



Revenue Cycle Management

COVID-19 Waiver 1135 CPT, HCPCS, ICD-10 and Telemedicine

Effective: March 17, 2020

Here's What We Know as of March 30, 2020:

Telehealth Services:

You can read the full news release from CMS [HERE](#) and access the factsheet [HERE](#).

Place of Service: "02 Telehealth"

Modifiers:

- GT- Via interactive audio and video telecommunication systems (only required by United Healthcare)
- 95- Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system (only required by United Healthcare)
- G0- Telehealth services for diagnosis, evaluation or treatment of symptoms of an acute stroke (required by CMS if applicable)
- GQ - Via asynchronous telecommunications system (only required by Cigna)
- CR – Catastrophe/disaster related (only required by Cigna when COVID-19 related)

CPT/HCPCS:

Common Telemedicine Services: visits require interactive audio and video communication that permits real-time communication between you and the patient. (example: Updox, Skype, Facetime)

- 99201-99215 New & Established Office Visit or other outpatient visits
- 99231-99233 Subsequent hospital care
- G0425-G0427 Telehealth consultation, emergency department or initial inpatient (time-based)

*For a full list of telemedicine services see the MLN Telehealth Factsheet [HERE](#)

Virtual Check-ins: are brief communication services initiated by established patients that are unrelated to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours. Verbal consent to use virtual check-in must be obtained and documented in the patient's chart prior to service.

Deductible and coinsurance for Medicare beneficiaries may apply.

- G2012 for an interactive session via telephone, audio/visual, secure text, email or patient portal.
- G2010 for a remote evaluation of recorded patient-submitted images or video

Online E-Visits: are services initiated by established patients using patient portals. Billing is captured over a 7 day period on time-based communications. Deductible and coinsurance may apply.

- 99421-99423 would apply to services performed by physicians, midwives, NP, PA, CNA, CP & RD
- G2061-G2063 would be reported for non-physician provider services such as PT, OT, etc.



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Telephone Evaluations: Time based codes used to report non-face-to-face patient services initiated by an established patient via the telephone. 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.

- 99441: 5-10 Minutes of medical discussion
- 99442: 11-20 Minutes of medical discussion
- 99443: 21-30 Minutes of medical discussion

Laboratory Services:

- U0001 (lab testing developed by CDC)
- U0002 (lab testing developed by entities other than the CDC) for laboratories conducting COVID-19 testing.
- 87635 (Effective March 13, 2020)- Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

ICD-10 Diagnosis Coding:

Effective April 1, 2020:

- U07.1 is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing.
- U07.2 is assigned to a clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available.
- The title of U07 ICD-10 Category will be changed back to 'codes for emergency use'

CDC Interim Coding:

(when related to confirmed COVID-19 for services through March 31, 2020)

- When evaluating patients with symptoms of the virus, ICD-10 coding should be applied based on patient's symptoms, if coronavirus is not confirmed by lab testing. Example: cough, shortness of breath, fever.
- Other viral pneumonia - J12.89 & B97.29
- Acute bronchitis due to other specified organisms - J20.8 & B97.29
- Bronchitis NOS, not specified as acute or chronic - J40 & B97.29
- Unspecified acute lower respiratory infection - J22 & B97.29
- Other specified respiratory disorders - J98.8 & B97.29
- Acute respiratory distress syndrome - J80 & B97.29
- Possible exposure to COVID-19 but ruled out - Z03.818
- Exposure to someone confirmed with COVID-19 - Z20.828

For more details on diagnosis coding, please see the full CDC document [HERE](#)

For the most current news releases from the CDC please visit the website [HERE](#)