



Risk Adjustment Telehealth and Telephone Services During COVID-19 FAQs
April 27, 2020
(April 11, 2023 Update)¹

Question: In light of the announced end of the COVID-19 public health emergency (PHE),² 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 in the 2023 benefit year?

Response: Any service provided through telehealth that is reimbursable under applicable state law³ 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.⁴ 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.⁵ In the HHS-operated risk adjustment program, telehealth visits are considered equivalent to face-to-face interactions and, as such, 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

¹ HHS is extending policies related to the treatment of telehealth and telephone-only services that were put in place in response to the increased need to expand the use of telehealth and virtual care during the COVID-19 PHE for the 2020 through 2022 benefit years to the 2023 benefit year for purposes of the HHS-operated risk adjustment program under section 1343 of the Affordable Care Act. These policies apply to the entire 2023 benefit year due to the operational complexity involved with limiting the policies to only part of the 2023 benefit year and ending them when the COVID-19 national emergency and PHE expires in May 2023.

² See the February 9, 2023 Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap at <https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html>.

³ 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.

⁴ 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.

⁵ For more information on risk adjustment filtering, see discussion in prior years' "Do It Yourself (DIY)" Software Documentation, which are available at <https://www.cms.gov/ccio/resources/regulations-and-guidance#Premium-Stabilization-Programs>.

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 (93/ 95/ GQ/ GT) and/or with place of service codes “02” or “10.” Changing the modifier or place of service for an otherwise acceptable face-to-face service to telehealth 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. Services eligible to be provided as audio-only (telephonic) with modifier code 93 are considered equivalent to other telehealth services as described in this document.

In response to the COVID-19 PHE 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 through 2022 benefit year risk adjustment data submissions for the HHS-operated program, subject to applicable state law requirements.⁶ HHS is now announcing the extension of this policy to the 2023 benefit year data submissions 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 FAQ⁷ and became effective on January 1, 2020, are generally used 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 PHE, the CPT e-visit codes are valid for diagnosis filtering purposes in risk adjustment data submissions for the entire 2020, 2021, and 2022 benefit years for the HHS-operated risk adjustment program. These CPT e-visit codes will also be valid for the 2023 benefit year. 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. Due to operational complexities associated with including CPT/HCPCS codes in the HHS-operated risk adjustment program for only part of the benefit year, and with the COVID-19 PHE ending in May 2023, we are continuing to recognize the expanded set of telehealth-related codes in the HHS-operated risk adjustment program, subject to applicable state law requirements, for the entire 2023 benefit year. We also intend to reconsider these codes’ inclusion for future benefit years, as appropriate.

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

⁷ See supra note 6.

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

Response: Recognizing the increased need for providing telephone and virtual services during the COVID-19 PHE, HHS considered the treatment of telephone-only services in the HHS-operated risk adjustment program and announced additional codes for 2020 through 2022 benefit year data submissions for the HHS-operated risk adjustment program. HHS is now announcing the extension of this policy to the entire 2023 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 entire 2020, 2021, 2022, and 2023 benefit years for the HHS-operated risk adjustment 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.⁸ 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. 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. Due to operational complexities associated with including CPT/HCPCS codes in HHS-operated risk adjustment for only part of the benefit year, and with the COVID-19 PHE ending in May 2023, we are continuing to recognize the expanded set of telehealth-related codes in the HHS-operated risk adjustment program, subject to applicable state law requirements, for the entire 2023 benefit year. We also intend to reconsider these codes' inclusion for future benefit years, as appropriate.

Question: In light of the announced end of the COVID-19 PHE, can HHS clarify what telehealth service codes will be valid for inclusion for the 2023 benefit year HHS-operated risk adjustment program?

Response: Due to operational complexities associated with including CPT/HCPCS codes in the HHS-operated risk adjustment program for only part of the benefit year, and with the COVID-19

⁸ For example, the American Medical Association provided several resources specific to use and coding of communication technology based services (including telephonic service) in response to the COVID-19 PHE: <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>.

PHE ending in May 2023, HHS will designate the telehealth CPT service codes identified in this FAQ⁹ as valid for 2023 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 Telehealth Question" in the subject line.

⁹ See supra note 6.