

Managed Care Plan Provider Telehealth Resource Guide



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I. Introduction to Telehealth



What is Telehealth?

Telehealth, as defined in emergency rule 5160-1-21* of the Ohio Administrative Code (OAC), is the direct delivery of healthcare services to a patient via synchronous, interactive, real-time electronic communication comprising both audio and video elements; or activities that are asynchronous and do not have both audio and video elements such as telephone calls, images transmitted via facsimile machine, and electronic mail.

Where can Telehealth be provided?

Telehealth is an umbrella term for remote care that may include healthcare education and administration as well as real-time clinical services. Telemedicine, a subset of telehealth, describes real-time clinical healthcare services provided through electronic technology when distance separates the patient and healthcare provider.

Many clinically appropriate services that can be delivered virtually will be eligible for telehealth coverage, including but not limited to: sick visits, well visits, prenatal and postpartum care, behavioral health, and monitoring of chronic conditions. This is especially important for Medicaid members who experience a variety of access related barriers to care and social determinants of health.

Telemedicine/Telehealth services do not require a prior authorization. Prior-authorization applies to the underlying service and not the use of telehealth as a mode of delivery. Providers who are not part of an MCP's participating network should check on prior-authorization requirements for services. (See health plan links and conditions of coverage below.)

All Telemedicine/Telehealth services must be medically necessary and documented and in the applicable medical record in order to be reimbursable. Documentation may be requested to support medical necessity reviews.

*Effective November 15, 2020, the permanent version Telehealth rule, 5160-1-18, will replace the emergency version.

II. Appropriate Coding



Telehealth Visit Code Set

Modifiers: GT (any position), GQ (any position) or 95

Place of Service: 02

Any of the following procedure codes, regardless of modifier:

Code	Description
Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days	
99421	5-10 minutes
99422	11-20 minutes
99423	21+ minutes
Telephone evaluation and management service by a physician or other qualified healthcare professional who may report evaluation and management services provided to an established patient, parent, or guardian 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	
99441	5-10 minutes
99442	11-20 minutes
Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	
99457	First 20 minutes
99458	Each additional 20 minutes (list separately in addition to code for primary procedure)

Appropriate Coding



Telehealth Visit Code Set

Modifiers: GT (any position), GQ (any position) or 95

Place of Service: 02

Any of the following procedure codes, regardless of modifier:

Code	Description
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
G2010	Remote evaluation of recorded video and/or images submitted by an established 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
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 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



Telehealth Visit Code Set

Modifiers: GT (any position), GQ (any position) or 95

Place of Service: 02

Any of the following procedure codes, regardless of modifier:

Code	Description
G2061*	Qualified non-physician health care professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes
G2062*	Qualified non-physician health care professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes
G2063*	Qualified non-physician health care professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 21+ minutes

*Codes applicable to MyCare only

Other changes:

Add the following CPT and HCPCS codes to EAPG covered code list to allow new coverage under OPH:

99241-99245	99421-99423	G0425-G0427
99251-99255	99441 and 99442	Q3014
G2010	99457-99458	99281-99285
G2012	G0406-G0408	
G2061-G0263 (added only to price on crossovers, claim type C)		

III. Telehealth Patient Use Scenarios



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-COVID-19-related care.

Patient Scenario:

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.

Visit:

- 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

Billing:

- 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 and 99442), 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 GT modifier for Medicare Advantage, Medicaid and Individual and fully insured Group Market health plans (not required for 99441 and 99442).
- Step 4.** Refer to Centers for Disease Control and Prevention (CDC) ICD-10-CM Official Diagnosis Coding Guidelines.



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.

Patient Scenario:

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.

Visit:

- 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

Billing:

- 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 and 99442), 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 GT modifier for Medicare Advantage, Medicaid and Individual and fully insured Group Market health plans (not required for 99441 and 99442).
- Step 4.** Refer to CDC ICD-10-CM Official Diagnosis Coding Guidelines.



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.

Patient Scenario:

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.

