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 plans. Medicaid state-specific coding may apply and differ from those illustrated in these examples.

**Telehealth Scenario 1:** Established patient visit with an in-network 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 an in-network 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* statespecific 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 an in-network 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 an in-network 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. |

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Medicaid* statespecific 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 an in-network provider who uses an audio-video or audio-only telecommunications system

<table>
<thead>
<tr>
<th>Patient Scenario</th>
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</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 an in-network 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. |

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Medicaid * statespecific 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 an in-network 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>
<th>Visit</th>
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</tr>
</thead>
</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 an in-network 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 an in-network 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 an in-network 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>
<th>Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established patient sends message (e-visit) through the online patient portal or</td>
<td>• Patient initiates an e-visit on an issue through the provider’s</td>
<td>Step 1. Use appropriate CPT code (99421-99423).</td>
</tr>
<tr>
<td>some other secure platform (i.e., MyChart).</td>
<td>online patient portal to a physician, nurse practitioner or physician</td>
<td>Step 2. Use appropriate Place of Service (11, 20, 22, 23).</td>
</tr>
<tr>
<td></td>
<td>assistant</td>
<td>Step 3. No modifiers are required for Medicare Advantage, Medicaid or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual and fully insured Group Market health plans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Step 4. 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</td>
<td>• Patient initiates an e-visit on an issue through the provider’s</td>
<td>Step 1. Use appropriate HCPCS code (G2061-G2063).</td>
</tr>
<tr>
<td>some other secure platform (i.e., MyChart).</td>
<td>online patient portal to a non-qualified physician</td>
<td>Step 2. Use appropriate place of service (11, 20, 22, 23).</td>
</tr>
<tr>
<td></td>
<td>(physical, occupational and/or speech therapist)</td>
<td>Step 3. No modifiers are required for Medicare Advantage, Medicaid or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual and fully insured Group Market health plans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Step 4. 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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</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>
<th>Visit</th>
<th>Billing</th>
</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.