

Telemedicine/E-visit Cheatsheet

Updated March 26th, 2021

Insurance	Type of Visit	Code/ Modifiers	Platform	Documentation	Other
Medicare	E-visits	G0261: \$12.27 5-10 minutes G2602: \$21.65 11-20 minutes G2603: \$33.95 21-30 minutes One code 7 day consecutive visits (if provider in clinic is POS 11, 12 from home) apply CR for part B, for institution apply DR condition code and CR	Must be video if able, may be able to perform telephone if patient doesn't have access to phone Facetime, Skype, google Hangouts, Facebook messenger, no public platforms	Show patient initiated and consented to e-visits, describe skilled service provided, including clinical decision making and total time spent	Can waive copays, cannot be done for a new eval
Tricare	Telemedicine	Normal codes	Must use video platform that is hipa compliant	Typically documentation just state via video platform in note	Can waive copays, cannot be done for a new eval
Aetna	E-visits and telephone visits	98970 5-10 minutes 98971 11-20 minutes 98972 21-30 minutes  Telephone 98966 5-10 minutes , 98967 11-20 minutes 98968 21-30 minutes	Facetime, Skype, Google Hangouts, Facebook messenger, no public platforms	Show patient initiated and consented to e-visits, describe skilled service provided, including clinical decision making and time spent	Can waive copays, cannot be done for a new eval
Cigna Commercial and Cigna Medicare Advantage	Calling it Virtual care	97165 (OT) 97166 (OT) 97167 (OT) 97161 (PT) 97162 (PT) 97110 (PT) GQ modifier	Facetime, Skype, Google hangouts, Facebook messenger, no public platforms	Typical documentation just state via video platform in note	Can waive copays, cannot be done for a new eval
United HealthCare Commercial and Advantage plans	E-Visit	G0261: 5-10 minutes G2602: 11-20 minutes G2603: 21-30 minutes	Facetime, Skype, Google hangouts, Facebook messenger, no public platforms	Show patient initiated and consented to e-visits, describe skilled service provided, including clinical decision making and time spent	For established patients, cannot be done for a new eval

BCBS	Most BCBS plans telemedicine and payment rates as in clinic visits	Normal codes, document point of service (11 is clinic) (12 is home)		Typical documentation just state via video platform in note	Check with each plan
Medicare replacement plans	Have to follow Medicare guidelines at minimum, except Cigna	Most are using G codes or 98970, 98971, 98972			Can waive copays
Medicaid	Is covered state by state, are very specific as to what providers can provide services. Typical OTs/ PTs are not listed or covered				Can waive copays
WorkComp	State by state and carrier by carrier (check with case managers)	Normal codes as if in clinic			
Other commercial	Ask these questions, how many visits, what codes to bill, do in clinic authorizations apply, can PTA and COTAs treat, what place of service codes, can is be done by phone				

**TYPICALLY NO PTA OR COTA FOR E-visits**

Health and Human Service (HHA): issued waiver. Allows providers to use different types of communication platforms as long as they are private. These include Zoom, Skype, Google Hangouts, Face Time. Cannot use public platforms.

Some states with Telehealth with act of shelter in place have included that all Telehealth must be covered and paid for on the same basis as in clinic visits except Medicare and Medicare Replacement plans. These states include the following: California (video or telephone), Illinois (no cost sharing) - can't charge copays or coinsurance, Massachusetts, and Arizona. Chances are other states may jump on this plan.

Patients are not getting the same value as in clinic so be cautious with collecting copays

**(this is the best of our knowledge and with the best of intention)**  
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