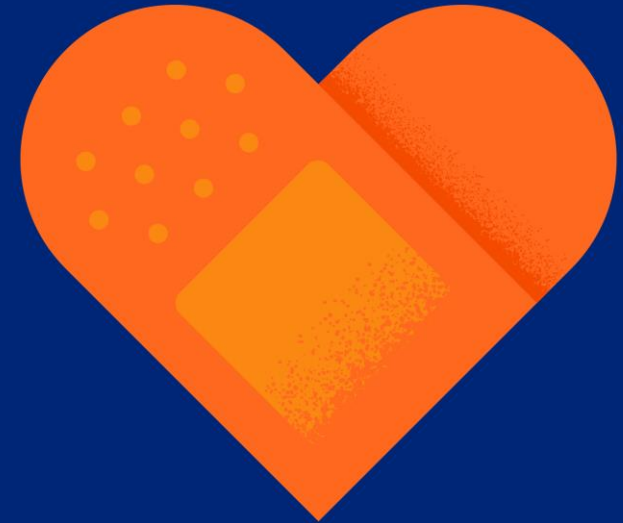




# Telehealth

UnitedHealthcare telehealth services:  
Care provider coding guidance



# Telehealth care

The following scenarios are intended as a guide to help you understand how UnitedHealthcare will reimburse telehealth services by health plan for COVID-19- and non-COVID-19-related care.

Providers are responsible for accurate claim submissions, in accordance with state and federal laws and UnitedHealthcare's reimbursement policies. The scenarios are not intended to cover every telehealth service you may perform. As such, please see [UHCprovider.com](https://www.uhcprovider.com) and UnitedHealthcare's reimbursement policies for Medicare Advantage, Medicaid and commercial. Medicaid state-specific coding may apply and differ from those illustrated in these examples.

Please refer to [UHCprovider.com/covid19](https://www.uhcprovider.com/covid19) for additional information on COVID-19 diagnosis-related claims.

**Information current as of Oct. 29, 2021**



Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state's UnitedHealthcare Community Plan website. For more details, see [UHCprovider.com/covid19](https://www.uhcprovider.com/covid19).



# Telehealth guidance by health plan

Medicare Advantage	Medicaid	Commercial
<p>During the national public health emergency (NPHE) period, providers can bill with the place of service they would normally have billed had they done the services in person, along with the appropriate telehealth modifier, as directed by CMS. (i.e., 95, GT, GQ, G0 modifier).</p> <p>Medicare Advantage plans will continue to follow current CMS guidelines in allowing the current CMS Telehealth List, including the expanded CMS code list for telehealth services and billing requirements.</p> <p>Effective Jan. 1, 2021, certain UnitedHealthcare Medicare Advantage plans will allow certain Centers for Medicare &amp; Medicaid (CMS)-eligible telehealth services when billed for members at home. For plans with this telehealth benefit, details will be outlined in the member's Evidence of Coverage (EOC) and other plan benefit documents.</p> <p>Outside of the originating site requirements for plans with the additional benefit, we'll follow the current CMS telehealth code list and billing requirements.</p> <p>Upon completion of the NPHE, eligible telehealth services will be considered for reimbursement when reported with place of service (POS) 02. Modifiers 95, GT, GQ or G0 may be appended but will be considered informational and not necessary to identify telehealth services. This is consistent with CMS billing and reimbursement guidelines.</p>	<p>Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state's UnitedHealthcare Community Plan website. For more details, see <a href="https://UHCprovider.com/covid19">UHCprovider.com/covid19</a>.</p>	<p>Starting Jan. 1, 2021, eligible telehealth services will be considered for reimbursement when reported with place of service (POS) 02. Modifiers 95, GT, GQ or G0 may be appended to telehealth claims reported with POS 02, but the modifiers will be considered informational and not necessary to identify telehealth services.</p> <p>View our updated <a href="#">telehealth policy</a>.</p>



# Telehealth scenario 1: Established patient visit with an in-network provider who uses an audio-video telecommunications system for COVID-19 or non-COVID-19 care.



