 PHE, non-HIPAA compliant, non-public facing software can be utilized for telehealth visits, such as Skype & FaceTime.

Modifiers/POS:

- **Professional (1500) Claims:** POS 02 or 10 with modifier GT or 95
- **Facility (UB) Claims:** GT or 95
- **Audio Only:** 93 or FQ
- **COVID-19 Related:** For services relating to the order for or administration of a COVID-19 test or for services related to the evaluation for purposes of determining the need for diagnostic testing, append modifier CS.

Provider Type: Audiologist, Certified Genetic Counselor, Clinical Nurse Specialist, Clinical Psychologist, Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Marriage and Family Therapist, Licensed Drug & Alcohol Counselor, Dentist, Nurse Midwife, Nurse Practitioner, Occupational Therapist, Physical Therapist, Physician, Physician Assistant, podiatrist, Registered Dietitian or Nutrition Professional, and Speech Therapist.

Reimbursement: Reimbursement will be at the same rate as in-person face-to-face visits, refer to your Medica contract for allowable rates.

Store and Forward Telehealth: Medica allows both synchronous (interactive audiovisual communication) and asynchronous (store and forward). Utilize modifier GQ.

Originating Sites:

- Allowable originating sites: Office of physician or practitioner; hospital (inpatient or outpatient); home; critical-access hospital (CAH); rural health clinic (RHC) and federally qualified health center (FQHC); hospital-based or CAH-based renal dialysis center (including satellites); skilled nursing facility (SNF); end-stage renal disease (ESRD) facilities; community mental health center; Residential Substance Abuse Treatment Facility; and other eligible medical facilities.

Transmission & Originating Site Fees: Transmission fees (HCPCS T1014) are not eligible for payment, however Medica will allow an originating site fee (HCPCS Q3014) to be billed by an originating site facility.

Telehealth Coverage Limitations: The following are not covered under telemedicine:

- Provider initiated e-mail, refilling or renewing existing prescriptions, scheduling a diagnostic test or appointment, clarification of simple instructions or issues from a previous visit, reporting test results, reminders of scheduled office visits, requests for a referral, non-clinical communication, educational materials, brief follow-up of a medical

procedure without indication of complication or new condition including, but not limited to, routine global surgical follow-up, brief discussion to confirm stability of the patient's without change in current treatment, when information is exchanged and the patient is subsequently asked to come in for an office visit, a service that would similarly not be charged for in a regular office visit, consultative message exchanges with an individual who is seen in the provider's office immediately afterward, communication between two licensed health care providers that consists solely of a telephone conversation, email or facsimile, communications between a licensed health care provider and a patient that consists solely of an e-mail or facsimile.

Video Component: See below matrix for codes that can be performed over an audio only connection.

MEDICA ALLOWABLE TELEHEALTH CODES-COVID-19 PHE									
0362T	90961	92567	95984	96139*	97166	99233	99350	G0396*	G2212*
0373T	90962	92568	96105	96156*	97167	99234	99406*	G0397*	G3002
77427	90963	92570	96112	96158*	97168	99235	99407*	G0406*	G3003
90785*	90964	92587	96113	96159*	97530	99236	99441*	G0407*	G9685
90791*	90965	92588	96116*	96160*	97535*	99238	99442*	G0408*	G2212*
90792*	90966	92601	96121*	96161*	97537	99239	99443*	G0420*	
90832*	90967	92602	96125	96164*	97542	99281	99468	G0421*	
90833*	90968	92603	96127*	96165*	97750	99282	99469	G0422	
90834*	90969	92604	96130*	96167*	97755	99283	99471	G0423	
90836*	90970	92607	96131*	96168*	97760	99284	99472	G0425*	
90837*	92002	92608	96132*	97110	97761	99285	99473	G0426*	
90838*	92004	92609	96133*	97112	97763	99291	99475	G0427*	
90839*	92012	92610	96136*	97116	97802*	99292	99476	G0438*	
90840*	92014	92625	96137*	97129	97803*	99304	99477	G0439*	
90845*	92507*	92626	95984	97130	97804*	99305	99478	G0442*	
90846*	92508*	92627	96105	97150	99202	99306	99479	G0443*	
90847*	92521*	93750	96112	97151	99203	99307	99480	G0444*	
90853*	92522*	93797	96113	97152	99204	99308	99483	G0445*	
90901	92523*	93798	96116*	97153	99205	99309	99495	G0446*	
90951	92524*	94002	96121*	97154	99211	99310	99496	G0447*	
90952	92526	94003	96125	97155	99212	99315	99497*	G0459*	
90953	92550	94004	96127*	97156	99213	99316	99498*	G0506*	
90954	92552	94625	96130*	97157	99214	99341	G0108*	G0508	
90955	92553	94626	96131*	97158	99215	99342	G0109*	G0509	
90956	92555	94664	96132*	97161	99221	99344	G0270*	G0513*	
90957	92556	95970	96133*	97162	99222	99345	G0296*	G0514*	
90958	92557	95971	96136*	97163	99223	99347	G0316	G2086*	
90959	92563	95972	96137*	97164	99231	99348	G0317	G2087*	
90960	92565	95983	96138*	97165	99232	99349	G0318	G2088*	
Codes With An * Can Be Performed via an Audio only (Telephone) or Audiovisual Connection									

Cost Share Waiver:

Effective March 1st, 2020, through End of PHE: Medica will waive cost-sharing for in-network telehealth visits when related to administration of a COVID-19 test. Utilize the Medica provider portal for details regarding cost-share

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, G2061-G2063
- **Telephone:** 99441-99443, 98966-98968
 - Allowed through December 31st, 2024
- **Virtual Check-In:** G2010, G2012, G2250-G2251, G2252

Modifiers:

- **E-Visits & Virtual Check-Ins:** None
- **Telephone:** Modifier 95

New patients allowable for COVID-19 PHE

Telehealth:

Consolidated Appropriations Act: Extends certain telehealth flexibilities for Medicare patients through December 31st, 2024:

- Originating site restriction waiver
- Expanded list of allowable telehealth practitioners
- Audio only telehealth services
- In person requirement for mental health services via telehealth
- Extension of FQHC/RHC to serve as originating site for non-behavioral/mental telehealth services

Allowable Codes: See table below for codes allowable via telehealth.

- Temporary telehealth code coverage will be removed once the PHE expires +151 days
- Category 3 codes will be available through the end of 2023
- **Note-**Telehealth rules do not apply when the beneficiary and the practitioner are in the same location and are utilizing telehealth to reduce exposure risks, even if audio/video technology assists in furnishing a service.

HIPAA Compliant Platform: Through the end of the COVID-19 PHE, HHS Office for Civil Rights (OCR) will waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime.

Modifiers/POS:

- **Professional (1500) Claims:**
 - **During PHE:** POS that would have been used if the visit were provided in person with modifier 95
 - **After PHE:** POS 02 or 10
 - **Modifier:** FR if applicable
- **Mental Health Claims: After PHE Ends:** POS 02 or 10 and modifier 93 if performed over audio only
 - **RHC/FQHC:** Modifier FQ
 - MACs have instructed providers not to use modifier FQ, 93, or FR during the PHE
- **CAH Method II (UB) Claims:** Modifier GT
- **CAH & PPS PT/OT/Speech UB Claims:** Modifier 95
- **PPS Facility (UB) Claims:** PN or PO modifier with condition code DR. Appropriate use of the PN and PO modifier is dependent on your specific services and locations. See the “hospital” section for details.
- **COVID-19 Related During PHE:** For services relating to the order for or administration of a COVID-19 diagnostic test or for services related to the evaluation of an individual for purposes of determining the need for diagnostic testing, append modifier CS

Patient Type: Through the end of the PHE, telehealth services can be provided to both new and established patients.

Patient Location: Through December 31st, 2024, Medicare will pay for office, hospital, and other visits furnished via telehealth across the country, whether urban or rural, and in all settings, including in patients' homes.

- **Mental Health:** CMS permanently added a patient's home as an originating site for patients receiving mental health services via telehealth. "Home" includes temporary lodging. Must meet the following requirements:
 - The provider (or another provider in the same practice and subspecialty) has conducted an in-person (non-telehealth) visit within 6 months
 - After the initial tele-mental health visit, the provider must conduct an in-person visit at least once every 12 months
 - However, this visit is not required if the patient and provider consider the risks of an in-person visit and agree that the risks outweigh the benefits
 - Provider should document decision in the patient's medical record
 - Through December 31st, 2024, the initial 6 month visit and the in person visit every 12 month requirement is waived

Provider Type: Through December 31st, 2024, physical therapists, occupational therapists, speech language pathologists, and audiologists, to receive payment for Medicare telehealth services.

- **January 1st, 2025:** Allowable provider types will revert back to only physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals

Reimbursement: During the PHE, reimbursement will be at the same rate as in-person face-to-face visits, refer to the Medicare fee schedule for allowable rates.

Removal of Frequency Limitations on Medicare Telehealth: During the PHE, the following services no longer have limitations on the number of times they can be provided by telehealth:

- A subsequent inpatient visit can be furnished via telehealth, without the limitation that the telehealth visit is once every three days (CPT codes 99231-99233).
- A subsequent skilled nursing facility visit can be furnished via telehealth every 14 days, previously was 30 days (CPT codes 99307-99310).
Critical care consult codes may be furnished by telehealth beyond the once per day limitation (CPT codes G0508-G0509).

Rural Health Clinics & Federally Qualified Health Centers: See the RHC and FQHC section for specific billing regulations.

Transmission/ Originating Site Fees: Medicare does not reimburse for transmission fees. If applicable, Medicare will reimburse an originating site fee (HCPCS Q3014).

- Hospitals may bill as the originating site for telehealth services furnished by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is located at home.

Video Component: When providers are providing an E/M service that would otherwise be reported as an in-person or telehealth visit, using audio-only technology, providers should utilize the appropriate telephone E/M code (99441-99443), not the in person or telehealth visit code.

- Telephone Codes only available for use through December 31st, 2024
- Effective April 1st, 2022: Audio only mental health telehealth will be permanently reimbursable if:
 - The provider has the technical capability, at the time of the service, to use an interactive telecommunications system
 - The patient is incapable of, or fails to consent to, the use of video technology for the service
 - The beneficiary is located at his or her home
 - The practitioner documents the reason for using audio-only technology uses the appropriate service level modifier

Cost Share Waiver:

March 18, 2020 Through the End of the PHE: Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test; and are in any of the following categories of HCPCS evaluation and management codes: Office and other outpatient services, hospital observation services, emergency department services, nursing facility services, domiciliary, rest home, or custodial care services, home services, online digital evaluation, and management services.

- **Specific List Applicable HCPCS codes:** Visit <https://www.cms.gov/files/document/se20011.pdf>, view page 11, and click on the hyperlink as shown below.

Use these HCPCS codes for billing:

- [Physicians and non-physician practitioners](#)
 - [Outpatient Prospective Payment System \(OPPS\)](#)
 - [RHCs and FQHCs](#)
 - CAHs: use OPPS codes
 - Method II CAHs: use the OPPS list or the physician and non-physician practitioner list, as appropriate.
- Cost-sharing does not apply to the above medical visit services for which payment is made to:
 - Hospital Outpatient Departments paid under the Outpatient Prospective Payment System, Physicians and other professionals under the Physician Fee Schedule, Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs).

2023 MEDICARE ELEGIBLE TELEHEALTH CODES											
2023 Telehealth Codes											
0362T	90956	92508	92602	95970	96139	97153	97760	99223	99308	99471	G0318
0373T	90957	92521	92603	95971	96156	97154	97761	99231	99309	99472	G0396
77427	90958	92522	92604	95972	96158	97155	97763	99232	99310	99473	G0397
90785	90959	92523	92607	95983	96159	97156	97802	99233	99315	99475	G0406
90791	90960	92524	92608	95984	96160	97157	97803	99234	99316	99476	G0407
90792	90961	92526	92609	96105	96161	97158	97804	99235	99341	99477	G0408
90832	90962	92550	92610	96110	96164	97161	98960	99236	99342	99478	G0410
90833	90963	92552	92625	96112	96165	97162	98961	99238	99344	99479	G0420
90834	90964	92553	92626	96113	96167	97163	98962	99239	99345	99480	G0421
90836	90965	92555	92627	96116	96168	97164	99202	99281	99347	99483	G0422
90837	90966	92556	93750	96121	96170	97165	99203	99282	99348	99495	G0423
90838	90967	92557	93797	96125	96171	97166	99204	99283	99349	99496	G0425
90839	90968	92563	93798	96127	97110	97167	99205	99284	99350	99497	G0426
90840	90969	92565	94002	96130	97112	97168	99211	99285	99406	99498	G0427
90845	90970	92567	94003	96131	97116	97530	99212	99291	99407	G0108	G0438
90846	92002	92568	94004	96132	97129	97535	99213	99292	99441	G0109	G0439
90847	92004	92570	94005	96133	97130	97537	99214	99304	99442	G0270	G0442
90853	92012	92587	94625	96136	97150	97542	99215	99305	99443	G0296	G0443
90954	92014	92588	94626	96137	97151	97750	99221	99306	99468	G0316	G0444
90955	92507	92601	94664	96138	97152	97755	99222	99307	99469	G0317	G0445
G0446	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211
G2212	G3002	G3003	G9685	S9152							
Codes Highlighted in Green -Can Be Performed via an Audio only											

Medicare Telehealth Codes Payment Limitations	
CPT/HCPCS	Medicare Payment Limitation
90875	Non-covered service
94005	Bundled code
96110	Non-covered service
96170	Non-covered service
96171	Non-covered service
98960	Bundled code
98961	Bundled code
98962	Bundled code
S9152	Not valid for Medicare purposes
G0410	Statutory exclusion
G2211	Bundled code

Payor Specific Key Points:**E-Visits/Telephone/Virtual Check Ins:****Allowable Codes:**

- **E-Visits:** 99421-99423, 98970-98972
- **Telephone:** 99441-99443, 98966-98968
- **Virtual Check-Ins:** Not Allowed

Modifier:

- **E-Visits:** GT
- **Telephone:** FQ

Telehealth:

Telehealth Definition: AHCCCS defines telehealth as services delivered via:

- Asynchronous (store and forward)
- Remote Patient Monitoring
- Teledentistry
- Telemedicine (real-time interactive audio and video)

Allowable Services: Allowable telehealth code set in below table

- **Prolonged Services:** Services beyond the typical service of the primary procedure, that require direct patient contact and occur in either the office or another outpatient setting are covered under telehealth, such as G0513 and G0514.

Asynchronous Telehealth: The following services are covered via asynchronous telehealth: behavioral health, cardiology, dermatology, infectious disease, neurology, ophthalmology, pathology, radiology, allergy/Immunology.






Consent: During the COVID-19 emergency, providers delivering services through telehealth can obtain verbal consent and verbal service or treatment plan agreements and document the verbal consent and verbal agreement in the EMR.

HIPAA Compliant Platform: During the PHE, telehealth visits can be performed via non-compliant HIPAA platforms, such as FaceTime, Facebook Messenger, Skype, Google Hangouts and WhatsApp. After the PHE ends, visits must be performed over a HIPAA compliant platform.

Modifiers/POS:

- **Professional (1500) claims:**
 - For Reimbursement at the Capped FFS Rate or APM Rate:
 - The Place of Service (POS) must be the originating site. The originating site is the location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.
 - AHCCCS will not be utilizing POS 02 or 10 for its telehealth approved codes.
 - **Modifier:** GT or GQ or FQ (if service was furnished using audio-only communication technology)
 - **COVID-19 Related:** CR Modifier
- **Medicare Dual Claims:** Utilize POS 02 to comply with Medicare guidelines
- **Facility (UB) claims:**
 - For Reimbursement at the AIR:
 - Utilize revenue Codes 0510, 0512 and 0516
 - Modifier GT or GQ and FQ if service was furnished using audio-only communication technology
 - COVID-19 Related:

- Outpatient: CR Modifier
- Inpatient: DR Condition Code

WHAT	TECHNOLOGY	TELEHEALTH MODIFIER ¹ OR APPLICABLE DENTAL CODE	PLACE OF SERVICE (POS)	CODES AVAILABLE
Telemedicine (Synchronous)	Interactive Audio + Video	GT	Originating Site ²	Telehealth Code Set 
Asynchronous (Store & Forward)	Transmission of recorded health history through a secure electronic communications system	GQ	Originating Site ²	Telehealth Code Set 
Remote Patient Monitoring	Synchronous (real-time) or asynchronous (store and forward)	GT-Synchronous GQ-Asynchronous	Originating Site ²	Telehealth Code Set 
Teledentistry	Synchronous (real-time) or asynchronous (store and forward)	D9995-Synchronous D9996-Asynchronous	Originating Site ²	Teledentistry Code Set 
Telephonic	Audio-only	FQ	Originating Site ²	Telehealth Code Set 

¹ All other applicable modifiers apply.

² Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.

Reference: <https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/>

Patient Location: Defined per code, see allowable code and place of service below

- There are no geographic restrictions for telehealth; services delivered via Telehealth are covered by the Contractor and FFS programs in rural and urban regions.

Reimbursement: Effective March 18, 2020, until the end of the COVID-19 emergency declaration, AHCCCS health plans will not discount rates for services provided via telehealth as compared to contracted rates for "in-person" services.

- **RHC/FQHC:** In accordance with the March 18, 2020, guidance from CMS, for services offered via telehealth within the scope of the FQHC/RHC benefit, health plans and AHCCCS FFS programs will pay the established PPS rate. For services offered via telehealth that are not covered as part of the FQHC/RHC benefit, health plans will reimburse FQHCs/RHCs at contracted rates and AHCCCS FFS programs will reimburse FQHCs/RHCs consistent with the AHCCCS fee schedule.

Transmission & Originating Site Fees: Transmission and originating site HCPCS are not listed in the eligible telehealth code list.

Audio Only Services: Audio-only services are covered if the telehealth encounter is not reasonably available due to the member's functional status, the member's lack of technology or telecommunications infrastructure limits, as determined by the provider.

- The AHCCCS Telehealth code set defines which codes are billable as an audio-only service and the applicable modifier(s) and place of service providers must use when billing for an audio-only service.

