Special coding advice during COVID-19 public health emergency

Information provided by the American Medical Association does not dictate payer reimbursement policy and does not substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

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COVID-19 UPDATE

Special coding advice during COVID-19 public health emergency

- The coding scenarios in this document are designed to apply best coding practices. The American Medical Association (AMA) has worked to ensure that all payors are applying the greatest flexibility to our physicians in providing care to their patients during this public health crisis.

- The Centers for Medicare & Medicaid Services (CMS) lifted Medicare restrictions on the use of telehealth services during the COVID-19 emergency. Key changes effective March 1, and lasting throughout the national public health emergency include:

  - 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.

  - Patients can receive telehealth services in all areas of the country and in all settings, including at their home.

  - CMS expanded the list of services eligible to be reported via telehealth (link here)

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

  - The Qualified Healthcare Professionals that are eligible for telehealth has been expanded. Additional codes for these services were also added to the CMS telehealth list.

  - CMS has clarified that telehealth services are permitted with both new and established patients.

  - Physicians can reduce or waive cost-sharing for telehealth visits.

  - Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.

- HHS Office for Civil Rights offers flexibility for telehealth via popular video chat applications, such as FaceTime or Skype, during the pandemic.

- AMA's telemedicine quick guide has detailed information to support physicians and practices in expediting implementation of telemedicine.

- Disclaimer: Information provided by the AMA contained within this Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology® manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

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Scenario 1: Patient comes to office for E/M visit, is tested for COVID-19 during the visit, test conducted at laboratory not in physician's office

Action	In-office E/M visit	Patient swab sample collected	COVID-19 test performed
Who is performing	Physician/QHP	Clinical staff (eg, RN/LPN/MA)	Laboratory
Applicable CPT Codes	99201-99205 (New Patient) 99212-99215 (Established Patient)	Swab collection included in E/M 99000, *Handling and/or conveyance of specimen for transfer from office to a laboratory*, if applicable	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828		
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	N/A	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory

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Scenario 1a: Patient comes to office for E/M visit, is tested for COVID-19 in office during the visit, test conducted in office

Action	In-office E/M visit	Patient swab sample collected	COVID-19 test performed in office[1]
Who is performing	Physician/QHP	Clinical staff (eg, RN/LPN/MA)	Physician Office
Applicable CPT Codes	99201-99205 (New Patient) 99212-99215 (Established Patient)	Included in E/M	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828 U07.1, COVID-19 *(Effective April 1, 2020 -* CDC Announcement*)*		
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	N/A	N/A – reported on same claim
Notes	1 Contact third-party payor for applicable reimbursement policies concerning in-office laboratory testing.		

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Scenario 2: Patient comes to office for E/M visit re: COVID-19 and is directed to an external testing site (not affiliated with physician)

Action	In-office E/M visit	Patient swab sample collected	COVID-19 test performed
Who is performing	Physician/QHP	Testing Site	Laboratory
Applicable CPT Codes	99201-99205 (New Patient) 99212-99215 (Established Patient)	99001 Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828		
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	**COVID-19 test orders given to patient**	**Patient presents physician/QHP test orders to testing personnel**	

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Scenario 3: Patient received telehealth visit re: COVID-19, and is directed to go to their physician's office or physician's group practice site for testing

Action	Patient evaluated for COVID-19 testing need: E/M Telehealth [1] [2] OR Telephone visit		Pt goes to site	Throat swabs taken at site	Swab to lab	COVID-19 test performed
Who is performing	Physician / QHP			Clinical Staff (eg, RN/LPN/MA)		Laboratory team
Applicable CPT Code(s)	**E/M Telehealth [1] [2] [3]**	**Telephone Visit** New and Established Patients	Patient directed to proceed to office for COVID-19 testing	99211 (separate day) 99000 (if code requirements are met)		87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

E/M Telehealth detail

New Patient	CPT Typical Time	CMS Typical Time[4]
99201	10 min	17 min
99202	20 min	22 min
99203	30 min	29 min
99204	45 min	45 min
99205	60 min	67 min

Established Patient	CPT Typical Time	CMS Typical Time[4]
99212	10 min	16 min
99213	15 min	23 min
99214	25 min	40 min
99215	40 min	55 min

Telephone Visit codes:
99441 (5-10 min) Payer guidelines may vary
99442 (11-20 min) Payer guidelines may vary
99443 (21-30 min) Payer guidelines may vary

