



## Update: Billing Guidelines for COVID-19 Related Services and Telehealth Services during the Public Health Emergency

December 17, 2020

To ensure accurate claims payment, please follow the guidelines below when billing for COVID-19 related services and telehealth services during the Public Health Emergency (PHE).

### Billing Guidelines for COVID-19 Related Services

For Dates of Service	Submit
Beginning with Feb. 4, 2020	COVID-19 related services with modifier CS on professional claims including outpatient, urgent, emergent, observation and inpatient services. <b>Important!</b> <ul style="list-style-type: none"> <li>The CS modifier should not be used for services not related to COVID-19.</li> <li>For Medicare claims, <b>facilities</b> should <b>not</b> include the CS modifier for COVID-19 testing services.</li> </ul>
Between Feb. 4, 2020 and March 31, 2020	COVID-19 related treatment services with diagnosis B97.29 on the claim.
Beginning with April 1, 2020	COVID-19 related treatment services with diagnosis U07.1.
Note: Diagnoses codes Z03.818 and Z20.828 will also be accepted if appropriate.	

### Billing Guidelines for Telehealth Services During the PHE

HAP has aligned its billing requirements for telehealth services with the Centers for Medicare and Medicaid Services.

For Dates of Service	Bill with
On or after March 1, 2020 and for the duration of the PHE	<ul style="list-style-type: none"> <li>Place of Service (POS) equal to what it would have been had the service been furnished in-person and use modifier 95, indicating the service rendered was actually performed via telehealth</li> <li><b>Traditional telehealth services:</b> Traditional telehealth services professional claims should reflect the designated POS code 02-Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site.</li> </ul>
<b>Note:</b> <ul style="list-style-type: none"> <li>The CR modifier is not required on telehealth services. However, consistent with current rules for telehealth services, there are two scenarios where modifiers are required on Medicare telehealth professional claims:               <ul style="list-style-type: none"> <li>Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier</li> <li>Furnished for diagnosis and treatment of an acute stroke, use G0 modifier</li> </ul> </li> <li>There are no billing changes for institutional claims.</li> <li>Critical access hospital method II claims should continue to bill with modifier GT.</li> </ul>	

All guidelines above are applicable to all HAP and HAP Empowered lines of business.

#### Important!

On September 8, 2020, the AMA published CPT code that accounts for extra provisions to ensure patient and provider safety during a public health emergency. CMS announced on October 27 it has assigned CPT 99072. HAP is following CMS guidelines and considers it to be bundled with whatever service was provided that day.

We are working to enhance our systems based on the recent regulatory changes that have been published. If you believe a claim requires review, please follow HAP's appeals process.