MEDICAID ELIGIBLE TELEHEALTH CODES				
Code	GT	GQ	FQ	Places of Service (POS)
77427	GT			05 06 07 08 11 12 19 20 21 22 49 50 71 72 99
88321		GQ		05 06 07 08 11 19 21 22 23 24 81
88323		GQ		05 06 07 08 19 21 22 23 24 81
88325		GQ		05 06 07 08 19 21 22 23 24 81
90791	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 14 19 20 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
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90832	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 14 19 21 22 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
90833	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90834	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99

90836	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90837	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 21 22 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
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90887	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90889	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
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92014	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92227	GT	GQ		02 05 06 07 08 10 11 19 22 49 50 71 72 99
92228	GT	GQ		02 05 06 07 08 10 11 19 22 49 50 71 72 99
92507	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 62 71 72 99
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92591	GT		02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
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92601	GT		02 05 06 07 08 09 10 11 12 19 21 22 49 50 71 72 99
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93228		GQ	02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
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93247		GQ	02 05 06 07 08 10 11 19 21 22 49 50 71 72
93248		GQ	02 05 06 07 08 10 11 19 21 22 49 50 71 72
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93268	GT	GQ	02 05 06 07 08 10 11 12 19 21 22 49 51 71 72 81
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93272	GT	GQ	02 05 06 07 08 10 11 12 19 21 22 49 50 71 72
93298		GQ	02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
93750	GT		02 05 06 07 08 10 11 19 21 22 49 50 71 72
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94002	GT		02 06 08 10 12 21 22 99
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95710	GT		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
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95714		GQ	02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
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97530	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97533	GT			02 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 71 72 99
97535	GT		FQ	02 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99

97542	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72
97750	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
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97760	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
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97802	GT		FQ	02 05 07 09 10 11 12 19 20 21 22 49 50 71 72 99
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98966			FQ	02 06 08 10 11 19 22 49 50 71 72
98967			FQ	02 06 08 10 11 19 22 49 50 71 72
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98970	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
98971	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
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99202	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99203	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 13 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99204	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 13 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99205	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 15 17 19 20 22 23 24 49 50 53 62 71 72 99
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99214	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 13 15 17 19 20 22 23 24 49 50 53 62 71 72
99215	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 13 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99221	GT			02 05 07 10 21 22 51 52 61
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99231	GT			02 05 07 10 21 22 51 52 61
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99233	GT			02 05 07 10 21 22 51 52 61
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99242	GT			02 03 05 06 07 08 09 10 11 12 15 19 20 22 23 24 25 34 49 50 62 65 71 72
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99252	GT			02 05 07 10 21 22 51 52 61
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99282	GT			02 10 23
99283	GT			02 10 23
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99285	GT			02 10 23
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99291	GT			02 05 06 07 08 10 11 19 20 21 22 23 24 25
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99358	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 23 24 25 49 50 61 62 65 71 72
99359	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 23 24 25 49 50 61 62 65 71 72
99366	GT			02 06 08 10 11 19 21 22 49 50 71 72
99367	GT			02 06 08 10 11 12 19 21 22 49 50 56 71 72
99381	GT			02 05 06 07 08 10 11 12 14 17 19 22 49 50 53 55 56 71 72
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99387	GT			02 05 06 07 08 10 11 19 22 49 50 53 56 71 72
99391	GT			02 05 06 07 08 10 11 12 14 19 20 22 49 50 53 55 56 71 72
99392	GT			02 05 06 07 08 10 11 12 14 19 20 22 49 50 53 55 56 71 72
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99401	GT			02 05 06 07 08 10 11 12 14 19 22 31 32 33 49 50 71 72
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99411	GT			05 06 07 08 11 12 19 22 49 50 71 72
99412	GT			05 06 07 08 11 12 19 22 49 50 71 72
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99418	GT			02 05 07 10 21 22 51 52 61
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99446	GT			05 06 07 08 11 19 22 49 50 71 72 99
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99453	GT	GQ		02 05 06 07 10 11 12 49 50 71 72 99
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99475	GT			02 06 08 10 19 21 22 99
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99480	GT			02 06 08 10 19 21 22 99
99483	GT			02 10 12 99
99492	GT			05 06 07 08 11 12 13 14 21 31 32 33 34 49 50 61 62 71 72
99497	GT		FQ	02 05 06 07 08 10 11 12 13 19 21 22 23 31 32 33 34 49 50 61 71 72 99
99498	GT		FQ	02 05 06 07 08 10 11 12 13 19 21 22 23 31 32 33 34 49 50 61 71 72 99
0373T	GT			02 05 06 07 08 10 11 12 19 22 49 50 51 52 53 54 71 72
0362T	GT			02 05 06 07 08 10 11 12 19 22 49 50 51 52 53 54 71 72

90957	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
99349	GT			02 10 12 13 14 33 55
99493	GT			02 05 06 07 08 10 11 12 13 14 21 31 32 33 34 49 50 61 71 72
99494	GT			02 05 06 07 08 10 11 12 13 14 21 31 32 33 34 49 50 61 71 72
A0998	GT			02 06 08 10 12 41
D9995	GT			02 05 07 10 11 12 13 15 21 22 24 31 32 33 49 50 61 62 71 72 99
D9996		GQ		02 05 07 10 11 12 13 15 21 22 24 31 32 33 49 50 61 62 71 72 99
G0270	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 49 50 61 62 71 72 99
G0296	GT		FQ	02 10 11 12
H0001	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 22 24 31 32 33 49 50 71 72 99
H0002	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 20 21 22 23 34 49 50 51 53 54 71 72 99
H0004	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 20 22 24 31 32 33 49 50 53 54 55 71 72 99
H0015	GT			02 10 11 12 19 22 49 50 53 71 72
H0020	GT			02 05 06 07 08 10 11 12 19 22 23 49 50 53 71 72 99
H0025	GT		FQ	02 03 05 07 09 10 11 12 49 50 53 54 71 72 99
H0031	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 21 22 23 24 31 32 33 34 49 50 51 53 54 71 72 99
H0034	GT		FQ	02 03 05 07 09 10 11 12 13 19 22 24 31 32 33 49 50 53 54 71 72 99
H0036	GT			02 10 12 53 72 99
H0038	GT		FQ	02 03 05 07 09 10 11 12 20 23 49 50 53 54 71 72 99
H2010	GT			02 05 07 10 11 12 20 49 50 53 71 72 99
H2011	GT			02 03 05 07 09 10 11 12 50 23 49 50 53 54 71 72 99
H2014	GT		FQ	02 03 05 07 09 10 11 12 13 20 23 49 50 53 54 71 72 99
H2015	GT			02 09 10 11 12 49 50 53 71 72 99
H2017	GT			02 03 05 07 09 10 11 12 20 49 50 53 54 71 72 99
H2025	GT		FQ	02 03 05 07 09 10 11 12 49 50 53 54 71 72 99
H2027	GT		FQ	02 03 05 07 09 10 11 12 49 50 53 54 71 72 99
H2033	GT		FQ	02 03 10 11 12 19 22 49 50 53 71 72 99
S0257	GT			02 05 06 07 08 10 11 12 19 21 22 23 31 32 34 49 50 71 72 99
S0285	GT			02 05 06 07 08 10 11 12 15 19 20 22 23 24 25 34 49 50 62 65 71 72
S0311	GT			02 05 06 07 08 10 11 12 13 21 31 32 33 34 49 50 61 71 72 99
S0315	GT			02 10 11 12 49 50 71 72 99
S0316	GT			02 10 11 12 49 50 71 72 99
S5100				02 10 12
S5110	GT		FQ	02 03 05 07 09 10 11 12 20 50 53 71 72 99
S9480	GT			02 10 12 99
T1002	GT		FQ	02 03 05 07 09 10 12 53
T1003	GT		FQ	02 03 05 07 09 10 12 53
T1015	GT		FQ	02 03 10 11 12 15 19 22 49 50 53 71 72
T1016	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 22 23 34 49 50 53 54 71 72 99
T2016	GT			02 10 12 99
T2017	GT			02 10 12 99
T2019	GT			02 10 12 99
T2020	GT			02 10 12 99
T2021	GT			02 10 12 53 99

Cost Share Waiver:

Effective March 18th, 2020, through End of PHE: Cost share is waived on COVID-19 testing-related services, which are medical visits that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, 98970-98972
- **Interprofessional Consultation:** 99446-99449, 99451, 99452
- **Telephone:** 99441-99443
- **Virtual Check-In:** G2010, G2012, G2250-G2252

POS/Modifier: POS utilized if visit would have in person and no modifier

Remote Patient Monitoring Codes:

- **Allowable Codes:** 99091, 99453, 99454, 99457-99458, 99473-99474, 98975-98977, 98980-98981,

POS/Modifier: POS utilized if visit would have in person and no modifier

Interprofessional Assessment Codes:

- **Allowable Codes:** 99446-99449, 99451-99452

POS/Modifier: POS utilized if visit would have in person and no modifier

Telehealth:

Allowable Codes: UHC will allow any services on the below lists:

- Services recognized by the Centers for Medicare and Medicaid Services (CMS)
- Services recognized by the American Medical Association (AMA) included in Appendix P of the CPT code set
- Additional services identified by UnitedHealthcare that can be effectively performed via Telehealth
 - See Telehealth Allowable Codes table below for UHC specified codes

PT/OT/ST Services: All PT/OT/ST Telehealth visits must be performed using live, interactive video conferencing that involves the presence of both parties at the same time and a communication link between them that allows a real-time audio and visual interaction to take place. E-mailing “stored” exercise videos and discussing or reviewing by phone is not reimbursable.

HIPAA Compliant Platform: Through the COVID-19 PHE, telehealth visits can be performed via non-compliant HIPAA platforms, such as FaceTime, Facebook Messenger, Skype, Google Hangouts and WhatsApp. After the PHE ends, visits must be performed over a HIPAA compliant platform.

Modifiers/POS:

- **Professional (1500) claims:** POS 02 or 10. Modifiers 95, GT, GQ, and G0 are not required to identify telehealth services but are accepted as information if reported on claims.
- **Facility (UB) claims:** Revenue code 780 (allowable during the PHE only)

Provider Type: Physician, nurse practitioner, physician assistant, nurse-midwife, clinical nurse specialist, registered dietitian or nutrition professional, clinical psychologist, clinical social worker, certified registered nurse anesthetists, physical therapists, occupational therapists, and speech therapists.

Reimbursement: Reimbursement will be at the same rate as in-person face-to-face visits, refer to your UHC contract for allowable rates.

Patient Location: UHC will recognize CMS designated originating sites considered eligible for furnishing telehealth services to a patient located in an originating site.

- Examples of CMS originating sites with a telpresenter: the office of a physician or practitioner, hospital, critical access hospital (CAH), rural health clinic (RHC), federally qualified health center (FQHC), hospital based renal dialysis center, skilled nursing facility (SNF), community mental health center (CMHC), mobile stroke unit, patient home-for monthly end stage renal, ESRD-related clinical assessments, for purposes of treatment of a substance use disorder or a co-occurring mental health disorder.
- UHC will also recognize home as an originating site for telehealth services (no telepresenter present)

Transmission & Originating Site Fees: UHC will allow the originating site to submit a claim for services of the telepresenter using HCPS Q3014. T1014 is not eligible for payment, UHC considers these services as incidental to the charges associated with the E/M.