Additional rows

	Patient evaluated...	Pt goes to site	Throat swabs taken at site	Swab to lab	COVID-19 test performed
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 / Possible exposure to COVID-19, ruled out Z03.818 / Contact with COVID-19, Suspected exposure Z20.828				
Place of Service (POS)	11 Physician Office / 19 Off Campus Outpatient Hospital / 20 Urgent Care Facility / 22 On Campus Outpatient Hospital		11 Physician Office		11 Physician office / 19 Off Campus Outpatient Hospital / 22 On Campus Outpatient Hospital / 81 Independent Laboratory

Notes
1. CMS requires use of modifier 95 for telehealth services; other payors may require its use
2. Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.
3. CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM)
4. CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time

Office for Civil Rights at HHS provides flexibility on audio/visual tools
Medicare will pay telehealth at in-person rates and not conduct audits to ensure prior relationship with patient

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Scenario 4: Patient received telehealth visit re: COVID-19, and is directed to unaffiliated testing site (not affiliated with physician/health care facility or laboratory)

Action	Patient Evaluated for COVID-19 testing need: E/M Telehealth [1] [2] OR Telephone visit				Pt goes to testing site	Throat swabs taken at remote testing site, delivered to lab	Coronavirus test performed
Who is performing	Physician / QHP					Testing Site	Laboratory team
Applicable CPT Code(s)	E/M Telehealth [1] [2] [3]			Telephone Visit New and Established Patients		99001 Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
	New Patient			99441 (5-10 min) Payer guidelines may vary			
		CPT Typical Time	*CMS Typical Time[4]*				
	99201 99202 99203 99204 99205	10 min 20 min 30 min 45 min 60 min	17 min 22 min 29 min 45 min 67 min	99442 (11-20 min) Payer guidelines may vary			
	Established Patient			99443 (21-30 min) Payer guidelines may vary			
		CPT Typical Time	*CMS Typical Time[4]*				
	99212 99213 99214 99215	10 min 15 min 25 min 40 min	16 min 23 min 40 min 55 min				
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828						
Place of Service	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital					15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. 3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) 4 CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time Office for Civil Rights at HHS provides flexibility on audio/visual tools Medicare will pay telehealth at office visit rates and not conduct audits to ensure prior relationship with patient **COVID-19 test orders given to patient**					**Patient presents physician/QHP test orders to testing personnel**	

Scenario 5: Patient receives virtual check-in/online visit re: COVID-19 (not related to E/M visit), and is directed to come to their physician office for testing

Action	Patient evaluated for COVID-19 testing need: Online digital E/M	Pt goes to office	Throat swab taken in office	Swab sent to lab	COVID-19 test performed
Who is performing	Physician / QHP		Clinical Staff (eg, RN/LPN/MA)		Laboratory team
Applicable CPT Code(s)	New or Established Patient 99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min) Payer guidelines may vary G2010 Remote Image G2012 Virtual Check-In	Patient directed to proceed to office for COVID-19 testing	99211 (separate day) 99000 (if code requirements are met)		87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828				
Place of Service (POS)	11 Physician Office or other applicable site of the practitioner's normal office location		11 Physician Office		11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes					

Scenario 6: Patient receives virtual check-in/online visit re: COVID-19 and is directed to unaffiliated testing site (not affiliated with physician/health care facility or laboratory)
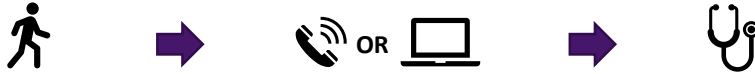
Action	Patient evaluated for COVID-19 testing need: Online digital E/M	Pt goes to testing site	Throat swab taken at testing site, delivered to lab	COVID-19 test performed
Who is performing	Physician / QHP		Testing Site	Laboratory team
Applicable CPT Code(s)	New or Established Patient 99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min) Payer guidelines may vary G2010 Remote Image G2012 Virtual Check-In		99001 Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
COVID-19 focused ICD-10 CM codes	Asymptomatic, no known exposure, results unknown or negative Z11.59 Possible exposure to COVID-19, ruled out Z03.818 Contact with COVID-19, Suspected exposure Z20.828			
Place of Service	11 Physician Office or other applicable site of the practitioner's normal office location		15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	**COVID-19 test orders given to patient**		**Patient presents physician/QHP test orders to testing personnel**	

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Scenario 7: Physician orders remote physiologic monitoring following patient quarantined at home after receiving COVID-19 diagnosis

