

COVID-19



UnitedHealthcare Telehealth Services:
Care Provider Coding Guidance

COVID-19



The following scenarios are intended as a guide to help you understand how UnitedHealthcare will reimburse telehealth services during the COVID-19 emergency period. You as a provider are responsible to ensure you submit accurate claims 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 during the COVID-19 emergency period. 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.



The scenarios in this document apply for dates of service March 18 through June 18, 2020, unless UnitedHealthcare extends the end date.

Telehealth Scenario 1: Established patient visit with a provider who uses an audio-video or audio-only telecommunications system for COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
<p>Established patient presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 or non-COVID-19 related care not resulting in COVID-19 diagnostic testing.</p>	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with an established patient Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><i>*United States Department of Health and Human Services (HHS) is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</i></p>	<p>Step 1. Use appropriate Office Visit E/M code (99211-99215)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. 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>

Telehealth Scenario 2: Established patient visit with a provider who uses an audio-video or audio-only telecommunications system for evaluating need for COVID-19 testing.



Patient Scenario	Visit	Billing
<p>Established patient presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for evaluating need for COVID-19 testing.</p>	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with an established patient Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><i><u>*HHS is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</u></i></p>	<p>Step 1. Use appropriate Office Visit E/M code (99211-99215)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply.</i></p>

Telehealth Scenario 3: Established patient with COVID-19 diagnosis visits with a provider who uses an audio-video or audio-only telecommunications system.



Patient Scenario	Visit	Billing
<p>Established patient, who has been confirmed positive for COVID-19, presents for a telehealth visit using HIPAA compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 related or non-COVID-19 follow-up care.</p>	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with a patient that you have seen in the past three years Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><i><u>*HHS is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</u></i></p>	<p>Step 1. Use appropriate Office Visit E/M code (99211-99215)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply.</i></p>

Telehealth Scenario 4: New patient visit with a provider who uses an audio-video or audio-only telecommunications system COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
<p>New patient* presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 or non-COVID-19 related care without COVID-19 diagnostic testing.</p> <p><i>*Subject to state law requirements.</i></p>	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with a new patient Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><i><u>*HHS is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</u></i></p>	<p>Step 1. Use appropriate Office Visit E/M code (99201-99205)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply.</i></p>

Telehealth Scenario 5: New patient visit with a provider who uses an audio-video or audio-only telecommunications system for evaluating need for COVID-19 testing.



Patient Scenario	Visit	Billing
<p>New patient* presents for a telehealth visit using HIPAA compliant or non-HIPAA-compliant audio-video or audio-only technology for evaluating need for COVID-19 testing.</p> <p><i>*Subject to state law requirements.</i></p>	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with a new patient Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><i>*HHS is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</i></p>	<p>Step 1. Use appropriate Office Visit E/M code (99201-99205)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state-specific rules for modifiers and POS apply.</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 related 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"> • Patient initiates an e-visit on an issue through the provider’s online patient portal to a physician, nurse practitioner or physician assistant 	<p>Step 1. Use appropriate CPT code (99421-99423)</p> <p>Step 2. Use appropriate Place of Service (11, 20, 22, 23)</p> <p>Step 3. No modifiers are required for commercial, Medicare Advantage or Medicaid</p> <p>Step 4. 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"> • 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) 	<p>Step 1. Use appropriate HCPCS code (G2061-G2063)</p> <p>Step 2. Use appropriate Place of Service (11, 20, 22, 23)</p> <p>Step 3. No modifiers are required for commercial, Medicare Advantage or Medicaid</p> <p>Step 4. 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 related 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"> • Patient initiates a phone call with physician, nurse practitioner or physician assistant • 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) 	<p>Step 1. Use appropriate HCPCS code (G2012)</p> <p>Step 2. Use appropriate Place of Service (11, 20, 22, 23)</p> <p>Step 3. No modifiers are required for commercial, Medicare Advantage or Medicaid</p> <p>Step 4. 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 related 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"> • Patient sends a picture for evaluation to a physician, nurse practitioner or physician assistant • 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). 	<p>Step 1. Use appropriate HCPCS code (G2010)</p> <p>Step 2. Use appropriate Place of Service (11, 20, 22, 23)</p> <p>Step 3. No modifiers are required for commercial, Medicare Advantage or Medicaid</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p>

Resources

- Find the latest UnitedHealthcare COVID-19 related resources at UHCprovider.com/covid19.
- Learn more about our reimbursement policies at 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).

Information provided by the American Medical Association does not dictate payer reimbursement policy, and does not substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.