Video Component: Telehealth services must be performed over an audiovisual connection.

UHC ELEGIBLE TELEHEALTH CODES											
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845
90846	90847	90853	90863	90951	90952	90953	90954	90955	90956	90957	90958
90959	90960	90961	90962	90964	90965	90966	90967	90968	90969	90970	92227
92228	92507	92521	92522	92523	92524	93228	93229	93268	93270	93271	93272
93797	93798	94625	94626	96040	96116	96121	96130	96131	96132	96133	96136
96137	96138	96139	96156	96158	96159	96160	96161	96164	96165	96167	96168
97110	97112	97116	97161	97162	97163	97164	97165	97166	97167	97168	97530
97535	97750	97755	97760	97761	97802	97803	97804	98960	98961	98962	99202
99203	99204	99205	99211	99212	99213	99214	99215	99217	99224	99225	99226
99231	99232	99233	99238	99239	99281	99282	99283	99284	99285	99291	99292
99307	99308	99309	99310	99315	99316	99334	99335	99336	99337	99347	99348
99349	99350	99354	99355	99356	99357	99395	99396	99397	99406	99407	99408
99409	99469	99472	99476	99478	99479	99480	99483	99495	99496	99497	99498
G0108	G0109	G0270	G0296	G0396	G0397	G0406	G0407	G0408	G0420	G0421	G0422
G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445	G0446	G0447
G0459	G0506	G508	G0509	G0513	G0514	G2086	G2087	G2088	G2211	G2212	G9481
G9482	G9483	G9484	G9485	G9486	G9487	G9488	G9489	G9978	G9979	G9980	G9981
G9982	G9983	G9984	G9985	G9986							
PT/OT/ST											
92507	92521	92522	92523	92524	97110	97112	97116	97161	97162	97163	97164
97165	97166	97167	97168	97535	97750	97755	97760	97761			

Cost Share Waiver:

Duration of COVID-19 PHE: UHC will waive cost sharing for COVID-19 testing-related services, which are medical visits that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test

COST SHARING WAIVER (CO-PAY/CO-INSURANCE/DEDUCTIBLE)

Current cost share waivers:

Payor	Cost Sharing Guidelines
Aetna	Effective March 6th, 2020, through End of PHE: Aetna will waive COVID-19 testing-related services, which are medical visits that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test
BCBS of AZ	Duration of COVID-19 PHE: BCBS of AZ will waive cost-share for in- and out-of-network telehealth services related to COVID-19 testing.
Cigna	Effective March 13th, 2020 through End of PHE: Cigna will waive member cost sharing for diagnostic testing and office visits/telehealth visits related to assessment and administration of diagnostic testing.
Medica	Effective March 1st, 2020 through End of PHE: Medica will waive cost-sharing for in-network telehealth visits when related to administration of a COVID-19 test.
Medicare	Effective March 18th, 2020-End of PHE: Medicare will waive cost sharing for COVID-19 testing-related services, which are medical visits that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test; and are in a specified set of HCPCS E/M codes
Medicaid	Duration of COVID-19 PHE: Cost share waived on COVID-19 testing-related services, which are medical visits that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test
UHC	Duration of PHE: UHC will waive cost sharing for COVID-19 testing-related services, which are medical visits that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test

RURAL HEALTH CLINICS (RHC) FEDERALLY QUALIFIED HEALTH CLINICS (FQHC)

MEDICARE

Payor Specific Key Points:

As part of the CARES Act, Congress has authorized RHCs and FQHCs to be a “distant site” for telehealth visits, therefore allowing RHC and FQHCs practitioners to provide telehealth services.

- RHCs & FQHCs will continue to be allowed to act as a distant site until December 31st, 2024, under the Consolidated Appropriations Act.

Telehealth:

Consolidated Appropriations Act: Extends certain telehealth flexibilities for Medicare patients until December 31st, 2024, including:

- Originating site restriction waiver
- Expanded list of allowable telehealth practitioners
- Audio only telehealth services
- In person requirement for mental health services via telehealth
- Extension of FQHC/RHC to serve as originating site

Cost Report:

- **RHC:** Costs for furnishing distant site telehealth services will not be used to determine the RHC AIR rate but must be reported on the appropriate cost report form. RHCs must report both originating and distant site telehealth costs on Form CMS-222-17 on line 79 of the Worksheet A, in the section titled “Cost Other Than RHC Services.”
- **FQHC:** Costs for furnishing distant site telehealth services will not be used to determine the FQHC PPS rate but must be reported on the appropriate cost report form. FQHCs must report both originating and distant site telehealth costs on Form CMS-224-14, the Federally Qualified Health Center Cost Report, on line 66 of the Worksheet A, in the section titled “Other FQHC Services”.

Allowable Codes: See table below for codes allowable via telehealth.

HIPAA Compliant Platform: Through the end of the COVID-19 PHE, HHS Office for Civil Rights (OCR) will waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime.

Billing:

- **HCPCS:** G2025
- **Professional (1500) Claims:**
 - **During PHE:** POS that would have been used if the visit were provided in person with modifier 95
 - **Post PHE:** RHC/FQHC no longer allowed to be originating site
 - **Modifier:** FR if applicable
- **Mental Health Claims: After PHE Ends:** POS 02 or 10 and modifier FQ if performed via audio only
 - MACs have instructed providers not to use modifier FQ, 93, or FR during the PHE
- **During PHE: COVID-19 Related:** For services relating to the order for or administration of a COVID-19 diagnostic test or for services related to the evaluation of an individual for purposes of determining the need for diagnostic testing, append modifier CS

Patient Type: Through the end of the PHE, telehealth services can be provided to both new and established patients.

Mental Health Services:

- As of January 1st, 2022, CMS will continue to allow mental health telehealth services, performed by an RHC/FQHC even after the PHE ends
- The service must be either audio visual OR
- Audio-only if the following are present:
 - The patient is incapable of, or fails to consent to, the use of video technology for the service
 - The provider has conducted an in-person visit within the last 6 months of the initial tele-mental service
 - The services are medical necessary
 - After the initial telehealth visit, the provider conducts an in-person visit at least once every 12 months of each tele-mental visit.
 - However, if the patient and provider consider the risks of an in person service and agree that these risks outweigh the benefits, then the annual visit may be skipped.
 - Providers must document the decision
 - Until December 31st, 2024, the initial 6 month visit and the in person visit every 12 month requirement is waived

Provider Type: Through December 31st, 2024, physical therapists, occupational therapists, speech language pathologists, and audiologists, to receive payment for Medicare telehealth services.

- **January 1st, 2025:** Allowable provider types will revert back to only physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals

Preventative Services: During the PHE, If an RHC/FQHC performs a preventive service via telehealth that is traditionally subject to a cost share waiver, then the RHC/FQHC should apply a CS modifier to HCPCS G2025, even though the service is unrelated to COVID-19.

Reimbursement: The RHC/FQHC telehealth payment rate is the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS. For 2023 the rate is \$95.88.

Removal of Frequency Limitations on Medicare Telehealth: During the PHE, the following services no longer have limitations on the number of times they can be provided by telehealth:

- A subsequent inpatient visit can be furnished via telehealth, without the limitation that the telehealth visit is once every three days (CPT codes 99231-99233).
 - A subsequent skilled nursing facility visit can be furnished via telehealth every 14 days, previously was 30 days (CPT codes 99307-99310).
- Critical care consult codes may be furnished by telehealth beyond the once per day limitation (CPT codes G0508-G0509)

Transmission/ Originating Site Fees: Medicare does not reimburse for transmission fees. If applicable, Medicare will reimburse an originating site fee (HCPCS Q3014).

- Hospitals may bill as the originating site for telehealth services furnished by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is located at home.

Video Component: When providers are providing an E/M service that would otherwise be reported as an in-person or telehealth visit, using audio-only technology, providers should utilize the appropriate telephone E/M code (99441-99443), not the in person or telehealth visit code.

- Effective April 1st, 2022: Audio only mental health telehealth will be permanently reimbursable if:
 - The provider has the technical capability, at the time of the service, to use an interactive telecommunications system
 - The patient is incapable of, or fails to consent to, the use of video technology for the service
 - The beneficiary is located at his or her home
 - The practitioner documents the reason for using audio-only technology uses the appropriate service level modifier

Telephone Services: Until December 31st, 2024, RHC/FQHCs can perform audio only telephone E/M services utilizing CPT codes 99441, 99442, and 99443.

- RHCs can furnish and bill for these services using HCPCS code G2025.
- At least 5 minutes of telephone E/M by physician or other qualified health care professional who may report E/M services must be provided to an established patient, parent, or guardian.
- Cannot be billed if they originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment.

Virtual Check-Ins & E-Visits: Until December 31st, 2024, RHC/FQHCs can perform E-Visits (CPT codes 99421-99423), which are online digital E/M services that utilize a secure patient portal. Medicare will also allow RHC/FQHCs to perform Virtual Check Ins (HCPCS G2012 and G2010).

- RHCs should bill HCPCS G0071 if E-Visit or Virtual Check-In services are performed.
- **Reimbursement:** is set at the average of the national non-facility PFS payment rates for the 5 E-visits and Virtual Check-In codes. For 2023 the rate is set at \$ \$23.14
- **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between RHC or FQHC practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC.

Cost Share Waiver:

March 18, 2020 Through the End of the PHE: Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test; and are in any of the following categories of HCPCS evaluation and management codes: Office and other outpatient services, hospital observation services, emergency department services, nursing facility services, domiciliary, rest home, or custodial care services, home services, online digital evaluation, and management services.

- **Specific List Applicable HCPCS codes:** Visit <https://www.cms.gov/files/document/se20011.pdf>, view page 11, and click on the hyperlink as shown below.