Action	Patient receives initial set-up of monitoring device and education on its use		Remote physiologic monitoring treatment management services (First 20 minutes)	Remote physiologic monitoring treatment management services (Each additional 20 minutes)		Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient to physician/QHP (Minimum of 30 minutes)
Who is performing	Physician/QHP/Clinical Staff		Physician/QHP	Physician/QHP		Physician/QHP
Applicable CPT Code(s)	99453 Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	**+**	99457 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; first 20 minutes	99458 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; each additional 20 minutes (List separately in addition to code for primary procedure)	**OR**	99091 Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
Place of Service	11 Physician Office or other applicable site of the practitioner's normal office location		11 Physician Office or other applicable site of the practitioner's normal office location	11 Physician Office or other applicable site of the practitioner's normal office location		11 Physician Office or other applicable site of the practitioner's normal office location
Notes	(Do not report 99453 for monitoring of less than 16 days)		(Report once per calendar month, regardless of number of parameters monitored)	(Use 99458 in conjunction with 99457)		Report once per 30 days (Do not report in conjunction with 99457 or 99458)

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Scenario 8 – (COVID-19 or Non-COVID-19 case): Patient receives virtual check-in OR on-line visits via patient portal/e-mail (not related to E/M visit) OR telephone call from qualified nonphysician (those who may not report E/M)

Action	Communication method	Patient evaluated	
Who is performing		Physician / QHP	Qualified nonphysician (may not report E/M)
Applicable CPT Code(s)	Virtual Check-Ins Telephone	G2010 Remote Image G2012 Virtual Check-In	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)
	Online Visits (eg EHR portal, secure email; allowed digital communication)	99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min)	98970/G2061 (5-10 min) 98971/G2062 (11-20 min) 98972/G2063 (21 or more min)
Applicable ICD-10 CM codes		Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19 (Effective April 1, 2020 -* CDC Announcement*)*	
Place of Service		11 Physician Office or other applicable site of the practitioner's normal office location	

A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit

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Scenario 9: (COVID-19 or Non-COVID-19 case): Telehealth / Telephone visit

Action	Patient evaluated via: E/M Telehealth, Telephone Visit			
Who is performing	Physician / QHP			
Applicable CPT Code(s)	E/M Telehealth [1] [2]			Telephone Visit New and Established Patients
	New Patient			
		CPT Typical Time	CMS Typical Time[4]	
	99201 99202 99203 99204 99205	10 min 20 min 30 min 45 min 60 min	17 min 22 min 29 min 45 min 67 min	99441 (5-10 min) 99442 (11-20 min)
	Established Patient			
		CPT Typical Time	CMS Typical Time[4]	99443 (21-30 min)
	99212 99213 99214 99215	10 min 15 min 25 min 40 min	16 min 23 min 40 min 55 min	
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19* (*Effective April 1, 2020* - CDC Announcement)			
Place of Service	11 Physician Office or other applicable site of the practitioner's normal office location			
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. 3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) 4 CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time			

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Scenario 10: (COVID-19 or Non-COVID-19 case): Telehealth visit: Emergency Department

Emergency

Action	Patient evaluated via: E/M Telehealth [1][2]
Who is performing	Physician / QHP
	New or Established Patient
	99281 (self limited or minor) 99282 (low to moderate severity) 99283 (moderate severity) 99284 (high severity, <u>no</u> immediate significant threat to life or physiologic function) 99285 (high severity, immediate significant threat to life or physiologic function)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19 (Effective April 1, 2020 -* <u>CDC Announcement</u>)
Place of Service	23 Emergency Room - Hospital
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.

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Scenario 11: (COVID-19 or Non-COVID-19 case): Telehealth visit: Observation Care

Action	Patient evaluated via: E/M Telehealth [1] [2]	
Who is performing	Physician / QHP	
Applicable CPT Code(s)	Initial Observation Care[1] [2]	Subsequent Observation Care[1] [2]
	99218 (typical time 30 min) 99219 (typical time 50 min) 99220 (typical time 70 min)	99224 (typical time 15 min) 99225 (typical time 25 min) 99226 (typical time 35 min)
	Observation Care Discharge[1] [2]	Observation or Inpatient Hospital Care (admit and discharge same day)[1] [2]
	99217	99234 (typical time 40 min) 99235 (typical time 50 min) 99236 (typical time 55 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19* (*Effective April 1, 2020* - CDC Announcement)	
Place of Service	19 Off Campus – Outpatient Hospital 22 On Campus – Outpatient Hospital	
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.	

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Scenario 12: (COVID-19 or Non-COVID-19 case) Telehealth: Initial and Subsequent Hospital Care, Discharge Day Management

Action	Patient evaluated via: E/M Telehealth [1][2]		
Who is performing	Physician / QHP		
Applicable CPT Code(s)	Initial Hospital Care[1][2]	Subsequent Hospital Care[1][2]	Hospital Discharge Services[1][2]
	99221 (typical time 30 min) 99222 (typical time 50 min) 99223 (typical time 70 min)	99231 (typical time 15 min) 99232 (typical time 25 min) 99233 (typical time 35 min)	99238 (30 min or less) 99239 (more than 30 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19 (Effective April 1, 2020* – CDC Announcement)		
Place of Service	21 Inpatient Hospital		
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.		

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Scenario 13: (COVID-19 or Non-COVID-19 case) Telehealth: Critical Care

Action	Patient evaluated via: E/M Telehealth [1] [2]
Who is performing	Physician / QHP
Applicable CPT Code(s)	Critical Care Services [1] [2]
	99291 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
	+ 99292 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) (Use 99292 in conjunction with 99291)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19* (*Effective April 1, 2020* – CDC Announcement)
Place of Service	Report applicable site of care
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.

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Scenario 14: (COVID-19 or Non-COVID-19 case) Telehealth:
Inpatient Neonatal and Pediatric Critical Care

Action	Patient evaluated via: E/M Telehealth [1] [2]		
Who is performing	Physician / QHP		
Applicable CPT Code(s)	E/M Telehealth [1] [2]		
	28 Days of age or younger	*29 Days – 24 months of age*	*2 through 5 years of age*
	99468 **Initial inpatient neonatal critical care**, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger 99469 **Subsequent inpatient neonatal critical care**, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	99471 **Initial inpatient pediatric critical care**, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age 99472 **Subsequent inpatient pediatric critical care**, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	99475 Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age 99476 **Subsequent inpatient pediatric critical care**, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19 (Effective April 1, 2020 -* [CDC Announcement](#))		
Place of Service	21 Inpatient Hospital		
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.		

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Scenario 15: (COVID-19 or Non-COVID-19 case) Telehealth:
Initial and Continuing Intensive Care Services

Action	Patient evaluated via: E/M Telehealth [1] [2]			
Who is performing	Physician / QHP			
Applicable CPT Code(s)	E/M Telehealth [1] [2]			
	Initial hospital care neonate (28 days or younger)	*Subsequent intensive care*		
		Recovering very low birth weight infant (present body weight less than 1500 grams)	*Recovering low birth weight infant (present body weight 1500-2000 grams)*	*Recovering infant (present body weight 2501-5000 grams)*
	99477	99478	99479	99480
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19* **(***Effective April 1, 2020 -* CDC Announcement)			
Place of Service	21 Inpatient Hospital			
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.			

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Scenario 16: (COVID-19 or Non-COVID-19 case) Telehealth:
Home Visits

Action	Patient evaluated via: E/M Telehealth [1] [2]	
Who is performing	Physician / QHP	
Applicable CPT Code(s)	E/M Telehealth [1] [2]	
	New Patient	*Established Patient*
	99341 (typical time 20 min) 99342 (typical time 30 min) 99343 (typical time 45 min) 99344 (typical time 60 min) 99345 (typical time 75 min)	99347 (typical time 15 min) 99348 (typical time 25 min) 99349 (typical time 40 min) 99350 (typical time 60 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19* **(***Effective April 1, 2020 -* CDC Announcement**)**	
Place of Service	12 Home	
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.	

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Scenario 17: (COVID-19 or Non-COVID-19 case) Telehealth: Initial and Subsequent Nursing Facility Visits, Discharge Day Management

Action	Patient evaluated via: E/M Telehealth [1] [2]		
Who is performing	Physician / QHP		
Applicable CPT Code(s)	Initial Nursing Facility Care[1] [2]	Subsequent Nursing Facility Care[1] [2]	Nursing Facility Discharge Services [1] [2]
	99304 (typical time 25 min) 99305 (typical time 35 min) 99306 (typical time 45 min)	99307 (typical time 10 min) 99308 (typical time 15 min) 99309 (typical time 25 min) 99310 (typical time 35 min)	99315 (30 min or less) 99316 (more than 30 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19* *(Effective April 1, 2020 -* CDC Announcement*)*		
Place of Service	31 Skilled Nursing Facility 32 Nursing Facility		
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.		

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Scenario 18: (COVID-19 or Non-COVID-19 case) Telehealth: Domiciliary, Rest Home or Custodial Care Services

Action	Patient evaluated via: E/M Telehealth [1] [2]	
Who is performing	Physician / QHP	
	E/M Telehealth [1] [2]	
	New Patient	*Established Patient*
	99327 (typical time 60 min) 99328 (typical time 75 min)	99334 (typical time 15 min) 99335 (typical time 25 min) 99336 (typical time 40 min) 99337 (typical time 60 min)
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19* **(***Effective April 1, 2020* - CDC Announcement)	
Place of Service	13 Assisted Living Facility 14 Group Home 33 Custodial Care Facility 54 Intermediate Care Facility	
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.	

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