




# Quick reference

## Telehealth professional coding guide

### UPDATED INFO

Yellow highlights denote updated content from previous published versions

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

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE <sup>C</sup>	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS<sup>A</sup></b> 	A visit with a provider that uses telecommunication systems between a provider and a patient. <sup>B</sup>	Common telehealth services include: ✓ <b>99201-99215</b> (office or other outpatient visits) ✓ <b>G0425-G0427</b> (telehealth consultations, emergency department or initial inpatient) ✓ <b>G0406-G0408</b> (follow-up inpatient telehealth consultations with beneficiaries in hospitals or SNFs) ✓ Additional E/M level visits for emergency, observation and inpatient: <b>Compliant Medicare Telehealth Services</b>	For new <sup>D</sup> or established patients.
<b>VIRTUAL CHECK-IN<sup>E</sup></b> 	A brief (5-10 minutes) check in with your provider via telephone or other approved telecommunications device to decide whether an office visit or service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	✓ <b>G2010</b> (remote evaluation of recorded video) ✓ <b>G2012</b> (brief communication tech-based service) ✓ <b>G0071</b> (brief communication tech-based service for RHC ONLY)	For established patients.
<b>E-VISITS</b> 	A communication between a patient and their provider through an online patient portal.	<b>Online digital evaluation:</b> ✓ <b>99421</b> (5-10 minutes) ✓ <b>99422</b> (11-20 minutes) ✓ <b>99423</b> (21+ minutes) <b>Online assessment:</b> ✓ <b>G2061</b> (5-10 minutes) ✓ <b>G2062</b> (11-20 minutes) ✓ <b>G2063</b> (21+ minutes)	For established patients including up to 7 days cumulative time.

### Notes

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

B Eligible providers include Physicians, Nurse practitioners, Physician assistants, Nurse-midwives, Clinical nurse specialists, Certified registered nurse anesthetists, Clinical psychologists (CP), Clinical social workers (CSWs), Registered dietitians or nutrition professionals. With the implementation of the CARES Act, RHCs are now approved as distant site providers; expect additional information regarding billing requirements.

C Qualifying professional services provided at a distant site are billed on a 1500 claim form.

✓ Submit the claim to the contractor for physician/practitioner's service area (where the practitioner providing the service is located).<sup>1</sup>

✓ Report the appropriate CPT/HCPCS for Telehealth services.<sup>2</sup>

✓ Report the Place of Service the same as if it took place face-to-face.<sup>3</sup>

✓ Apply Modifier 95, *Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System*.

✓ Apply Modifier GS, *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.

✓ Do not apply Modifier CR, *Catastrophe/disaster related*.<sup>4</sup>

✓ Report Modifier GT, *Via interactive audio and video telecommunication systems*, for Method II CAH.<sup>5</sup>

D 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.

E 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.



### Sources

1. CMS Fact Sheet FAQ for Telehealth, page 2, Distant Site Providers.
2. CMS Fact Sheet FAQ for Telehealth, pages 3-5, Table of Medicare Telehealth Services.
3. CMS Special Edition Bulletin, April 3, 2020.
4. CMS Special Edition Bulletin, April 3, 2020.
5. Medicare Claims Manual, Pub 100-04, Chapter 12, 190.6.1. ■