

## Temporary COVID-19 Telemedicine Policy

**Policy ADMIN-017**

**Origination Date:** 03/24/2020

**Reviewed/Revised Dates:** 03/26/2020, 04/22/2020, 06/24/2020, 08/26/2020, 02/23/2021, 07/28/2021, 12/08/2021, 07/01/2022, 05/24/2023

**Next Review Date:** 05/24/2024

**Current Effective Date:** 05/24/2023

### Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

### Description:

Telemedicine and telehealth generally refer to the electronic exchange of medical information from one site to another to improve a patient's clinical health status. Telemedicine can help eliminate distance barriers and can improve access to medical services. With the emergence of the COVID-19 virus, there is an immediate need to expand use of electronic technology to support social distancing and reduce the risk of COVID-19 transmission. This policy is intended to remove the need for travel and in-person visits where possible.

### Policy Statement and Criteria

*This policy is intend to apply only for services furnished during any portion of the emergency period defined in paragraph (1)(B) of section1135(g) of the Social Security Act or at UUHP's discretion, whichever is greater. It is not intended for guidance of routine telehealth coverage.*

#### **1. Commercial Plans** (Include Individual Marketplace, Group Fully Insured, Group Level Funded and select Group Self Insured plans)

##### A. Telehealth Urgent Care Visits

**University of Utah Health Plans covers telehealth urgent care visits through vendor solutions such as MDLive at 100% of the member's benefit for COVID-19 related diagnoses (B97.29, J12.82, Z20.822, U07.1, Z03.818 or Z20.828).** Behavioral health

and medical services unrelated to COVID-19 are covered under the standard benefit level.

B. Telehealth Visits (video)

**University of Utah Health Plans covers video telehealth visits between participating providers and members at 100% of the member's benefit for COVID-19 diagnoses (B97.29, J12.82, Z20.822, U07.1, Z03.818 or Z20.828).** Visits provided via video telehealth by a participating provider that are not related to COVID-19 are covered at the standard benefit level. *Note: exceptions may apply for self-insured groups.*

- i. Payment rates are equivalent to in-person services
- ii. Telehealth video services must be billed with POS 02, POS 10 or modifier -95
- iii. Covered CPTs include all services defined under CMS' approved list of telehealth services [<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>], Preventive Exams (CPTs 99381-99387, 99391-99397) and additional services upon clinical review and approval. Additional services may be considered based on the following minimum criteria:
  - a) A specific CPT or HCPCS exists and accurately reflects the requested service. Unlisted codes are not eligible.
  - b) Evidence or industry standards exist to support the service could be reasonably expected to provide the same outcome and standard of care as a face-to-face visit.
  - c) Generally, the requested service is of an evaluation or assessment nature and can be reasonably performed virtually, not requiring hands-on assessment.
  - d) Does not unnecessarily create administrative burden (e.g., can be appropriately billed through an existing CPT/HCPCS code)
- iv. Provider types and specialties eligible\* for video telehealth visits include (may not be a complete list):
  - a) Physicians
  - b) Nurse Practitioners
  - c) Physician Assistants
  - d) Licensed Clinical Social Workers
  - e) Registered Dietitians
  - f) Licensed Professional Counselors
  - g) Licensed Marriage and Family Therapists
  - h) Certified Nurse Midwives
  - i) Advanced Practice Registered Nurses

- j) Psychologists
- k) Board Certified Behavior Analysts
- l) Certified Nurse Anesthetists
- m) Rehab Therapists (physical, occupational, speech)
- n) Clinical Mental Health Counselors
- o) Licensed Addiction Counselors
- p) Podiatrists
- q) Advanced Practice Registered Nurses

*\*U of U Health Plans may consider additional provider types eligible for telehealth services based on the following minimum criteria:*

- *The provider is acting with the scope of his/her licensure and according to all applicable laws and regulations.*
- *Evidence or industry standards exist to support the provider type could provide the same level of care according to community standards as an in-person visit.*
- *The provider can demonstrate the ability to establish a relationship with the patient, provide for follow-up care whether directly or through appropriate referrals, transfer patient information as necessary to ensure continuity of care with other consulting or treating providers.*

C. Telephonic Visits (audio)

**University of Utah Health Plans covers telephonic visits between participating providers and members at 100% of the member's benefit for COVID-19 diagnoses (B97.29, J12.82, Z20.822, U07.1, Z03.818 or Z20.828).** Additional services not related to COVID-19, provided via telephonic visits are covered at the standard benefit level. Note: exceptions may apply for self-insured groups.

