



**Telehealth and other virtual services during the public health emergency (PHE)**

Information regarding COVID-19 is evolving rapidly as more cases are identified around the world and here in Florida. We want to support you in any way possible as you support our members. MMM of Florida has expanded flexibility for telehealth and other virtual services reimbursement to encourage fee-for-service providers to continue servicing our members. Below, please find the most updated list of telehealth and other virtual services to use. Updates are generated regularly according to ongoing CMS-Medicare guidelines and recommendations during this pandemic.

Please note that some guidelines and codes are valid and covered during the PHE; they are identified as such in the document.

	<b>CPT/HCPCS</b>	<b>Modifiers and POS</b>	<b>Additional documentation</b>
<b>Telehealth.</b> It requires interactive real-time audio and video	Common codes 99201-99205, 99211-99215. Please see the complete list of other services: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>	-95 with the appropriate POS, e.g., 11 (office)	Document the same components required as an in-person service  In addition, document: <ul style="list-style-type: none"> <li>• Audio and video platform used</li> <li>• Patient’s consent of doing the service virtually</li> <li>• Inform that if non-HIPAA platforms are used, like Apple FaceTime, there are potential privacy risks</li> <li>• Location of the patient and provider</li> <li>• Any other person, including the patient’s caregiver and provider’s staff. Their names and roles.</li> </ul>
<b>NON-telehealth services</b>			
E/M through telephone calls (audio only)	G2012 or 99441-99443	No modifier  Appropriate POS, e.g., 11 (office)	99441-99443 are only used during the PHE.  Besides code and CMS’s documentation requirements, the consent of the patient must be documented.
Evaluation of images and recorded audios/videos	G2010	No modifier  Appropriate POS, e.g., 11 (office)	Besides code and CMS’s documentation requirements, the consent of the patient must be documented.
E/M performed through secure emails or patient portals	99421-99423	No modifier  Appropriate POS, e.g., 11 (office)	See CPT and CMS guidelines for documentation requirements.
Inter-professional communication and health record assessment service provided by a consultative physician	99446-99448, 99451, or 99452	No modifier  Appropriate POS, e.g., 11 (office)	See CPT and CMS guidelines for documentation requirements.



**Other non-physician providers like physical/occupational therapists, psychologists, and speech-language pathologists.**

	<b>CPT/HCPCS</b>	<b>Modifiers and POS</b>	<b>Additional documentation</b>
<b>Telehealth.</b> It requires interactive real-time audio and video	See the appropriate listed code for your specialty. <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>	-95 with the appropriate POS, e.g., 11 (office) plus, if applicable, modifiers GO, GP, or GN.	Same as the above requirements.
<b>NON-telehealth services</b>			
Evaluation through telephone calls or evaluation of images and recorded audios/videos	G2010, G2012 or 98966-98968	If applicable, GO, GP, or GN  Appropriate POS, e.g., 11 (office)	G2010 and G2012 are only valid during the PHE.  Besides code and CMS's documentation requirements, the consent of the patient must be documented.
Evaluation performed through secure emails, patient portals	G2061-G2063	If applicable, GO, GP, or GN  Appropriate POS, e.g., 11 (office)	See CPT and CMS guidelines for documentation requirements.

**Please remember:**

- The protections of the [HIPAA] Privacy Rule are not set aside during an emergency”; even in “an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures.”
- Regardless of the type of service, documentation is required to support each code submitted on the bill. Please always make reference to contractual agreements, official guidelines, and resources for correct coding and reporting.

**New changes in ICD-10-CM coding for COVID-19**

<u>Confirmed cases, or presumptive positive results</u>	<ul style="list-style-type: none"> <li>• Use secondary code <b>B97.29</b> for date of service (DOS)/discharge before April 1, 2020.</li> <li>• New code <b>U07.1</b>, COVID-19, is used for DOS/discharge on or after April 1, 2020. This code could be assigned as a primary or secondary diagnosis.</li> </ul> <p><i>It is not required that a copy of the confirmatory test be available in the record or documentation of the test result. The provider's diagnostic statement that the patient has the condition would suffice.</i></p>
<u>Virus infection has not be confirmed</u>	<ul style="list-style-type: none"> <li>• Code signs and symptoms (S&amp;S), some are cough (R05), shortness of breath (SOB) (R06.02), fever (R50.9), or other S&amp;S</li> <li>• For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code Z03.818.</li> <li>• For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828.</li> </ul>