Visit:

- 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

Billing:

- 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 and 99442), 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 GT modifier for Medicare Advantage, Medicaid and Individual and fully insured Group Market health plans (not required for 99441 and 99442).
- Step 4.** Refer to CDC ICD-10-CM Official Diagnosis Coding Guidelines.



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.

Patient Scenario:

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.

Visit:

- 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

Billing:

- 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 and 99442), 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 GT modifier for Medicare Advantage, Medicaid and Individual and fully insured Group Market health plans (not required for 99441 and 99442).
- Step 4.** Refer to CDC ICD-10-CM Official Diagnosis Coding Guidelines.



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.

Patient Scenario:

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.

Visit:

- 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

Billing:

- 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 and 99442), 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 GT modifier for Medicare Advantage, Medicaid and Individual fully insured Group Market health plans (not required for 99441 and 99442).
- Step 4.** Refer to CDC ICD-10-CM Official Diagnosis Coding Guidelines.



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:

Established patient sends message (e-visit) through the online patient portal or some other secure platform (i.e., MyChart).

Visit:

Patient initiates an e-visit on an issue through the provider's online patient portal to a physician, nurse practitioner or physician assistant.

Billing:

Step 1. Use appropriate CPT code (99421-99423).

Step 2. Use appropriate Place of Service (11, 20, 22, 23).

Step 3. Use GT modifier for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.

Step 4. Refer to CDC ICD-10-CM Official Diagnosis Coding Guidelines.

Patient Scenario:

Established patient sends message (e-visit) through the online patient portal or some other secure platform (i.e., MyChart).

Visit:

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)

Billing:

Step 1. Use appropriate HCPCS code (G2061-G2063).

Step 2. Use appropriate place of service (11, 20, 22, 23).

Step 3. Use GT modifier for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.

Step 4. Refer to CDC ICD-10-CM Official Diagnosis Coding Guidelines.



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:

Established patient connects for a brief check-in by audio-only (virtual check-in).

Visit:

- 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)

Billing:

Step 1. Use appropriate HCPCS code (G2012).

Step 2. Use appropriate place of service (11, 20, 22, 23).

Step 3. Use GT modifier for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.

Step 4. Refer to CDC ICD-10-CM Official Diagnosis 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.

Patient Scenario:

Established patient sends picture for evaluation using a brief check-in (virtual check-in).

Visit:

- Patient sends a picture for evaluation to a physician, nurse practitioner or physician assistant
- Medical visit within the previous seven days and not resulting in a medical visit within the next 24 hours (or soonest appointment available).

Billing:

Step 1. Use appropriate HCPCS code (G2010).

Step 2. Use appropriate place of service (11, 20, 22, 23).

Step 3. Use GT modifier for Medicare Advantage, Medicaid or Individual and fully insured Group Market health plans.

Step 4. Refer to CDC ICD-10-CM Official Diagnosis Coding Guidelines.

IV. Telehealth Health Plan Contact Information and Resources



The expansion of telehealth has provided a variety of questions on use and appropriateness. Your Managed Care Organizations strive to ensure you have the support needed and that your questions are answered as you experience greater use of telehealth services. Each organization has designated a contact below to assist with your needs. Please reach out for support as often as you need.

Plan	Plan Telehealth Contact Info
Aetna	Oh_ProviderServices@aetna.com 855-364-0974
Buckeye	BuckeyeRequests@centene.com 866-296-8731
CareSource	Ernest.neilson@caresource.com 937-307-1377
Molina	OHProviderServicesPhysician@MolinaHealthCare.Com 855-322-4079
Paramount	ProviderRelations.Paramount@ProMedica.org 800-891-2542
United	ceclinicaltransformation@uhc.com 800-600-9007

Managed Care Plan Links

- [Aetna](#)
- [Buckeye Health Plan](#)
- [CareSource](#)
- [Molina Healthcare](#)
- [Paramount Health Care](#)
- [UnitedHealthcare Community Plan of Ohio](#)