Patient scenario	Visit	Billing	
		Medicare	Commercial and Medicaid
<p>Established patient presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video technology for COVID-19 or non-COVID-19 care.</p> <p>For audio-only visits, see Virtual Check-in scenarios (pages 7-8).</p>	<ul style="list-style-type: none"> <li>Scheduled or same-day telehealth visit with an established patient</li> <li>Use of HIPAA-compliant or non-HIPAA-compliant audio-video technology, such as FaceTime or Skype*</li> <li>Care is delivered by an in-network physician, nurse practitioner or physician assistant</li> </ul> <p>* U.S. Department of Health and Human Services (HHS) is exercising enforcement discretion and <u>waiving penalties for HIPAA violations</u> against health care professionals that serve patients in good faith through everyday communication technologies through the end of the NPHE.</p>	<p><b>Step 1.</b> Use appropriate Office Visit E/M code (99211-99215).</p> <p><b>Step 2.</b> Use the place of service that would have been reported had the service been furnished in person (11, 20, 22, 23).</p> <p><b>Step 3.</b> Use 95 modifier</p> <p><b>Step 4.</b> Refer to Centers for Disease Control and Prevention (CDC) ICD-10-CM Official Coding Guidelines.</p>	<p><b>Step 1.</b> Use appropriate Office Visit E/M code (99211-99215).</p> <p><b>Step 2.</b> Use the Telehealth place of service (02)</p> <p><b>Step 3.</b> No modifier required</p> <p><b>Step 4.</b> Refer to CDC ICD-10-CM Official Coding Guidelines.</p> <p><i>Medicaid * state-specific rules for modifiers and POS apply.</i></p>
<p><i>CMS will permit reporting of telehealth E/M office or other outpatient visits, based on time or Medical Decision Making (MDM). CMS will allow telehealth office visits to be selected and documented, based on total time on date of visit via CMS total time.</i></p>			



# Telehealth scenario 2: New patient visit with an in-network provider who uses an audio-video telecommunications system for COVID-19 or non-COVID-19 care.



Patient scenario	Visit	Billing	
		Medicare	Commercial and Medicaid
<p>New patient* presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video technology for COVID-19 or non-COVID-19-related care.</p> <p><i>*Subject to state law requirements.</i></p>	<ul style="list-style-type: none"> <li>Scheduled or same-day telehealth visit with a new patient</li> <li>Use of HIPAA-compliant or non-HIPAA-compliant audio-video technology, such as FaceTime or Skype*</li> <li>Care is delivered by an in-network physician, nurse practitioner or physician assistant</li> </ul> <p><i>* U.S. Department of Health and Human Services (HHS) is exercising enforcement discretion and <u>waiving penalties for HIPAA violations</u> against health care professionals that serve patients in good faith through everyday communication technologies.</i></p>	<p><b>Step 1.</b> Use appropriate Office Visit E/M code (99202-99205).</p> <p><b>Step 2.</b> Use the place of service that would have been reported had the service been furnished in person (11, 20, 22, 23).</p> <p><b>Step 3.</b> Use 95 modifier</p> <p><b>Step 4.</b> Refer to Centers for Disease Control and Prevention (CDC) ICD-10-CM Official Coding Guidelines.</p>	<p><b>Step 1.</b> Use appropriate Office Visit E/M code (99202-99205)</p> <p><b>Step 2.</b> Use the Telehealth place of service (02)</p> <p><b>Step 3.</b> No modifier required</p> <p><b>Step 4.</b> Refer to Centers for Disease Control and Prevention (CDC) ICD-10-CM Official Coding Guidelines.</p> <p><i>Medicaid * state-specific rules for modifiers and POS apply.</i></p>
<p><i>CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM). CMS will allow telehealth office visits to be selected and documented, based on total time on date of visit via CMS total time.</i></p>			



# Electronic visit (e-visit) scenario 1: Communication between an established patient and their provider through an online patient portal for COVID-19 or non-COVID-19 care.



Patient scenario	Visit	Billing
<p>Established patient sends message (e-visit) through the online patient portal or some other secure platform (i.e., MyChart).</p>	<ul style="list-style-type: none"> <li>• Patient initiates an e-visit on an issue through the provider’s online patient portal to a physician, nurse practitioner or physician assistant</li> </ul>	<p><b>Step 1.</b> Use appropriate CPT code (99421-99423).</p> <p><b>Step 2.</b> Use appropriate Place of Service (11, 20, 22, 23).</p> <p><b>Step 3.</b> No modifiers are required for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.</p> <p><b>Step 4.</b> Refer to CDC ICD-10-CM Official Coding Guidelines.</p>
<p>Established patient sends message (e-visit) through the online patient portal or some other secure platform (i.e., MyChart).</p>	<ul style="list-style-type: none"> <li>• Patient initiates an e-visit on an issue through the provider’s online patient portal to a non-qualified physician (physical, occupational and/or speech therapist)</li> </ul>	<p><b>Step 1.</b> Use appropriate CPT code (98970-98972)</p> <p><b>Step 2.</b> Use appropriate Place of Service (11, 20, 22, 23).</p> <p><b>Step 3.</b> No modifiers are required for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.</p> <p><b>Step 4.</b> Refer to CDC ICD-10-CM Official Coding Guidelines.</p>