- i. Telephonic visits must be billed with the appropriate CPT and Place of Service (POS) codes:
  - a) CPT codes 99441-99443, 98967-98968
  - b) POS based on provider's location (*Do NOT bill with POS 02 or POS 10*)

D. Virtual Check-In / Brief Chat

**University of Utah Health Plans does NOT cover brief chat visits described under HCPCS codes G2010 or G2012.** These are typically short patient-initiated communications with their healthcare practitioner, generally a text message or brief phone call.

E. On-line E&M / E-visits

**University of Utah Health Plans does NOT cover On-Line E&Ms under HCPCS G2061-G2063 or CPT codes 99421-99423.** These are non-face-to-face patient-initiated communications through an online patient portal typically related to brief clarification or correspondence with a member's healthcare practitioner.

F. Prolonged Codes

**University of Utah Health Plans does NOT cover Prolonged Codes under CPTs 99358-99359 for telephonic visits.** CMS typically does not cover prolonged codes for services that are non-face-to-face visits.

## 2. Medicaid Plans

A. Telehealth Urgent Care Visits

**University of Utah Health Plans covers telehealth urgent care visits through University of Utah Health Virtual Visits at 100% of the member's benefit for COVID-19 diagnoses (B97.29, J12.82, Z20.822, U07.1, Z03.818 or Z20.828) or other medical diagnoses.**

B. Telehealth Visits (video)

**University of Utah Health Plans covers video telehealth visits between participating providers and members at the member's standard benefit level for COVID-19 diagnoses (B97.29, J12.82, Z20.822, U07.1, Z03.818 or Z20.828) or diagnoses not related to COVID-19 including medical diagnoses, and behavioral health diagnoses for Healthy U Medicaid Integrated plans and Summit County Behavioral Health plans.**

- i. Payment rates are equivalent to in-person services
- ii. Telehealth video services must be billed with POS 02, POS 10 or modifier -95
- iii. Covered CPTs include all services defined under CMS' approved list of telehealth services [<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>] Preventive Exams (CPTs 99381-99387, 99391-99397) and additional services upon clinical review and approval. Additional services may be considered based on the following minimum criteria:
  - a) A specific CPT or HCPCS exists and accurately reflects the requested service. Unlisted codes are not eligible.
  - b) Evidence or industry standards exist to support the service could be reasonably expected to provide the same outcome and standard of care as a face-to-face visit.

- c) Generally, the requested service is of an evaluation or assessment nature and can be reasonably performed virtually, not requiring hands-on assessment.
  - d) Does not unnecessarily create administrative burden (e.g., can be appropriately billed through an existing CPT/HCPCS code)
- iv. Provider types and specialties eligible\* for video telehealth visits include (may not be a complete list):
- a) Physicians
  - b) Nurse Practitioners
  - c) Physician Assistants
  - d) Licensed Clinical Social Workers
  - e) Registered Dietitians
  - f) Licensed Professional Counselors
  - g) Licensed Marriage and Family Therapists
  - h) Certified Nurse Midwives
  - i) Advanced Practice Registered Nurses
  - j) Psychologists
  - k) Board Certified Behavior Analysts
  - l) Certified Nurse Anesthetists
  - m) Rehab Therapists (physical, occupational, speech)
  - n) Clinical Mental Health Counselors
  - o) Licensed Addiction Counselors
  - p) Podiatrists
  - q) Advanced Practice Registered Nurses

*\*U of U Health Plans may consider additional provider types eligible for telehealth services based on the following minimum criteria:*

- *The provider is acting with the scope of his/her licensure and according to all applicable laws and regulations.*
- *Evidence or industry standards exist to support the provider type could provide the same level of care according to community standards as an in-person visit.*
- *The provider can demonstrate the ability to establish a relationship with the patient, provide for follow-up care whether directly or through appropriate referrals, transfer patient information as necessary to ensure continuity of care with other consulting or treating providers.*

#### C. Telephonic Visits (audio)

**University of Utah Health Plans covers telephonic visits between participating providers at the member's standard benefit level for COVID-19 diagnoses (B97.29, J12.82, Z20.822, U07.1, Z03.818 or Z20.828) or diagnoses not related to COVID-19 including medical diagnoses, and behavioral health diagnoses for Medicaid Integrated plans and Summit County Behavioral Health plans.**

- i. Telephonic visits must be billed with the appropriate CPT and Place of Service (POS) codes:
  - a) CPT codes 99441-99443
  - b) POS based on provider's location (*Do NOT bill with POS 02 or POS 10*)

D. Virtual Check-In / Brief Chat

**University of Utah Health Plans does NOT cover brief chat visits described under HCPCS codes G2010 or G2012.** These are typically short patient-initiated communications with their healthcare practitioner, generally a text message or brief phone call.

E. On-line E&M / E-visits

**University of Utah Health Plans does NOT cover On-Line E&Ms under HCPCS G2061-G2063 or CPT 99421-99423.** These are non-face-to-face patient-initiated communications through an online patient portal typically related to brief clarification or correspondence with a member's healthcare practitioner.

F. Prolonged Codes

**University of Utah Health Plans does NOT cover Prolonged Codes under CPTs 99358-99359 for telephonic visits.** CMS typically does not cover prolonged codes for services that are non-face-to-face visits.

**Additional Information:**

In all cases, coding and medical records must support services provided and diagnosis codes submitted. The provider should follow current policies regarding documentation of delivered services.

Additionally, there was a recent Executive Order through the Governor of Utah that allows medical providers "to offer telehealth services that do not comply with the security and privacy standards required by Utah law, so long as the healthcare provider notifies the patient that the service they are using does not comply with those standards, allows them to decline using the service, and takes reasonable steps to ensure that the service provided is secure and private."

University of Utah Health Plans does not require prior authorization of these services.

CMS guidance related to technology compliance, during this time, states: "A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote

communication product that is available to communicate with patients. Office of Civil Right (OCR) is exercising its enforcement discretion to not impose penalties for non-compliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency.”

Although allowed under the emergency guidance from the Health and Human Services at the federal level, Utah Medicaid policy requires providers to use HIPAA compliant means of communicating (i.e., Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet) to the greatest extent possible.

## **Clinical Rationale**

With the onset of the novel corona virus, COVID-19, pandemic the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility and risk potential viral exposure. These policy changes build on the regulatory flexibilities granted under a national emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus. The use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need is important to limiting community spread of the virus, as well as limiting the exposure to other patients and staff members thus slowing viral spread.

Under the 1135 waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

In addition to loosening of restriction of CMS coverage of telehealth under the 1135 waiver the HHS Office for Civil Rights (OCR) has exercised enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

## **Applicable Coding**

As the list of CPT codes approved for Telehealth services is dynamic and subject to change, please contact University of Utah Health Plans for the most updated list of approved services and codes.

### **CPT Codes**

**98966** Telephone assessment and management service provided by a qualified non-physician 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
- 98968** ; 21-30 minutes of medical discussion
- 99381** Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
- 99382** ; early childhood (age 1 through 4 years)
- 99383** ; late childhood (age 5 through 11 years)
- 99384** ; adolescent (age 12 through 17 years)
- 99385** ; 18-39 years
- 99386** ; 40-64 years
- 99387** ; 65 years and older
- 99391** Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
- 99392** ; early childhood (age 1 through 4 years)
- 99393** ; late childhood (age 5 through 11 years)
- 99394** ; adolescent (age 12 through 17 years)
- 99395** ; 18-39 years
- 99396** ; 40-64 years
- 99397** ; 65 years and older
- 99415** Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)
- 99417** Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15



minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

**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** ; 11-20 minutes

**99423** ; 21 or more minutes

**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

#### **HCPCS Codes**

**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

**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

**G2061** Qualified non-physician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

**G2062** ; 11-20 minutes

**G2063** ; 21 or more minutes

**G2211** Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)

**G2212** Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)

#### References:

1. Centers for Medicare and Medicaid Services (CMS) CMS Rulings. (April 14, 2020) "Ruling No.: [CMS-2020-01-R]". Accessed April 23, 2020. Available at: <https://www.cms.gov/files/document/cms-2020-01-r.pdf>
2. Coronavirus Utah.gov "Gov. Herbert Suspends Sections of Utah Statute Regarding Signature Gathering". March 26, 2020. Available at: <https://governor.utah.gov/2020/03/26/governor-issues-executive-order-relaxing-requirements-for-telehealth-providers/>
3. CPT Assistant. Special Edition "AMA Fact Sheet: Reporting Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) Laboratory Testing". Accessed March 25, 2020. Available at: <https://www.ama-assn.org/system/files/2020-03/cpt-assistant-guide-coronavirus.pdf>
4. Families First Coronavirus Response Act, Public Law No: 116-127.
5. Health and Human Services, COVID-19 & HIPAA Bulletin, Limited Waiver of HIPAA Sanctions and Penalties during a Nationwide Public Health Emergency, March 2020.
6. Utah Department of Health, Utah Medicaid Guidance Telehealth Q&A for COVID-19 Emergency, March 2020

#### Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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