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.

Providers are responsible for accurate claim submissions 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 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.


Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state’s UnitedHealthcare Community Plan website. For more details, see UHCprovider.com/covid19.
## Telehealth Expansion

<table>
<thead>
<tr>
<th>Program or Benefit Scenario</th>
<th>Medicare Advantage*</th>
<th>Medicaid**</th>
<th>Individual and Fully Insured Group Market Health Plans ***</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth</td>
<td>Through Sept. 30, 2020</td>
<td>State regulations will apply</td>
<td>Through Sept. 30, 2020</td>
<td>UnitedHealthcare is waiving the Centers for Medicare &amp; Medicaid Services (CMS) originating site restriction. The policy changes apply to members whose benefit plans cover telehealth services and allow those patients to connect with their doctor through live, interactive audio-video or audio-only visits. UnitedHealthcare will temporarily reimburse providers for telehealth visits at parity with the rate they would receive for an inperson visit through Sept. 30, 2020, or as required by applicable law.</td>
</tr>
<tr>
<td>Virtual Check-Ins</td>
<td>Through Sept. 30, 2020</td>
<td>State regulations will apply</td>
<td>Through Sept. 30, 2020</td>
<td>Telephone evaluation and management services for both physician and qualified nonphysician health care professionals (CPT® codes 99441-99443 and 98966-98968) can also be used for new or established patients.</td>
</tr>
<tr>
<td>Electronic Visits (evisits)</td>
<td>Covered per Medicare guidelines</td>
<td>State regulations will apply</td>
<td>Through Sept. 30, 2020</td>
<td>UnitedHealthcare will reimburse for established patients to communicate with their doctors using online patient portals, using CPT codes 9942199423 and HCPCS codes G2061-G2063. For these e-visits, the patient must generate the initial inquiry, and communications can occur over a seven-day period.</td>
</tr>
</tbody>
</table>

*This date is subject to change based on direction from CMS. ** Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state’s UnitedHealthcare Community Plan website. ***Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. See [UHCprovider.com/covid19](http://UHCprovider.com/covid19) for more details.
## Telehealth Cost Share Waivers
**(copays, coinsurance and deductibles)**

<table>
<thead>
<tr>
<th>Program or Benefit Scenario</th>
<th>Medicare Advantage* and Individual and Fully Insured Group Market**</th>
<th>Medicaid</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth</td>
<td>For COVID-19 in- and out-of-network telehealth services, UnitedHealthcare is waiving cost share through the national public health emergency period. For COVID-19 in-network-only telehealth services, UnitedHealthcare will extend the cost share waiver from July 25, 2020, through Sept. 30, 2020.*  ** For non-COVID-19 in-network-only telehealth services, UnitedHealthcare will extend the cost share waiver through Sept. 30, 2020.**</td>
<td>State regulations will apply</td>
<td>* Telehealth services furnished by out-of-network providers may also qualify for coverage. Benefits will be adjudicated in accordance with the member’s health plan, if applicable.</td>
</tr>
<tr>
<td>Virtual Check-Ins</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Visits (e-visits)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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*This date is subject to change based on direction from CMS. **Changes apply to Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. ** Medicaid state-specific rules and other state regulations may apply. For Medicaid and other state-specific regulations, please refer to your specific state’s UnitedHealthcare Community Plan website. See [UHCprovider.com/covid19](https://UHCprovider.com/covid19) for more details.
**Telehealth Scenario 1:** Established patient visit with a provider who uses an audio-video or audio-only telecommunications system for COVID-19 or non-COVID19-related care.

<table>
<thead>
<tr>
<th>Patient Scenario</th>
<th>Visit</th>
<th>Billing</th>
</tr>
</thead>
</table>
| 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. | • 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 | Step 1. Use appropriate Office Visit E/M code (99211-99215). Audio-only visits for Medicare Advantage members, including DSNP members, must use audio-only E/M codes (99441-99443), as of May 13, 2020.  
Step 2. Use the place of service that would have been reported had the service been furnished in person (11, 20, 22, 23).  
Step 3. Use 95 modifier for Medicare Advantage, Medicaid* and Individual and fully insured Group Market health plans (not required for 99441-99443).  
Step 4. Refer to Centers for Disease Control and Prevention (CDC) ICD-10-CM Official Coding Guidelines.  
* U.S. Department of Health and Human Services (HHS) is exercising enforcement discretion and waiving penalties for HIPAA violations against health care professionals that serve patients in good faith through everyday communication technologies.  
Medicaid* state-specific rules for modifiers and POS apply.  
CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM).  
CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time.

**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.

<table>
<thead>
<tr>
<th>Patient Scenario</th>
<th>Visit</th>
<th>Billing</th>
</tr>
</thead>
</table>
| 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. | • 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 | **Step 1.** Use appropriate Office Visit E/M code (99211-99215). Audio-only visits for Medicare Advantage members, including DSNP members, must use audio-only E/M codes (99441-99443), as of May 13, 2020.  
  **Step 2.** Use the place of service that would have been reported had the service been furnished in person (11, 20, 22, 23).  
  **Step 3.** Use 95 modifier for Medicare Advantage, Medicaid * and Individual and fully insured Group Market health plans (not required for 99441-99443).  
  **Step 4.** Refer to CDC ICD-10-CM Official Coding Guidelines. |

* U.S. Department of Health and Human Services (HHS) is exercising enforcement discretion and waiving penalties for HIPAA violations against health care professionals that serve patients in good faith through everyday communication technologies.  