# Virtual check-in scenario 1: A brief check-in with the provider using audio only with established patient for COVID-19 or non-COVID-19 care.



Patient scenario	Visit	Billing
<p>Established patient connects for a brief check-in by audio only (virtual check-in).</p>	<ul style="list-style-type: none"> <li>• Patient initiates a phone call with physician, nurse practitioner or physician assistant</li> <li>• Issue is not related to a medical visit within the previous seven days and not resulting in a medical visit within the next 24 hours (or soonest appointment available)</li> </ul>	<p><b>Step 1.</b> Use appropriate HCPCS code (G2012, G2252).</p> <p><b>Step 2.</b> Use appropriate Place of Service (11, 20, 22, 23).</p> <p><b>Step 3.</b> No modifiers are required for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.</p> <p><b>Step 4.</b> Refer to CDC ICD-10-CM Official Coding Guidelines.</p>
<p>Established patient connects for a brief check-in by audio only (virtual check-in).</p>	<ul style="list-style-type: none"> <li>• Patient initiates a phone call with a non-qualified physician (physical, occupational and/or speech therapist)</li> <li>• Issue is not related to a medical visit within the previous seven days and not resulting in a medical visit within the next 24 hours (or soonest appointment available)</li> </ul>	<p><b>Step 1.</b> Use appropriate HCPCS code (G2251).</p> <p><b>Step 2.</b> Use appropriate Place of Service (11, 20, 22, 23).</p> <p><b>Step 3.</b> No modifiers are required for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.</p> <p><b>Step 4.</b> Refer to CDC ICD-10-CM Official Coding Guidelines.</p>



## Virtual check-in scenario 2: A brief check-in with the provider using a recorded video and/or images submitted by established patient for COVID-19 or non-COVID-19 care.



Patient Scenario	Visit	Billing
<p>Established patient sends picture for evaluation using a brief check-in (virtual check-in).</p>	<ul style="list-style-type: none"> <li>• Patient sends a picture for evaluation to a physician, nurse practitioner or physician assistant</li> <li>• Issue is not related to a medical visit within the previous seven days and not resulting in a medical visit within the next 24 hours (or soonest appointment available).</li> </ul>	<p><b>Step 1.</b> Use appropriate HCPCS code (G2010).</p> <p><b>Step 2.</b> Use appropriate Place of Service (11, 20, 22, 23).</p> <p><b>Step 3.</b> No modifiers are required for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.</p> <p><b>Step 4.</b> Refer to CDC ICD-10-CM Official Coding Guidelines.</p>
<p>Established patient sends picture for evaluation using a brief check-in (virtual check-in) and provider follows up.</p>	<ul style="list-style-type: none"> <li>• Patient sends a picture for evaluation to a non-qualified physician (physical, occupational and/or speech therapist)</li> <li>• Issue is not related to a medical visit within the previous seven days and not resulting in a medical visit within the next 24 hours (or soonest appointment available).</li> </ul>	<p><b>Step 1.</b> Use appropriate HCPCS code (G2250).</p> <p><b>Step 2.</b> Use appropriate Place of Service (11, 20, 22, 23).</p> <p><b>Step 3.</b> No modifiers are required for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.</p> <p><b>Step 4.</b> Refer to CDC ICD-10-CM Official Coding Guidelines.</p>







# Resources

- Find the latest UnitedHealthcare COVID-19-related resources at [UHCprovider.com/covid19](https://UHCprovider.com/covid19).
- Learn more about our reimbursement policies at [UHCprovider.com/policies](https://UHCprovider.com/policies).
- For the most recent updates on COVID-19, visit the [CDC](https://www.cdc.gov) and [World Health Organization](https://www.who.int).
- For telehealth education and resources visit [UHCprovider.com/telehealth](https://UHCprovider.com/telehealth).

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