

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance
Oversight
200 Independence Avenue SW
Washington, DC 20201



Risk Adjustment Telehealth and Telephone Services During COVID-19 FAQs
April 27, 2020

(Updated on August 3, 2020)

Question: In light of the COVID-19 pandemic, can CMS clarify which telehealth services are valid for data submissions for the HHS-operated risk adjustment program?

Response: Any service provided through telehealth that is reimbursable under applicable state law¹ and otherwise meets applicable risk adjustment data submission standards² may be submitted to issuers' External Data Gathering Environment (EDGE) servers for purposes of the Department of Health and Human Services (HHS)-operated risk adjustment program.³ If a code submitted to an issuer's EDGE server is descriptive of a face-to-face service furnished by a qualified healthcare professional and is an acceptable source of new diagnoses, it will be included in the risk adjustment filtering.⁴ Telehealth visits are considered equivalent to face-to-face interactions, but they are still subject to the same requirements regarding provider type and diagnostic value.

Some codes for services that are eligible for inclusion in risk adjustment explicitly mention telehealth, such as the emergency department or initial inpatient telehealth consultation Healthcare Common Procedure Coding System (HCPCS) codes (G0425, G0426 and G0427). Other examples of such codes include those for follow-up telehealth consultations furnished in hospitals or skilled nursing facilities (G0406, G0407, G0408, G0459, G0508, and G0509). Furthermore, many additional services can be furnished in the telehealth setting, and this can be reflected in the data submissions with the addition of a modifier code (95/ GQ/ GT) and/or with a place of service code "02." Changing the modifier or place of service for an otherwise acceptable

¹ Applicable state law refers to the laws of the state, in which the issuer is licensed, for services that are rendered by a health care professional licensed in the state in which he or she practices and if required, in the state in which the enrollee resides.

² EDGE Server Business Rules are posted to REGTAP at (login required):
https://www.regtap.info/reg_library_openfile.php?id=37&type=k.

³ Beginning with the 2017 benefit year, HHS has operated the risk adjustment program under section 1343 of the Patient Protection and Affordable Care Act on behalf of all states and the District of Columbia.

⁴ For more information on risk adjustment filtering, see discussion in prior years' "Do It Yourself (DIY)" Software Documentation; the 2019 Benefit Year Risk Adjustment Updated HHS-Developed Risk Adjustment Model Algorithm DIY is available at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CY2019-DIY-instructions.04.15.2020.pdf>.

face-to-face service to telehealth or telephone-only has no impact on the inclusion of specific services for purposes of the risk adjustment program because, as mentioned above, these settings are considered equivalent to the face-to-face setting for purposes of the HHS-operated risk adjustment program.

In response to the COVID-19 pandemic and the increased need to expand the use of telehealth and virtual care, HHS will be designating nine e-visit codes, new for calendar year 2020, as valid for 2020 benefit year HHS-operated risk adjustment data submissions, subject to applicable state law requirements. This newly released group of Current Procedural Technology (CPT) codes (98970-98972,⁵ 99421-99423) and HCPCS codes (G2061-G2063), which were effective January 1, 2020, are generally for short online assessments where qualified healthcare professionals review patient input and determine whether an office visit is warranted. These e-visit codes allow for online evaluation and management (E&M) or professional assessment conducted via a patient portal, including subsequent communication with the patient through online, telephone, email, or other digitally-supported communication. The e-visit CPT set is for use by physicians and non-physician qualified health professionals who may independently bill for E&M visits. The e-visit HCPCS code set is for use by non-physician qualified health professionals who may not be able to bill independently for E&M visits (e.g., clinical psychologists). Due to the expansion and encouragement of telehealth and virtual services during the COVID-19 pandemic, these e-visit codes will be valid for diagnosis filtering purposes in risk adjustment data submissions for the 2020 benefit year.⁶ Risk adjustment eligible diagnosis codes provided via allowable telehealth and virtual services will be validated in HHS risk adjustment data validation in the same manner as risk adjustment diagnosis codes provided via in-person services are validated. HHS also intends to reconsider these codes' inclusion for future benefit years, as may be appropriate (e.g., if the COVID-19 public health emergency continues into the 2021 benefit year).

Question: In light of the COVID-19 pandemic, can HHS clarify which telephone service codes are valid for data submissions for the HHS-operated risk adjustment program?

Response: Recognizing the continuing increased need for providing telephone and virtual services during the COVID-19 public health emergency, HHS has given additional consideration to the treatment of telephone-only services in the HHS-operated risk adjustment program and is announcing additional codes that will be valid for 2020 benefit year data submissions for the HHS-operated risk adjustment program. HHS will designate diagnosis codes from telephone-only service CPT codes (98966-98968, 99441-99443) as valid for risk adjustment diagnosis filtering purposes in risk adjustment data submissions for the 2020 benefit year,⁷ subject to applicable state law requirements.

⁵ This list of codes is updated from the April 27, 2020 FAQ to include 3 additional e-visit codes (98970-98972). All 9 e-visit codes (98970-98972, 99421-99423, G2061-G2063) will be designated as valid for the 2020 benefit year HHS-operated risk adjustment data submissions, subject to applicable state law requirements.

⁶ These e-visit codes will be incorporated in the 2020 DIY software final version. We release interim versions of DIY software, ahead of the final version, and these codes should appear in the next initial 2020 software updates.

⁷ Ibid.

Like telehealth visits, telephone-only services are subject to the same requirements regarding provider type and diagnostic value and must be reimbursable under applicable state law. We recognize that many conditions cannot be diagnosed telephonically but will defer to applicable coding and diagnosis guidelines setting groups (e.g., American Medical Association) on what a permissible diagnosis telephonically may be.⁸ Risk adjustment eligible diagnosis codes provided via allowable telehealth and telephone-only services will be validated in HHS' risk adjustment data validation in the same manner as risk adjustment diagnosis codes provided via in-person services are validated. We also intend to reconsider these codes' inclusion for future benefit years, as may be appropriate (e.g., if the COVID-19 public health emergency continues into the 2021 benefit year).

Questions about these FAQs can be addressed to RARIPaymentOperations@cms.hhs.gov, please specify, "HHS-RA COVID-19 Question" in the subject line.

⁸ For example, the American Medical Association has provided several resources specific to use and coding of communication technology based services (including telephonic service) during the COVID-19 pandemic: <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice> or <https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance>