

## COVID-19 Medicare Update – 3/27/20

### COVID-19 Testing Coding

In compliance with state and federal guidance, MVP Health Care® (MVP) **will not apply a cost-share to testing for COVID-19**, including any fees associated with an emergency room (ER) visit, urgent care (UCC), or an office visit to an in-network Provider for the purpose of **getting tested for COVID-19**. All tests performed by hospital and commercial labs (i.e., LabCorp and Quest Diagnostics) are included.

The following CPT codes should be used for COVID-19 testing for Medicare Members:

CPT Code	Description
U0001	Reported for coronavirus testing using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel.
U0002	Reported for validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).
87635	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

Claims billed with ICD-10 codes Z03.818 and Z20.828 in the first position for office, ER, or UCC visits that are for the primary purpose of testing will not apply a cost-share.

### Telehealth for Medicare Members

During the current State of Emergency related to COVID-19, telehealth visits for Medicare Members will be paid at the same rate as if the visit was in person. Effective 3/13/2020, telehealth visits billed with codes 99201-99215 with an 02 place of service and the appropriate appended modifier, "95" or "GT", will be reimbursed **at no cost-share to the Member**. This applies to all services (includes Evaluation & Management (E/M), Mental Health Counseling, and preventive services) that would have otherwise been face-to-face.

The following modifications have been made for the duration of the declared State of Emergency:

1. Location restrictions on Originating Sites: Medicare Members can be in their home for the telehealth visit.
2. Providers may conduct telehealth visits with a Member that is not already established (new patients).

Providers must use an interactive audio and video telecommunications system that permits real-time communication between the Provider ("Distant Site") and the Member ("Originating Site"). When it is possible for Covered Services to be furnished via telehealth, MVP will pay for such services. Such services should be coded at a level of care appropriate for provision through a telehealth mechanism. Providers should maintain documentation in the medical record for the level of care billed. MVP may request additional documentation to review and confirm such level of care.

### Virtual Check-In

Consistent with CMS guidance, Providers should bill the following G codes for all Medicare Members when conducting visits via telephone. **These are the only codes that may be used for Medicare Members** and will be

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covered at no cost-share to Members during the declared State of Emergency. Claims should include place of service 02 and modifiers should be appended per appropriate coding guidelines.

CPT Code	Description
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 (E/M) 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
G2010	Remote evaluation of recorded video and/or images submitted by the 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.

## Medicare E-Visits

Medicare Part B pays for E-visits, or patient-initiated online E/M conducted via a patient portal. Providers who may independently bill Medicare for E/M visits (for instance, physicians and nurse practitioners) can bill the following codes:

CPT Code	Description
99421	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
99422	Online digital E/M service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Clinicians who may not independently bill for E/M visits (examples include but are not limited to: physical therapists, occupational therapists, speech language pathologists, clinical psychologists) may provide E-visits and bill the following codes:

CPT Code	Description
G2061	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
G2062	Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
G2063	Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

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Claims should include place of service 02 and modifiers should be appended per appropriate coding guidelines.

## Summary of Medicare Telemedicine Services

Type of Service	What is the service?	HCPCS / CPT Code	Patient Relationship with Provider
<b>Medicare Telehealth Visits</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> <li>• 99201-99215 (office or other outpatient visits)</li> <li>• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> <p>For a complete list:  <a href="https://www.cms.gov/Medicare/Medicare-General-information/telehealth/telehealth-codes">cms.gov/Medicare/Medicare-General-information/telehealth/telehealth-codes</a></p>	<p>For new* or established patients.</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency</p>
<b>Virtual Check-in</b>	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	For established patients.
<b>E-Visits</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99421</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

Source: [www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet)

All services provided, as outlined herein, must be a Covered Service under the Medicare Member’s Subscriber Contract.

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