Medicaid * state-specific rules for modifiers and POS apply.  
CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM).  
CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time.
**Telehealth Scenario 3:** Established patient with COVID-19 diagnosis visits with a provider who uses an audio-video or audio-only telecommunications system.

<table>
<thead>
<tr>
<th>Patient Scenario</th>
<th>Visit</th>
<th>Billing</th>
</tr>
</thead>
</table>
| 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. | • 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 | **Step 1.** Use appropriate Office Visit E/M code (99211-99215). Audio-only visits for Medicare Advantage members, including DSNP members, must use audio-only E/M codes (99441-99443), as of May 13, 2020.  
**Step 2.** Use the place of service that would have been reported had the service been furnished in person (11, 20, 22, 23).  
**Step 3.** Use 95 modifier for Medicare Advantage, Medicaid * and Individual and fully insured Group Market health plans (not required for 99441-99443).  
**Step 4.** Refer to CDC ICD-10-CM Official Coding Guidelines. |

* U.S. Department of Health and Human Services (HHS) is exercising enforcement discretion and waiving penalties for HIPAA violations against health care professionals that serve patients in good faith through everyday communication technologies.

Medicaid * states specific rules for modifiers and POS apply.  
CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM).  
CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time.
**Telehealth Scenario 4:** New patient visit with a provider who uses an audio-video or audio-only telecommunications system for COVID-19 or non-COVID-19-related care.

<table>
<thead>
<tr>
<th>Patient Scenario</th>
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</table>
| 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. | - 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 | **Step 1.** Use appropriate Office Visit E/M code (99201-99205). Audio-only visits for Medicare Advantage members, including DSNP members, must use audio-only E/M codes (99441-99443), as of May 13, 2020.  
**Step 2.** Use the place of service that would have been reported had the service been furnished in person (11, 20, 22, 23).  
**Step 3.** Use 95 modifier for Medicare Advantage, Medicaid * and Individual and fully insured Group Market health plans (not required for 99441-99443).  
**Step 4.** Refer to CDC ICD-10-CM Official Coding Guidelines. |

*Subject to state law requirements.

* U.S. Department of Health and Human Services (HHS) is exercising enforcement discretion and waiving penalties for HIPAA violations against health care professionals that serve patients in good faith through everyday communication technologies.

Medicaid * state-specific rules for modifiers and POS apply.

CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM).

CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time.
**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.

<table>
<thead>
<tr>
<th>Patient Scenario</th>
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<th>Billing</th>
</tr>
</thead>
</table>
| 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. | • 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 | **Step 1.** Use appropriate Office Visit E/M code (99201-99205). Audio-only visits for Medicare Advantage members, including DSNP members, must use audio-only E/M codes (99441-99443), as of May 13, 2020.  
**Step 2.** Use the place of service that would have been reported had the service been furnished in person (11, 20, 22, 23).  
**Step 3.** Use 95 modifier for Medicare Advantage, Medicaid * and Individual and fully insured Group Market health plans (not required for 99441-99443).  
**Step 4.** Refer to CDC ICD-10-CM Official Coding Guidelines. |

*Subject to state law requirements.

* U.S. Department of Health and Human Services (HHS) is exercising enforcement discretion and waiving penalties for HIPAA violations against health care professionals that serve patients in good faith through everyday communication technologies.

Medicaid * state-specific rules for modifiers and POS apply.

CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM).

CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time.
**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.

<table>
<thead>
<tr>
<th>Patient Scenario</th>
<th>Visit</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Established patient sends message (e-visit) through the online patient portal or some other secure platform (i.e., MyChart).</td>
<td>• Patient initiates an e-visit on an issue through the provider’s online patient portal to a physician, nurse practitioner or physician assistant</td>
<td><strong>Step 1.</strong> Use appropriate CPT code (99421-99423). &lt;br&gt;<strong>Step 2.</strong> Use appropriate Place of Service (11, 20, 22, 23). &lt;br&gt;<strong>Step 3.</strong> No modifiers are required for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans. &lt;br&gt;<strong>Step 4.</strong> Refer to CDC ICD-10-CM Official Coding Guidelines.</td>
</tr>
<tr>
<td>Established patient sends message (e-visit) through the online patient portal or some other secure platform (i.e., MyChart).</td>
<td>• 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)</td>
<td><strong>Step 1.</strong> Use appropriate HCPCS code (G2061-G2063). &lt;br&gt;<strong>Step 2.</strong> Use appropriate Place of Service (11, 20, 22, 23). &lt;br&gt;<strong>Step 3.</strong> No modifiers are required for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans. &lt;br&gt;<strong>Step 4.</strong> Refer to CDC ICD-10-CM Official Coding Guidelines.</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>Patient Scenario</th>
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<th>Billing</th>
</tr>
</thead>
</table>
| Established patient connects for a brief check-in by audio only (virtual check-in). | • 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) | **Step 1.** Use appropriate HCPCS code (G2012).  
**Step 2.** Use appropriate Place of Service (11, 20, 22, 23).  
**Step 3.** No modifiers are required for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.  
**Step 4.** Refer to CDC ICD-10-CM Official Coding Guidelines. |
**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.

<table>
<thead>
<tr>
<th>Patient Scenario</th>
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</tr>
</thead>
</table>
| Established patient sends picture for evaluation using a brief check-in (virtual check-in). | • 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). | **Step 1.** Use appropriate HCPCS code (G2010).  
**Step 2.** Use appropriate Place of Service (11, 20, 22, 23).  
**Step 3.** No modifiers are required for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.  
**Step 4.** Refer to CDC ICD-10-CM Official Coding Guidelines. |
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 and World Health Organization.