

Updated: 05/11/20

During this interim period, CMS Guidelines allow providers to select E&M (Evaluation & Management) code level for telehealth service base upon Time or Medical Decision making. <a href="https://www.cms.gov/files/document/covid-final-ifc.pdf">https://www.cms.gov/files/document/covid-final-ifc.pdf</a> (page 136 from start of page to the end of the 1 <sup>st</sup> full paragraph)			
<b>For telehealth services during this interim period, will your plans allow the provider to select E&amp;M code level based just on MDM OR on either MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter?</b>			
<b>Answer to Question</b>			
<b>Aetna</b>			
<b>Amerigroup - DSNP</b>	Yes 04/21/20	<a href="#">Provider should follow CMS and HCA guidance.</a>	
<b>CHPW - Medicare Advantage</b>	Yes 04/11/20	The provider is allowed to select and bill the E&M code they would have had they been in person. Provider may select an E&M code consistent with the CMS guidance document	
<b>Cigna</b>	Yes 05/11/20		
<b>Coordinated Care - Commercial</b>			
<b>First Choice (TPA and PPO)</b>	Both 04/07/20		
<b>HCA – Apple Health</b>	Both 04/11/20	The provider is allowed to select and bill the E&M code they would have had they been in person. Provider may select an E&M code consistent with the CMS guidance document	
<b>Medicaid FFS</b>	Both 04/11/20		
<b>Amerigroup</b>	Both 04/08/20	Follow HCA guidance	
<b>CHPW</b>	Both 04/11/20	The provider is allowed to select and bill the E&M code they would have had they been in person. Provider may select an E&M code consistent with the CMS guidance document	
<b>Coordinated Care</b>	Both		

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**Answer to Question**

	04/11/20		
<b>Molina</b>	Both 04/08/20		
<b>UHC Community Plan</b>	Both 04/22/20	Will follow CMS & HCA Guidelines	
<b>KP-NW</b>	Both 04/07/20		
<b>KP-WA</b>	Both 04/07/20		
<b>Labor &amp; Industries</b>	Both 04/08/20	L&I will pay for E&M codes 99201 – 99203 delivered via telehealth based on time or medical decision making. E&M codes 99204 and 99205 are not payable when delivered via telehealth.	To determine the appropriate level of service, providers must use one of the following guidelines in conjunction with Evaluation and Management (E/M) Services Guidelines noted in CPT®: <ul style="list-style-type: none"> <li>• The “1995 Documentation Guidelines for Evaluation &amp; Management Services,” available at <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf</a></li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• The “1997 Documentation Guidelines for Evaluation and Management Services,” available at <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf</a></li> </ul>
<b>Molina - Marketplace</b>	Both		

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**Answer to Question**

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	04/08/20		
<b>Pacific Source</b>	Both 04/08/20		
<b>Premera</b>	Both 04/07/20		
<b>Providence</b>			
<b>Regence</b>	Both 04/07/20		
<b>UHC - Commercial</b>	Both 04/22/20	Will follow CMS Guidelines	