

May 18, 2020

Updates for Molina Medicare

Re: Molina Medicare Advantage HMOs and Medicare-Medicaid Plan (MMP) providers (collectively, “Molina Medicare”) - *The following outlines key COVID-19 requirements and changes to Molina Medicare’s business rules as a result of the national public health emergency period.*

This is the seventh of ongoing communications to summarize changes for our Molina Medicare providers:

UPDATE TO PREVIOUS COMMUNICATION RELEASED 4/28/20

Expanded Telehealth Benefits

Related to [3/20/2020 HPMS Memo](#) & [Telehealth toolkit](#); [4/21/2020 HPMS Memo](#); [Telehealth Video: Medicare Coverage and Payment of Virtual Services](#); [Federal Register Interim Final Rule](#)

With the recent addition of telehealth as an opportunity to care for our members, there has been a lot of confusion about billing for services.

For Medicare, providers have two main choices in how they bill for telehealth.

CMS is recommending practitioners who bill for Medicare telehealth services to **report the POS code that would have been reported had the service been furnished in person**. For this methodology, the modifier 95 should be added to claim lines that describe services furnished via telehealth.

For example, CMS says that providers who usually render services in the office should use POS code 11 for their telehealth services during COVID-19 (along with modifier 95). By doing this, the practitioner will also get paid the non-facility (Office) expense (same as a face to face visit).

Secondly, CMS is maintaining the methodology of ‘*facility payment rate*’ for services billed using the general telehealth POS code 02, should practitioners choose to maintain their current billing practices for Medicare telehealth during the COVID-19 pandemic.

It is important that all telehealth claims other than POS 2, use the modifier 95.

The following grid reflects common HCPCS/CPT codes used for practitioner visits. Remember that a modifier 95 code should be used for all telehealth related codes.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

Source: [CMS Telehealth toolkit](#)

Molina Healthcare is monitoring COVID-19 developments daily. We will update you as things change and encourage you to monitor the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Additional COVID-19 Emergency and Disaster Guidance is published on the CMS website at the following link: <https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf>