Medicare as well as the Maryland Department of Health are strongly recommending the use of Telehealth whenever possible and when medically appropriate.

**Medicare Telehealth Coding/Billing Guidelines**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>What is the Service?</th>
<th>HCPCS/CPT Code</th>
<th>Patient Relationship with Provider</th>
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</thead>
<tbody>
<tr>
<td><strong>Medicare Telehealth Visits</strong></td>
<td>A visit with a provider that uses telecommunication systems between a provider and a patient</td>
<td>Common telehealth services include:</td>
<td>For New* or Established patients.</td>
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<td>• 99201 – 99215 (Office or other outpatient visits)</td>
<td>*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</td>
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<td>• G0245 – G0427 (Telehealth consultations, emergency department or initial inpatient)</td>
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<td>• G0406 – G0407 (Follow-up in patient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</td>
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<tr>
<td><strong>Virtual Check-in</strong></td>
<td>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.</td>
<td>• HCPCS Code G2012</td>
<td>For established patients.</td>
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<tr>
<td><strong>E-Visits</strong></td>
<td>A communication between a patient and their provider through an on-line patient portal</td>
<td>• 99421</td>
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<td>• G2063</td>
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</tbody>
</table>

Always use the “-95” or “-GT” modifier to indicate that the visit took place over video

Full CMS Guidance may be found here: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

Updated 3/26/2020
Medicaid Telehealth Billing/Coding Guidelines

Per Health Secretary Robert R. Neall:

- Any provider type is permitted to render telehealth services as a distant site within their scope of practice.
- Medicaid telehealth regulations to permit the home as an originating site.
- Providers who are not able to meet in-person with a participant should make every effort to use the following technology, in order of priority:
  1. Traditional telehealth technology which meets all formal requirements is strongly preferred. (These services remain unaffected by the measures in this guidance).
  2. If Medicaid participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit the use of notebook computers, smartphones, or audio-only phones.
  3. If Medicaid participants cannot access cell-phone based video technology, audioonly telephone calls will be permitted.
- Services provided through telehealth are subject to the same program restrictions, preauthorizations, limitations and coverage that exist for the service when provided in-person.
- This expansion applies to services delivered to a Medicaid participant via fee-for-service or through a HealthChoice Managed Care Organization (“MCO”)

To bill for Telehealth services

- Providers must bill for the appropriate service code and use the “-GT” modifier to identify the claim as a Telehealth delivered service.
- Providers should bill using the place of service code that would be appropriate as if it were a non-telehealth claim.

Additional information regarding Telehealth Program requirements and FAQs may be found here: [https://mmcp.health.maryland.gov/Pages/telehealth.aspx](https://mmcp.health.maryland.gov/Pages/telehealth.aspx)

- **CareFirst**
  - Now reimbursing $20 for provider/patient phone calls using CPT code 99441
  - Copayments, deductibles, and coinsurance waived for CareFirst Video Visits

- **UnitedHealthcare**
  - A telehealth originating site includes the patient’s home or another secure location
  - Reimbursement for virtual check-ins using telephone or captured video/image for Medicaid plans (consistent with commercial and Medicare Advantage plans)

- **Aetna**
  - A telehealth originating site includes the patient’s home
  - Copayments waived for telehealth
  - Virtual check-in and remote evaluation for Medicare Advantage plans

- **Cigna**
Please note:

- Throughout this national public health emergency, Medicare will pay physicians for Telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.
- Physicians licensed in one state may provide services to Medicare beneficiaries in another state. State licensure laws still apply.
- Patients may receive telehealth services in all areas of the country and in all settings, including at their home.
- Medicare will reimburse providers for established and new patients when using audio AND video technology.
- Always use the “-95” or “-GT” modifier to indicate that the visit took place over video.
- Medicare will reimburse providers for established patients only when using telephone and E-Visits (portal).
- You MAY conduct Medicare Annual Wellness Visits via Telehealth (audio AND video only).
- Medicaid will now reimburse providers when using audio (telephone calls) only.
- Providers may reduce or waive cost-sharing for Telehealth visits paid for by federal healthcare programs.
- You must maintain documentation in the same manner as for an in-person visit or consultation, using either electronic or paper medical records.

Please contact Colleen George at cgeorge@medchi.org with any questions.