





Quick reference

Telehealth facility coding guide

Eligible providers may report virtual and telehealth visits as outlined below.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE ^E	Patient Relationship with Qualified Nonphysician Health Care Professional
MEDICARE TELEHEALTH VISITS^A 	Diabetes Self-Management Training and Medical Nutrition Therapy.	Common telehealth services include: ✓ 97802 (Medical nutrition indiv init) ✓ 97803 (Medical nutrition indiv subsq) ✓ 97804 (Medical nutrition group) ✓ G0108 (Diab manage trn per indiv) ✓ G0109 (Diab manage trn group) ✓ G0270 (MNT subs tx for change dx)	For new ^B or established patients.
VIRTUAL CHECK-IN^D 	A brief (5-10 minutes) check in with a qualified nonphysician healthcare professional ^C via telephone or other approved telecommunications device to decide whether an office visit or service is needed, or a remote evaluation of recorded video and/or images submitted by an established patient.	✓ G2010 (remote evaluation of recorded video) ✓ G2012 (brief communication tech-based service)	For established patients.
E-VISITS^D 	A communication between a patient and a qualified nonphysician health care professional through an online patient portal.	Online assessment: ✓ G2061 (5-10 minutes) ✓ G2062 (11-20 minutes) ✓ G2063 (21+ minutes)	For established patients including up to 7 days cumulative time.
TELEPHONE ASSESSMENT & MANAGEMENT 	A communication between a patient and a qualified nonphysician health care professional using the telephone.	Telephone assessment and management: ✓ 98966 (5-10 minutes) ✓ 98967 (11-20 minutes) ✓ 98968 (21+ minutes)	For new or established patients.

Notes

A Review state-specific Medicaid and third-party insurance plans to determine whether services are covered, and which codes are recognized.

B To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

C Qualified nonphysician health care professionals are currently identified in Sections 1842(b)(18)(C) and 1834(m)(4)(E) of the Social Security Act. [physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, clinical psychologists, clinical social workers, and registered

dietitians or nutrition professionals]. With the implementation of the CARES Act, LCSWs, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists were included for virtual check-ins and e-visits; expect additional information regarding billing requirements for the therapies.

D Providers may use popular *non-public facing* applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. Current waivers allow this service for both new and established patients even though the codes are defined as established.

E Services are reported on institutional claims: Report the appropriate CPT/HCPCS; Report Condition code DR, *disaster related*, on the claim (other than for DSMT/MNT) as these other services are provided under formal waiver; Report Modifier CR, *catastrophe/disaster related*, for any services directly related to COVID-19; report Modifier 95, *Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System*. Apply Modifier CS, *Cost Sharing Waived*, to services with DOS 3/18/20 through end of PHE related to assessment for or diagnosis of COVID-19 whether it results in testing or not. ■