

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**  
*(May 6, 2021 Update)*

**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 law<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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). 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 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

---

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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>.

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.

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 benefit year risk adjustment data submissions for the HHS-operated program, subject to applicable state law requirements.<sup>4</sup> HHS is now announcing the extension of this policy to the 2021 benefit year data submission for the HHS-operated risk adjustment program.

These Current Procedural Technology (CPT) codes (98970-98972, 99421-99423) and HCPCS codes (G2061-G2063), which were first designated by HHS as valid for risk adjustment data submissions in prior versions of this FAQ<sup>5</sup> and became effective on 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, the CPT e-visit codes will be valid for diagnosis filtering purposes in risk adjustment data submissions for the 2020 and 2021 benefit years for the HHS-operated program.<sup>6</sup> However, the HCPCS codes (G2061-G2063) were terminated effective December 31, 2020,<sup>7</sup> and therefore are not valid for risk adjustment data submissions for the 2021 benefit year and beyond. 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 (e.g., if the COVID-19 public health emergency continues into the 2022 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

---

<sup>4</sup> See the April 27, 2020 version of this FAQ and the August 3, 2020 update to this FAQ.

<sup>5</sup> See supra note 4.

<sup>6</sup> These e-visit codes were incorporated in the 2020 DIY software final version, which was released on April 15, 2021, and is available at: <https://www.cms.gov/files/document/cy2020-diy-instructions04132021.pdf>.

<sup>7</sup> See the January 2021 HCPCS Quarterly Update, available at:

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>.

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.

to the treatment of telephone-only services in the HHS-operated risk adjustment program and announced additional codes in the August 3, 2020 version of this FAQ valid for 2020 benefit year data submissions for the HHS-operated risk adjustment program. HHS is now announcing the extension of this policy to the 2021 benefit year data submissions for the HHS-operated risk adjustment program.

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 and 2021 benefit years for the HHS-operated program,<sup>8</sup> 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.<sup>9</sup> 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 (e.g., if the COVID-19 public health emergency continues into the 2022 benefit year).

**Question: In light of the continuing COVID-19 pandemic, can HHS clarify what telehealth service codes will be valid for inclusion for the 2021 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,<sup>10</sup> as valid for 2021 benefit year risk adjustment data submissions for the HHS-operated program, subject to applicable state law requirements. However, the HCPCS codes (G2061-G2063) were terminated effective December 31, 2020,<sup>11</sup> and therefore are not valid for risk adjustment data submissions for the 2021 benefit year and beyond. 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

---

<sup>8</sup> These e-visit codes were incorporated in the 2020 DIY software final version, which was released on April 15, 2021, and is available at: <https://www.cms.gov/files/document/cy2020-diy-instructions04132021.pdf>.

<sup>9</sup> 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>

<sup>10</sup> See supra note 4.

<sup>11</sup> See the January 2021 HCPCS Quarterly Update, available at: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>.

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.

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 (e.g., if the COVID-19 public health emergency continues into the 2022 benefit year).

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

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.