Use these HCPCS codes for billing:

- [Physicians and non-physician practitioners](#)
 - [Outpatient Prospective Payment System \(OPPS\)](#)
 - [RHCs and FQHCs](#)
 - CAHs: use OPPS codes
 - Method II CAHs: use the OPPS list or the physician and non-physician practitioner list, as appropriate.
- Cost-sharing does not apply to the above medical visit services for which payment is made to:
 - Hospital Outpatient Departments paid under the Outpatient Prospective Payment System, Physicians and other professionals under the Physician Fee Schedule, Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs).

2023 MEDICARE ELEGIBLE TELEHEALTH CODES											
2023 Telehealth Codes											
0362T	90956	92508	92602	95970	96139	97153	97760	99223	99308	99471	G0318
0373T	90957	92521	92603	95971	96156	97154	97761	99231	99309	99472	G0396
77427	90958	92522	92604	95972	96158	97155	97763	99232	99310	99473	G0397
90785	90959	92523	92607	95983	96159	97156	97802	99233	99315	99475	G0406
90791	90960	92524	92608	95984	96160	97157	97803	99234	99316	99476	G0407
90792	90961	92526	92609	96105	96161	97158	97804	99235	99341	99477	G0408
90832	90962	92550	92610	96110	96164	97161	98960	99236	99342	99478	G0410
90833	90963	92552	92625	96112	96165	97162	98961	99238	99344	99479	G0420
90834	90964	92553	92626	96113	96167	97163	98962	99239	99345	99480	G0421

90836	90965	92555	92627	96116	96168	97164	99202	99281	99347	99483	G0422
90837	90966	92556	93750	96121	96170	97165	99203	99282	99348	99495	G0423
90838	90967	92557	93797	96125	96171	97166	99204	99283	99349	99496	G0425
90839	90968	92563	93798	96127	97110	97167	99205	99284	99350	99497	G0426
90840	90969	92565	94002	96130	97112	97168	99211	99285	99406	99498	G0427
90845	90970	92567	94003	96131	97116	97530	99212	99291	99407	G0108	G0438
90846	92002	92568	94004	96132	97129	97535	99213	99292	99441	G0109	G0439
90847	92004	92570	94005	96133	97130	97537	99214	99304	99442	G0270	G0442
90853	92012	92587	94625	96136	97150	97542	99215	99305	99443	G0296	G0443
90954	92014	92588	94626	96137	97151	97750	99221	99306	99468	G0316	G0444
90955	92507	92601	94664	96138	97152	97755	99222	99307	99469	G0317	G0445
G0446	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211
G2212	G3002	G3003	G9685	S9152							

Codes Highlighted in **Green**-Can Be Performed via an Audio only

Medicare Telehealth Codes Payment Limitations	
CPT/HCPCS	Medicare Payment Limitation
90875	Non-covered service
94005	Bundled code
96110	Non-covered service
96170	Non-covered service
96171	Non-covered service
98960	Bundled code
98961	Bundled code
98962	Bundled code
S9152	Not valid for Medicare purposes
G0410	Statutory exclusion
G2211	Bundled code

MEDICAID

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, 98970-98972
- **Telephone:** 99441-99443, 98966-98968
- **Virtual Check-Ins:** Not Allowed

Modifier:

- **E-Visits:** GT
- **Telephone:** FQ

Telehealth:

Telehealth Definition: AHCCCS defines telehealth as services delivered via:

- Asynchronous (store and forward)

- Remote Patient Monitoring
- Teledentistry
- Telemedicine (real-time interactive audio and video)

Allowable Services: Allowable telehealth code set in below table

- **Prolonged Services:** Services beyond the typical service of the primary procedure, that require direct patient contact and occur in either the office or another outpatient setting are covered under telehealth, such as G0513 and G0514.






Asynchronous Telehealth: The following services are covered via asynchronous telehealth: behavioral health, cardiology, dermatology, infectious disease, neurology, ophthalmology, pathology, radiology, allergy/immunology.

Consent: During the COVID-19 emergency, providers delivering services through telehealth can obtain verbal consent and verbal service or treatment plan agreements and document the verbal consent and verbal agreement in the EMR.

HIPAA Compliant Platform: During the PHE, telehealth visits can be performed via non-compliant HIPAA platforms, such as FaceTime, Facebook Messenger, Skype, Google Hangouts and WhatsApp. After the PHE ends, visits must be performed over a HIPAA compliant platform.

Modifiers/POS:

- **Professional (1500) claims:**
 - For Reimbursement at the Capped FFS Rate or APM Rate:
 - The Place of Service (POS) must be the originating site. The originating site is the location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.
 - AHCCCS will not be utilizing POS 02 or 10 for its telehealth approved codes.
 - **Modifier:** GT or GQ or FQ (if service was furnished using audio-only communication technology)
 - **COVID-19 Related:** CR Modifier
- **Medicare Dual Claims:** Utilize POS 02 to comply with Medicare guidelines
- **Facility (UB) claims:**
 - For Reimbursement at the AIR:
 - Utilize revenue Codes 0510, 0512 and 0516
 - Modifier GT or GQ and FQ if service was furnished using audio-only communication technology
 - COVID-19 Related:
 - Outpatient: CR Modifier
 - Inpatient: DR Condition Code

WHAT	TECHNOLOGY	TELEHEALTH MODIFIER ¹ OR APPLICABLE DENTAL CODE	PLACE OF SERVICE (POS)	CODES AVAILABLE
Telemedicine (Synchronous)	Interactive Audio + Video	GT	Originating Site ²	Telehealth Code Set 
Asynchronous (Store & Forward)	Transmission of recorded health history through a secure electronic communications system	GQ	Originating Site ²	Telehealth Code Set 
Remote Patient Monitoring	Synchronous (real-time) or asynchronous (store and forward)	GT-Synchronous GQ-Asynchronous	Originating Site ²	Telehealth Code Set 
Teledentistry	Synchronous (real-time) or asynchronous (store and forward)	D9995-Synchronous D9996-Asynchronous	Originating Site ²	Teledentistry Code Set 
Telephonic	Audio-only	FQ	Originating Site ²	Telehealth Code Set 

¹ All other applicable modifiers apply.

² Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.

Reference: <https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/>

Patient Location: Defined per code, see allowable code and place of service below

- There are no geographic restrictions for telehealth; services delivered via Telehealth are covered by the Contractor and FFS programs in rural and urban regions.

Reimbursement: Effective March 18, 2020, until the end of the COVID-19 emergency declaration, AHCCCS health plans will not discount rates for services provided via telehealth as compared to contracted rates for "in-person" services.

- **RHC/FQHC:** In accordance with the March 18, 2020, guidance from CMS, for services offered via telehealth within the scope of the FQHC/RHC benefit, health plans and AHCCCS FFS programs will pay the established PPS rate. For services offered via telehealth that are not covered as part of the FQHC/RHC benefit, health plans will reimburse FQHCs/RHCs at contracted rates and AHCCCS FFS programs will reimburse FQHCs/RHCs consistent with the AHCCCS fee schedule.

Transmission & Originating Site Fees: Transmission and originating site HCPCS are not listed in the eligible telehealth code list.

Audio Only Services: Audio-only services are covered if the telehealth encounter is not reasonably available due to the member's functional status, the member's lack of technology or telecommunications infrastructure limits, as determined by the provider.

- The AHCCCS Telehealth code set defines which codes are billable as an audio-only service and the applicable modifier(s) and place of service providers must use when billing for an audio-only service.

MEDICAID ELIGIBLE TELEHEALTH CODES				
Code	GT	GQ	FQ	Places of Service (POS)
77427	GT			05 06 07 08 11 12 19 20 21 22 49 50 71 72 99
88321		GQ		05 06 07 08 11 19 21 22 23 24 81
88323		GQ		05 06 07 08 19 21 22 23 24 81
88325		GQ		05 06 07 08 19 21 22 23 24 81
90791	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 14 19 20 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90792	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 20 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90832	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 14 19 21 22 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
90833	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90834	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
90836	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90837	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 21 22 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
90838	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90839	GT		FQ	02 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 54 55 56 61 71 72 99
90840	GT		FQ	02 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 54 55 56 61 71 72 99
90845	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 23 49 50 51 52 53 54 55 56 61 71 72
90846	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 21 22 23 49 50 51 52 53 55 56 71 72 99
90847	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90849	GT			02 03 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90853	GT		FQ	02 03 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90875	GT			02 03 05 06 07 08 10 11 12 19 20 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90887	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90889	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90899	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90951	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90952	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90953	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90954	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90955	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90956	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90958	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90959	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99

90960	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90961	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90962	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90963	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90964	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90965	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90966	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90967	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90968	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90969	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90970	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
92002	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92004	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92012	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92014	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92227	GT	GQ		02 05 06 07 08 10 11 19 22 49 50 71 72 99
92228	GT	GQ		02 05 06 07 08 10 11 19 22 49 50 71 72 99
92507	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 62 71 72 99
92508	GT		FQ	02 03 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 71 72 99
92521	GT		FQ	02 03 05 06 07 08 10 11 12 19 22 49 50 71 72 99
92522	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 22 49 50 71 72 99
92523	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 22 31 32 49 50 71 72 99
92524	GT		FQ	02 03 05 06 07 08 10 11 12 19 22 49 50 71 72 99
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92550	GT			02 05 06 07 08 09 10 11 12 19 20 21 22 49 50 71 72 99
92551	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 23 24 49 50 71 72 99
92552	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
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92563	GT			02 03 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72 99
92565	GT			02 05 06 07 08 10 11 12 19 20 21 22 24 49 50 71 72
92567	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
92568	GT			02 03 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72 99
92570	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
92584	GT			02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
92587	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 71 72 99
92588				02 05 06 07 08 10 11 19 20 22 49 50 71 72 99
92590	GT			02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
92591	GT			02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
92592	GT			02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
92593	GT			02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
92601	GT			02 05 06 07 08 09 10 11 12 19 21 22 49 50 71 72 99
92602	GT			02 05 06 07 08 09 10 11 12 19 21 22 49 50 71 72 99
92603	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92604	GT			02 05 06 07 08 09 10 11 12 19 21 22 49 50 71 72 99
92605	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92606	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92607	GT			02 03 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92608	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92609	GT			02 03 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92618	GT			02 05 06 07 08 10 11 12 19 22 49 50 71 72 99
92625	GT			02 05 06 07 08 10 11 12 19 20 21 22 49 50 71 72 99
92626	GT			02 03 10 11 12 19 20 21 22 49 50 71 72 99
92627	GT			02 03 10 11 12 99
92630	GT			02 03 10 12 99
92633	GT			02 03 10 12 99
93228		GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
93229		GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
93241		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93242		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72

