

TELEHEALTH CODING TIPS

Coding tips for Medicare Advantage risk adjustment during the COVID-19 public health emergency

In response to the COVID-19 public health emergency, the Centers for Medicare & Medicaid Services (CMS) will allow Medicare Advantage organizations to submit diagnoses for risk adjustment from synchronous telehealth visits.

Providers should know:



- Synchronous Telehealth visits are acceptable for risk adjustment.
- All Telehealth visits must have a place-of-service (POS) code 02 (Telehealth).
- Synchronous and asynchronous Telehealth visits are eligible for reimbursement.
- Participating providers that perform synchronous audiovisual Telehealth annual wellness visits during COVID-19 can qualify for a Medicare Advantage incentive payment.*

SYNCHRONOUS TELEHEALTH VISIT

Acceptable for risk adjustment.

A synchronous visit is:

- Interactive, real-time two-way audio and video communications;
- Face-to-face, using programs like Skype, Facetime, or Zoom.

Include POS code 02 (Telehealth)?

- Yes.

Include CPT® Modifier?

- Yes.
- **Must** include **Modifier 95 or GT** where applicable if the CPT code does not have audiovisual in its definition.

For example: An established patient has an E/M visit requiring CPT code 99412. If this visit is done through A/V telehealth, then CPT code 99412 has Modifier 95 appended.

ASYNCHRONOUS TELEHEALTH VISIT

Not acceptable for risk adjustment.

An asynchronous visit is:

- Limited to one medium – a phone call, email, or chat exchange;
- Not face-to-face.

Include POS code 02 (Telehealth)?

- Yes.

Include CPT Modifier?

- No.
- Modifiers are not required.

For example: CPT codes for audio-only (99441–99443) are not acceptable for risk adjustment.

For more information, visit our [Provider News Center](#).

*Checking in on members, completing an Annual/Preventive Wellness Visits through telehealth appointments, completing and submitting an ePASS® encounter and form.



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