
Risk Adjustment Telehealth and Telephone Services During COVID-19 FAQs
April 27, 2020
(April 29, 2022 Update)¹

Question: In light of the COVID-19 pandemic, can the Department of Health and Human Services (HHS) 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 law² and otherwise meets applicable risk adjustment [data submission standards](#) may be submitted to issuers' External Data Gathering Environment (EDGE) servers for purposes of the 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, and they are 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). Similar examples 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

¹ In response to the COVID-19 pandemic and the continued need to use telehealth and virtual care options, HHS is extending policies related to the treatment of telehealth and telephone-only services that were put in place for the 2020 and 2021 benefit years to the 2022 benefit year for the purposes of the HHS-operated risk adjustment program under section 1343 of the Affordable Care Act.

² 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.

³ Beginning with the 2017 benefit year, HHS has operated the risk adjustment program under section 1343 of the 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 most recent version of the 2021 Benefit Year Risk Adjustment Updated HHS-Developed Risk Adjustment Model Algorithm DIY (released April 13, 2022) is available at: <https://www.cms.gov/sites/default/files/2022-04/CY2021-DIY-instructions-03.31.2022-FINAL.pdf>.

service code “02.” Changing the modifier or place-of-service for an otherwise acceptable 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 previously designated nine e-visit codes, new for calendar year 2020, as valid for 2020 and 2021 benefit year risk adjustment data submissions for the HHS-operated program, subject to applicable state law requirements.⁵ HHS is now announcing the extension of this policy to the 2022 benefit year data submission for the HHS-operated risk adjustment program.

These Current Procedural Technology (CPT) codes (98970-98972, 99421-99423), which were first designated by HHS as valid for risk adjustment data submissions in prior versions of this FAQ⁶ and became effective on January 1, 2020, are generally for short online assessments where qualified health care 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.

Due to the expansion and encouragement of telehealth and virtual services during the COVID-19 pandemic, the CPT e-visit codes will be valid for diagnosis filtering purposes in risk adjustment data submissions for the 2020, 2021, and 2022 benefit years for the HHS-operated program. Risk adjustment eligible diagnosis codes provided via allowable telehealth and virtual services will be validated in HHS-operated 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 appropriate.

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 gave additional consideration to the treatment of telephone-only services in the HHS-operated risk adjustment program and announced additional codes for 2020 and 2021 benefit year data submissions for the HHS-operated risk adjustment program. HHS is now announcing the extension of this policy to the 2022 benefit year data submissions for the HHS-operated risk adjustment program.

⁵ See the April 27, 2020 version of this FAQ, the August 3, 2020 update, and the May 6, 2021 update.

⁶ See supra note 5.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. The statutes and regulations that provide authority for this guidance are the following: 42 U.S.C. 18063 and 45 C.F.R. § 153.710.

HHS will therefore 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, 2021, and 2022 benefit years for the HHS-operated program, subject to applicable state law requirements.

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.⁷ Risk adjustment eligible diagnosis codes provided via allowable telehealth and telephone-only services will be validated in HHS-operated 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 appropriate.

Question: In light of the continuing COVID-19 pandemic, can HHS clarify what telehealth service codes will be valid for inclusion for the 2022 benefit year HHS-operated risk adjustment program?

Response: Recognizing the continuing increased need for telehealth services during the COVID-19 public health emergency, HHS will designate the telehealth CPT service codes, including telephone-only service codes, identified in earlier versions of this FAQ,⁸ as valid for 2022 benefit year risk adjustment data submissions for the HHS-operated program, subject to applicable state law requirements. Risk adjustment eligible diagnosis codes provided via allowable telehealth and virtual services will be validated in HHS-operated risk adjustment data validation in the same manner as risk adjustment diagnosis codes provided via in-person services are validated. HHS evaluates CPT/HCPCS codes for inclusion in risk adjustment on a quarterly basis, which allows for new codes to be evaluated and included regularly. We also intend to reconsider these codes' inclusion for future benefit years, as appropriate.

Send questions about these FAQs to RARIPaymentOperations@cms.hhs.gov and please include "HHS-RA COVID-19 Question" in the subject line.

⁷ 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>.

⁸ See supra note 5.

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