93243		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93244		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93245		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93246		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93247		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93248		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93264		GQ		02 05 06 07 08 10 11 12 19 20 21 22 49 50 71 72 99
93268	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 49 51 71 72 81
93270	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 49 51 71 72 81
93271	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 81
93272	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72
93298		GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
93750	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72
93797	GT			02 05 06 07 08 10 11 19 22 49 50 71 72
93798	GT			02 05 06 07 08 10 11 19 22 49 50 71 72
94002	GT			02 06 08 10 12 21 22 99
94003	GT			02 06 08 10 12 21 22 99
94004	GT			02 10 12 31 32 99
94005	GT			02 05 07 10 11 12 99
94664	GT			02 05 06 07 08 10 11 12 19 20 21 22 23 31 32 33 49 50 71 72
94774		GQ		02 05 06 07 08 10 11 12 19 20 21 22 49 50 71 72 99
94776		GQ		02 05 06 07 08 10 11 12 19 20 21 22 49 50 71 72 99
95705		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95706	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95707	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95708		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95709	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95710	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95711		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95712	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95713	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95714		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95715	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95716	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95717		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95718		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95719		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95720		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95721		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95722		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95723		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95724		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95725		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95726		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95970	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72
95971	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72
95972	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72
95983	GT			02 06 08 10 11 19 21 22
95984	GT			02 06 08 10 11 19 21 22
96105	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 61 62 71 72 99
96110	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 61 62 71 72 99
96112	GT			02 03 05 06 07 08 09 10 11 12 19 20 21 22 49 50 61 62 71 72 99
96113	GT			02 05 06 07 08 09 10 11 12 19 20 21 22 49 50 61 62 71 72 99
96116	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
96121	GT		FQ	02 05 06 07 08 09 10 11 12 19 20 21 22 49 50 61 62 71 72 99
96125	GT	GQ		02 05 06 07 08 10 11 12 19 20 21 22 49 50 71 72 99
96127	GT		FQ	02 03 05 06 07 08 10 11 14 15 19 20 21 22 49 50 51 52 53 54 55 71 72 99
96130	GT	GQ	FQ	02 03 05 06 07 08 10 11 12 19 20 21 22 23 31 49 50 51 52 53 54 55 56 61 62 71 72 99
96131	GT	GQ	FQ	02 03 05 06 07 08 10 11 12 19 20 21 22 23 31 49 50 51 52 53 54 55 56 61 62 71 72 99
96132	GT		FQ	02 03 05 06 07 08 10 11 19 20 21 22 23 31 49 50 51 52 53 54 55 56 61 62 71 72 99
96133	GT		FQ	02 03 05 06 07 08 10 11 19 20 21 22 23 31 49 50 51 52 53 54 55 56 61 62 71 72 99
96136	GT		FQ	02 03 05 06 07 08 10 11 12 19 20 21 22 23 31 49 50 51 52 53 54 55 56 61 62 71 72 99

96137	GT		FQ	02 03 05 06 07 08 10 11 12 19 20 21 22 23 31 49 50 51 52 53 54 55 56 61 62 71 72 99
96138	GT		FQ	02 03 05 06 07 08 10 11 12 19 20 21 22 23 31 49 50 51 52 53 54 55 56 61 62 71 72 99
96139	GT		FQ	02 03 05 06 07 08 10 11 12 19 20 21 22 23 31 49 50 51 52 53 54 55 56 61 62 71 72 99
96156	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
96158	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
96159	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
96160	GT		FQ	02 05 06 07 08 10 11 12 14 15 20 21 22 49 50 71 72 99
96161	GT		FQ	02 05 06 07 08 10 11 12 14 15 20 21 22 49 50 71 72 99
96164	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
96165	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
96167	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
96168	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
96170	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
96171	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
96999	GT			02 05 06 07 08 10 11 12 19 20 21 22 49 50 71 72
97110	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97112	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97116	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97129	GT		FQ	02 03 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97130	GT		FQ	02 03 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97150	GT			02 03 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97151	GT			02 03 05 06 07 08 09 10 11 12 19 22 49 50 51 52 53 54 71 72 99
97152	GT			02 03 05 06 07 08 09 10 11 12 19 22 49 50 51 52 53 54 71 72 99
97153	GT			02 03 05 06 07 08 09 10 11 12 19 22 49 50 51 52 53 54 71 72 99
97154	GT			02 03 05 06 07 08 09 10 11 12 19 22 49 50 51 52 53 54 71 72 99
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97156	GT			02 03 05 06 07 08 09 10 11 12 19 22 49 50 51 52 53 54 71 72 99
97157	GT			02 05 06 07 08 10 11 12 19 22 49 50 51 52 53 54 71 72 99
97158	GT			02 03 05 06 07 08 09 10 11 12 19 22 49 50 51 52 53 54 71 72 99
97161	GT			02 03 05 06 07 08 09 10 11 12 19 20 21 22 31 32 33 49 50 61 62 71 72 99
97162	GT			02 03 05 06 07 08 09 10 11 12 19 20 21 22 31 32 33 49 50 61 62 71 72 99
97163	GT			02 03 05 06 07 08 09 10 11 12 19 20 21 22 31 32 33 49 50 61 62 71 72 99
97164	GT			02 03 05 06 07 08 09 10 11 12 19 20 21 22 31 32 33 49 50 61 62 71 72 99
97165	GT			02 03 05 06 07 08 09 10 11 12 19 20 21 22 31 32 33 49 50 61 62 71 72 99
97166	GT			02 03 05 06 07 08 09 10 11 12 19 20 21 22 31 32 33 49 50 61 62 71 72 99
97167	GT			02 03 05 06 07 08 09 10 11 12 19 20 21 22 31 32 33 49 50 61 62 71 72 99
97168	GT			02 03 05 06 07 08 09 10 11 12 19 20 21 22 31 32 33 49 50 61 62 71 72 99
97530	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97533	GT			02 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 71 72 99
97535	GT		FQ	02 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97542	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72
97750	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97755	GT			02 05 06 07 08 10 11 12 13 19 21 22 31 32 33 49 50 61 62 71 72 99
97760	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97761	GT			02 03 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 61 62 71 72 99
97802	GT		FQ	02 05 07 09 10 11 12 19 20 21 22 49 50 71 72 99
97803	GT		FQ	02 05 07 09 10 11 12 19 20 21 22 49 50 71 72 99
97804	GT		FQ	02 05 07 10 11 12 49 50 71 72 99
98966			FQ	02 06 08 10 11 19 22 49 50 71 72
98967			FQ	02 06 08 10 11 19 22 49 50 71 72
98968			FQ	02 06 08 10 11 19 22 49 50 71 72
98970	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
98971	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
98972	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
99091		GQ		02 05 06 07 08 10 11 12 19 20 21 22 49 50 71 72 99
99202	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99203	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 13 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99204	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 13 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99205	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99211	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99212	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 13 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99213	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 13 15 17 19 20 22 23 24 49 50 53 62 71 72 99

99214	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 13 15 17 19 20 22 23 24 49 50 53 62 71 72
99215	GT		FQ	02 03 04 05 06 07 08 09 10 11 12 13 15 17 19 20 22 23 24 49 50 53 62 71 72 99
99221	GT			02 05 07 10 21 22 51 52 61
99222	GT			02 05 07 10 21 22 51 52 61
99223	GT			02 05 07 10 21 22 51 52 61
99231	GT			02 05 07 10 21 22 51 52 61
99232	GT			02 05 07 10 21 22 51 52 61
99233	GT			02 05 07 10 21 22 51 52 61
99234	GT			02 05 07 10 21 22 51 52 61
99235	GT			02 05 07 10 21 22 51 52 61
99236	GT			02 05 07 10 21 22 51 52 61
99238	GT			02 06 08 10 21 51 52 61
99239	GT			02 06 08 10 21 51 52 61
99242	GT			02 03 05 06 07 08 09 10 11 12 15 19 20 22 23 24 25 34 49 50 62 65 71 72
99243	GT			02 03 05 06 07 08 09 10 11 12 15 19 20 22 23 24 25 34 49 50 62 65 71 72
99244	GT			02 03 05 06 07 08 09 10 11 12 15 19 20 22 23 24 25 34 49 50 62 65 71 72
99245	GT			02 03 05 06 07 08 09 10 11 12 15 19 20 22 23 24 25 34 49 50 62 65 71 72
99252	GT			02 05 07 10 21 22 51 52 61
99253	GT			02 05 07 10 21 22 51 52 61
99254	GT			02 05 07 10 21 22 51 52 61
99255	GT			02 05 07 10 21 22 34 51 52 61
99281	GT			02 10 23
99282	GT			02 10 23
99283	GT			02 10 23
99284	GT			02 10 23
99285	GT			02 10 23
99288	GT		FQ	02 06 08 10 19 21 22 23
99291	GT			02 05 06 07 08 10 11 19 20 21 22 23 24 25
99292	GT			02 05 06 07 08 10 11 19 20 21 22 23 24 25
99304	GT			02 10 31 32 54 56
99305	GT			02 10 31 32 54 56
99306	GT			02 10 31 32 54 56
99307	GT			02 10 31 32 54 56
99308	GT			02 10 31 32 54 56
99309	GT			02 10 31 32 54 56
99310	GT			02 10 31 32 54 56
99315	GT			02 10 31 32 33 34 56 99
99316	GT			02 10 31 32 33 34 56 99
99341	GT			02 10 12 13 14 33 55
99342	GT			02 10 12 13 14 33 55
99344	GT			02 10 12 13 14 33 55
99345	GT			02 10 12 13 14 33 55
99347	GT			02 10 12 13 14 33 55
99348	GT			02 10 12 13 14 33 55
99350	GT			02 10 12 13 14 33 55
99358	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 23 24 25 49 50 61 62 65 71 72
99359	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 23 24 25 49 50 61 62 65 71 72
99366	GT			02 06 08 10 11 19 21 22 49 50 71 72
99367	GT			02 06 08 10 11 12 19 21 22 49 50 56 71 72
99381	GT			02 05 06 07 08 10 11 12 14 17 19 22 49 50 53 55 56 71 72
99382	GT			02 05 06 07 08 10 11 12 14 15 19 22 49 50 53 55 56 71 72
99383	GT			02 05 06 07 08 10 11 12 14 19 22 49 50 53 55 56 71 72
99384	GT			02 05 06 07 08 10 11 12 14 17 19 22 49 50 53 55 56 71 72
99385	GT			02 05 06 07 08 10 11 12 14 17 19 22 49 50 53 55 56 71 72
99386	GT			02 05 06 07 08 10 11 12 17 19 22 49 50 53 55 56 71 72
99387	GT			02 05 06 07 08 10 11 19 22 49 50 53 56 71 72
99391	GT			02 05 06 07 08 10 11 12 14 19 20 22 49 50 53 55 56 71 72
99392	GT			02 05 06 07 08 10 11 12 14 19 20 22 49 50 53 55 56 71 72
99393	GT			02 05 06 07 08 10 11 12 14 19 20 22 49 50 53 55 56 71 72
99394	GT			02 05 06 07 08 10 11 12 14 19 20 22 49 50 53 55 56 71 72
99395	GT			02 05 06 07 08 10 11 12 14 19 20 22 49 50 53 55 56 71 72
99396	GT			02 05 06 07 08 10 11 12 19 22 49 50 53 56 71 72

99397	GT			02 05 06 07 08 10 11 12 19 22 49 50 53 56 71 72
99401	GT			02 05 06 07 08 10 11 12 14 19 22 31 32 33 49 50 71 72
99402	GT			02 05 06 07 08 10 11 12 14 19 22 31 32 33 49 50 71 72
99403	GT			02 05 06 07 08 10 11 12 19 22 31 32 33 49 50 71 72
99404	GT			02 05 06 07 08 10 11 12 19 22 31 32 33 49 50 71 72
99411	GT			05 06 07 08 11 12 19 22 49 50 71 72
99412	GT			05 06 07 08 11 12 19 22 49 50 71 72
99417	GT		FQ	02 05 06 07 08 10 11 12 19 34 49 50 65 71 72 99
99418	GT			02 05 07 10 21 22 51 52 61
99421	GT			02 03 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
99422	GT			02 03 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
99423	GT			02 03 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
99441			FQ	02 06 08 10 11 12 19 22 49 50 52 53 54 55 56 57 71 72
99442			FQ	02 06 08 10 11 12 19 22 49 50 52 53 54 55 56 57 71 72
99443			FQ	02 06 08 10 11 12 19 22 49 50 52 53 54 55 56 57 71 72
99446	GT			05 06 07 08 11 19 22 49 50 71 72 99
99447	GT			05 06 07 08 11 19 22 49 50 71 72 99
99448	GT			05 06 07 08 11 19 22 49 50 71 72 99
99449	GT			05 06 07 08 11 19 22 49 50 71 72 99
99453	GT	GQ		02 05 06 07 10 11 12 49 50 71 72 99
99454	GT			02 05 06 07 10 11 12 49 50 71 72 99
99457	GT	GQ		02 05 06 07 10 11 12 49 50 71 72 99
99458	GT			02 03 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
99468	GT			02 06 08 10 19 21 22 99
99469	GT			02 06 08 10 19 21 22 99
99471	GT			02 06 08 10 19 21 22 99
99472	GT			02 06 08 10 19 21 22 99
99473	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
99475	GT			02 06 08 10 19 21 22 99
99476	GT			02 06 08 10 19 21 22 99
99477	GT			02 06 08 10 19 21 22
99478	GT			02 06 08 10 19 21 22 99
99479	GT			02 06 08 10 19 21 22 99
99480	GT			02 06 08 10 19 21 22 99
99483	GT			02 10 12 99
99492	GT			05 06 07 08 11 12 13 14 21 31 32 33 34 49 50 61 62 71 72
99497	GT		FQ	02 05 06 07 08 10 11 12 13 19 21 22 23 31 32 33 34 49 50 61 71 72 99
99498	GT		FQ	02 05 06 07 08 10 11 12 13 19 21 22 23 31 32 33 34 49 50 61 71 72 99
0373T	GT			02 05 06 07 08 10 11 12 19 22 49 50 51 52 53 54 71 72
0362T	GT			02 05 06 07 08 10 11 12 19 22 49 50 51 52 53 54 71 72
90957	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
99349	GT			02 10 12 13 14 33 55
99493	GT			02 05 06 07 08 10 11 12 13 14 21 31 32 33 34 49 50 61 71 72
99494	GT			02 05 06 07 08 10 11 12 13 14 21 31 32 33 34 49 50 61 71 72
A0998	GT			02 06 08 10 12 41
D9995	GT			02 05 07 10 11 12 13 15 21 22 24 31 32 33 49 50 61 62 71 72 99
D9996		GQ		02 05 07 10 11 12 13 15 21 22 24 31 32 33 49 50 61 62 71 72 99
G0270	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 49 50 61 62 71 72 99
G0296	GT		FQ	02 10 11 12
H0001	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 22 24 31 32 33 49 50 71 72 99
H0002	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 20 21 22 23 34 49 50 51 53 54 71 72 99
H0004	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 20 22 24 31 32 33 49 50 53 54 55 71 72 99
H0015	GT			02 10 11 12 19 22 49 50 53 71 72
H0020	GT			02 05 06 07 08 10 11 12 19 22 23 49 50 53 71 72 99
H0025	GT		FQ	02 03 05 07 09 10 11 12 49 50 53 54 71 72 99
H0031	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 21 22 23 24 31 32 33 34 49 50 51 53 54 71 72 99
H0034	GT		FQ	02 03 05 07 09 10 11 12 13 19 22 24 31 32 33 49 50 53 54 71 72 99
H0036	GT			02 10 12 53 72 99
H0038	GT		FQ	02 03 05 07 09 10 11 12 20 23 49 50 53 54 71 72 99
H2010	GT			02 05 07 10 11 12 20 49 50 53 71 72 99
H2011	GT			02 03 05 07 09 10 11 12 50 23 49 50 53 54 71 72 99
H2014	GT		FQ	02 03 05 07 09 10 11 12 13 20 23 49 50 53 54 71 72 99

H2015	GT			02 09 10 11 12 49 50 53 71 72 99
H2017	GT			02 03 05 07 09 10 11 12 20 49 50 53 54 71 72 99
H2025	GT		FQ	02 03 05 07 09 10 11 12 49 50 53 54 71 72 99
H2027	GT		FQ	02 03 05 07 09 10 11 12 49 50 53 54 71 72 99
H2033	GT		FQ	02 03 10 11 12 19 22 49 50 53 71 72 99
S0257	GT			02 05 06 07 08 10 11 12 19 21 22 23 31 32 34 49 50 71 72 99
S0285	GT			02 05 06 07 08 10 11 12 15 19 20 22 23 24 25 34 49 50 62 65 71 72
S0311	GT			02 05 06 07 08 10 11 12 13 21 31 32 33 34 49 50 61 71 72 99
S0315	GT			02 10 11 12 49 50 71 72 99
S0316	GT			02 10 11 12 49 50 71 72 99
S5100				02 10 12
S5110	GT		FQ	02 03 05 07 09 10 11 12 20 50 53 71 72 99
S9480	GT			02 10 12 99
T1002	GT		FQ	02 03 05 07 09 10 12 53
T1003	GT		FQ	02 03 05 07 09 10 12 53
T1015	GT		FQ	02 03 10 11 12 15 19 22 49 50 53 71 72
T1016	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 22 23 34 49 50 53 54 71 72 99
T2016	GT			02 10 12 99
T2017	GT			02 10 12 99
T2019	GT			02 10 12 99
T2020	GT			02 10 12 99
T2021	GT			02 10 12 53 99

Cost Share Waiver:

Effective March 18th, 2020, through End of PHE: Cost share is waived on COVID-19 testing-related services, which are medical visits that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test

HOSPITAL OUTPATIENT

The following list is a summary of telehealth services that some payors are allowing – see payor’s allowable telehealth code list in the payor’s section.

- **Professional Fees** such as emergency department visits, initial and subsequent observation and observation discharge day management, initial and subsequent hospital care and hospital discharge day management, critical care services, initial and continuing intensive care services, etc.
- **Diabetes management training** (individual & group) and **individual medical nutritional** (initial and subsequent) are allowed by most payors. CMS, along with many other payors, considers Registered Dietitians and Nutritional Professionals as eligible telehealth clinicians.
- **Facility Fees:** If the patient is not coming into the hospital, you cannot bill your normal facility fee, except for Medicare.
 - Effective April 30th, 2020, Medicare is allowing hospitals to bill as the originating site for telehealth services furnished by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is located at home.

Commercial Billing:

- **Professional (1500 Form):** Utilize POS and modifiers as notated in each payor section.
- **Facility (UB Form):** Utilize modifiers, revenue codes, and/or condition codes as notated in each payor section.

Medicare Billing:

- **Professional Services:**
 - **PPS Professional Fees (1500 Form):** When a physician or nonphysician practitioner who typically furnishes professional services in a hospital outpatient department furnishes telehealth services during

the COVID-19 PHE, including when the patient is at home, then bill with a hospital outpatient POS with modifier 95. The physician is paid under the physician fee schedule (PFS) at the facility rate.

- **Method II CAH (UB Form):** Utilize modifier GT when a physician performs services within the hospital outpatient department.
- **Facility (UB Form):** CMS-5531-IFC specifically outlines appropriate billing for hospitals during the COVID-19 pandemic.
 - **CAHs:** The extraordinary circumstances policy in CMS-5531-IFC only applies to PPS hospitals and to services paid on OPPS. **It does not apply to CAHs.**
 - **CAH PT/OT/ST:** Append modifier 95 if therapy services are provided via telehealth.
 - **PPS Hospitals:**
 - Hospital OP services reimbursed at the OPPS rate (i.e. diabetic management services, behavioral health, etc.), have the following choices:
 - Utilize the extraordinary circumstances policy, appending a PO modifier reimbursed at the OPPS rate.
 - Not utilize the extraordinary circumstances policy appending a PN modifier and DR condition code which is reimbursed using the Physician Fee Schedule (PFS).

For details on the requirements to utilize either option, including notification requirements to CMS, see the following link: <https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>

- **Medicare FAQ:**

Question: *When hospital clinical staff furnish a service using telecommunication technology to the patient who is a registered outpatient of the hospital and the hospital makes the patient's home provider-based to the hospital as a temporary expansion site, should the hospital bill using the telehealth modifier (modifier 95)?*

Answer: *No. In this situation the hospital is furnishing an outpatient hospital service, not a telehealth service, to a patient in a temporarily relocated department of the hospital as discussed at 85 FR 27560. Accordingly, the hospital would bill as it ordinarily would bill and would include the DR condition code or CR condition code (as applicable) on the claim. If the situation involves a relocation of an on-campus or excepted off-campus provider-based department to an off-campus hospital location, the hospital would bill using the PO modifier (service provided at an excepted off-campus provider-based department) only if the hospital requests an extraordinary circumstances relocation request within 120 days of the date the temporary expansion site is made provider-based to the hospital; otherwise, the hospital would append the PN modifier (service provided at a non-excepted off-campus*

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
- OP services already paid on the PFS (i.e. OT, PT, Speech), are billed on a UB with modifier 95 for services on the telehealth list. If the telehealth service performed is NOT on the telehealth list, the PN or PO modifier will apply.
- **Medicare FAQ:**

Question: *How do hospitals bill for outpatient therapy services furnished by employed or contracted therapists using telecommunications technology on the UB-04 claim form during the COVID-19 PHE?*

Answer: *There are two options available to hospitals and their therapists.*

 - 1.) *A hospital could choose to bill for services furnished by employed/contracted PTs, OTs, or SLPs through telehealth, meaning that they would identify furnished services on the telehealth list (<https://www.cms.gov/Medicare/Medicare-GeneralInformation/Telehealth/Telehealth-Codes>), they would bill these services on a UB-04 with a "-95" modifier on each line for which the service was delivered via telehealth. No POS code is required (and there is no location for it on the UB-04).*
 - 2.) *A hospital could, instead, use the flexibilities available under the Hospital Without*

Walls initiative. The hospital would register the patient as a hospital outpatient, where the patient's home acts as a provider-based department of the hospital. The hospital's employed/contracted PT, OT, SLP would furnish the therapy care that the hospital believed could be furnished safely and effectively through telecommunications technology. The hospital is not limited to services included on the telehealth list (since these would not be considered telehealth services), but must ensure the care can be fully furnished remotely using telecommunications technology. The hospital would bill as if the therapy had been furnished in the hospital and the applicable PO/PN modifier would apply for the patient's home since it would be serving as an off-campus department of the hospital. The option to bill for telehealth services, along with the -95 modifier, furnished by employed/contracted PTs, OTs, and SLPs using applicable audio-visual telecommunications technology applies to the following types of hospitals and institutions: Hospital – 12X or 13X (for hospital outpatient therapy services); Skilled Nursing Facility (SNF) – 22X or 23X (SNFs may, in some circumstances, furnish Part B PT/ OT/ SLP services to their own long-term residents); Critical Access Hospital (CAH) – 85X (CAHs may separately provide and bill for PT,OT, and SLP services on 85X bill type); Comprehensive Outpatient Rehabilitation Facility (CORF) – 75X (CORFs provide ambulatory outpatient PT, OT, SLP services); Outpatient Rehabilitation Facility (ORF) – 74X (ORFs, also known as rehabilitation agencies, provide ambulatory outpatient PT and SLP, as well as OT services); and Home Health Agency (HHA) – 34X (agencies may separately provide and bill for outpatient PT/OT/SLP services to persons in their homes only if such patients are not under a home health plan of care)

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

- **Originating Site:** During the COVID-19 PHE, if the beneficiary's home or temporary expansion site is considered to be a provider-based department of the hospital, and the beneficiary is registered as an outpatient of the hospital for purposes of receiving telehealth services billed by the physician or practitioner, the hospital may bill under the PFS for the originating site facility fee associated with the telehealth service

PT/OT/ST

Virtual visits for physical therapy, occupational therapy, and speech therapy have been a point of confusion for many hospitals and stand-alone therapists. The two main points of confusion are:

- 1.) If physical, occupational, and speech therapists are considered by the payor a provider qualified to perform telehealth services.
- 2.) If hospital-based physical, occupational, and speech therapists that bill for services on a UB-04 under the hospital NPI can perform virtual visits.

See the below matrix to determine what virtual visit codes therapists can bill. Telephone codes are not represented within the below matrix, as most payors have determined that PT/OT/ST services must be furnished via an audiovisual connection.

Note-Since most major payors allow for PT/OT/ST codes to be performed utilizing telehealth, our recommendation would be to utilize those codes where possible over the E-Visit codes due to reimbursement variances.

Payor	Telehealth Codes	E-Visits
Aetna	ALLOWABLE	1500 FORM-ALLOWABLE UB FORM-UNCLEAR
BCBS of AZ	ALLOWABLE	1500 FORM-ALLOWABLE UB FORM-UNCLEAR

Cigna	CONDITIONAL Allowable on 1500 form only	NOT ALLOWABLE
Medica	ALLOWABLE	1500 FORM-ALLOWABLE UB FORM-UNCLEAR
Medicare	ALLOWABLE	1500 FORM-ALLOWABLE UB FORM-UNCLEAR
Medicaid	ALLOWABLE	1500 FORM-ALLOWABLE UB FORM-UNCLEAR
UHC	ALLOWABLE	1500 FORM-ALLOWABLE UB FORM-NOT ALLOWABLE

HIPAA COMPLIANT SOFTWARE

The Office of Civil Rights (OCR) has issued the below statement, and therefore Medicare and most other payors are allowing non-HIPAA compliant software to be used for virtual visits during the PHE. However, some payors have still not waived this as requirement for payment. Refer to the HIPAA compliant statement within each payor section, or if the payor is not listed within this guide, reach out to the payor to verify their telehealth platform requirements.

Please note that public facing platforms are NOT allowed, such as Facebook Live, TikTok, Snapchat, etc.

The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, to protect the privacy and security of protected health information, namely the HIPAA Privacy, Security and Breach Notification Rules (the HIPAA Rules).

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

REFERENCES & RESOURCES

Aetna:

<https://apps.availity.com/availability/web/public.elegant.login>

<https://www.aetna.com/individuals-families/member-rights-resources/covid19.html>

Arizona Medicaid:

<https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/>

<https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/MasterIHSManual.pdf>

<https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/COVID-19EmergencyMedicalCodingGuidance.pdf>

<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

<https://azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/MedicalCodingNewsletterDec2021.pdf>

BCBS of Arizona:

<https://www.azblue.com/~media/azblue/files/healthcare/resources/tele-everything-bcbsaz-quick-reference.pdf?la=en>

<https://m.azblue.com/~media/azblue/files/healthcare/provider-elearning-covid-19>

<https://www.azblue.com/healthcareprofessionals/resource-center/telehealth/overview>

<https://www.azblue.com/~media/azblue/files/misc/ebc/administrative/telehealth%20and%20non-face-to-face%20services>

HHS

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

Cigna:

<https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>

https://static.cigna.com/assets/chcp/secure/pdf/resourceLibrary/clinReimPolsModifiers/Notifications/R31_Virtual_Care.pdf

CMS:

<https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>

<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

<https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

<https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctshs.pdf>

<https://www.cms.gov/index.php/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

<https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>

<https://www.cms.gov/files/document/covid-final-ifc.pdf>

<https://www.cms.gov/files/document/se20016.pdf>

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se>

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

<https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>

<https://www.cms.gov/files/document/se20011.pdf>

<https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year->

[1#:~:text=In%20the%20CY%202021%20PFS%20proposed%20rule%2C%20CMS%20proposed%20to,ends%20or%20December%2031%2C%202021.](#)

Medica:

<https://www.medica.com/providers>

<https://www.medica.com/~media/documents/provider/emergency-telemedicine-policy-excluding-mhcp.pdf?la=en&hash=D154D75363E094EB8C24010607883665>

<https://www.medica.com/~media/documents/provider/covid-19-preparedness-provider-faq.pdf?la=en&hash=71B81851C5046B016DD910711E6D18F4>

NARHC:

<https://narhc.org/>

<https://www.web.narhc.org/News/28271/CARES-Act-Signed-Into-Law>

UHC:

<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html>

<https://www.uhc.com/health-and-wellness/health-topics/covid-19>

<https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html>

<https://www.uhcprovider.com/content/provider/en/viewer.html?file=https%3A%2F%2Fwww.uhcprovider.com%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fpolicies%2Fcomm-reimbursement%2FCOMM-Telehealth-and-Telemedicine-Policy.pdf>

Other:

<https://www.ahip.org/covid-19-coverage-frequently-asked-questions/>

<https://legiscan.com/AZ/text/HB2454/id/2378709>

*Document Prepared By: Hayley Prosser, ruralMED Director of
Revenue Cycle Services, hprosser@ruralmed.net*