

Primary Care

Codes for Telehealth and Other Communication-Based Services in Response to COVID-19

In response to the COVID-19 situation, CareOregon is temporarily adjusting telehealth/telemedicine requirements per CMS and OHA guidance. Providers may render services to members via telehealth modalities, telephone, OR two-way audio and visual, in any geographic area and from a variety of places, including members' homes. With this flexibility, CareOregon members can receive clinically appropriate services without coming into the clinic.

Summary

- CareOregon can adjudicate all telehealth/telemedicine claims that are properly submitted per temporary CMS and OHA guidelines.
- Providers are responsible and accountable for appropriate use of CPT and HCPCS codes, diagnosis codes, modifiers and claim form completion that support the provided services.
- Provider contracts do not need to be updated or amended to allow for reimbursement of telehealth services.

Guidance for rendering services via telehealth modalities

Telephone calls and online assessments:

- These visits must be initiated by established patients.
- Given the extenuating circumstances, we are allowing these services for unestablished patients for a limited time.
- The provider may educate members on the availability of this kind of service prior to patient initiation.
- A claim with the appropriate CPT/HCPCS code for service, submitted by an authorized provider, is required.
- Submit claims with the Place of Service (POS) that corresponds to the rendering provider's location.

Medicaid: CPT and HCPCS codes for authorized providers

Qualified health care professionals – Those who can bill for E&M services	
CPT	Description
99441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
99442	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
99443	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

Qualified non-physicians – Those who bill incident to	
CPT	Description
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.



Qualified non-physicians – Those who bill incident to	
CPT	Description
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

Medicare: CPT and HCPCS codes for authorized providers

Qualified health care professionals – Those who can bill for E&M services	
CPT	Description
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99421	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 21 or more minutes

Qualified non-physicians – Those who bill incident to	
CPT	Description
G2061	Qualified non-physician health care professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes.
G2062	Qualified non-physician health care professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes.
G2063	Qualified non-physician health care professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

*Telephone services cannot be reported with Care Plan Oversight CPT codes (99339-99340, 99374-99380) or anticoagulation management CPT codes (99363-99364).

Synchronous Communication: Two-Way Audio and Video Visit in Real-Time

- These visits may be for established or unestablished members, depending on CPT or HCPCS code.
- Claims must have a CPT/HCPCS code on the CMS 2020 telehealth approved code list (see chart below), rendered by an authorized provider.
- The claim must have the correct Place of Service (POS) 02 – Telehealth and any appropriate modifiers.
- Documentation must meet the same standards as face-to-face visits.
- Authorized providers include qualified health care professionals and qualified non-physicians (where appropriate).

CPT & HCPCS codes accepted for two-way audio and video visits:

Centers for Medicare & Medicaid Services - Approved telehealth services for 2020			
Code	Short descriptor	Code	Short descriptor
90785	Psytx complex interactive	99215	Office/outpatient visit est
90791	Psych diagnostic evaluation	99231	Subsequent hospital care
90792	Psych diag eval w/med srvc	99232	Subsequent hospital care
90832	Psytx pt&/family 30 minutes	99233	Subsequent hospital care
90833	Psytx pt&/fam w/e&m 30 min	99307	Nursing fac care subseq
90834	Psytx pt&/family 45 minutes	99308	Nursing fac care subseq
90836	Psytx pt&/fam w/e&m 45 min	99309	Nursing fac care subseq
90837	Psytx pt&/family 60 minutes	99310	Nursing fac care subseq
90838	Psytx pt&/fam w/e&m 60 min	99354	Prolonged service office
90839	Psytx crisis initial 60 min	99355	Prolonged service office
90840	Psytx crisis ea addl 30 min	99356	Prolonged service inpatient
90845	Psychoanalysis	99357	Prolonged service inpatient
90846	Family psytx w/o patient	99406	Behav chng smoking 3-10 min
90847	Family psytx w/patient	99407	Behav chng smoking > 10 min
90951	Esrd serv 4 visits p mo <2yr	99495	Trans care mgmt 14 day disch
90952	Esrd serv 2-3 vsts p mo <2yr	99496	Trans care mgmt 7 day disch
90954	Esrd serv 4 vsts p mo 2-11	99497	Advncd care plan 30 min
90955	Esrd srv 2-3 vsts p mo 2-11	99498	Advncd are plan addl 30 min
90957	Esrd srv 4 vsts p mo 12-19	G0108	Diab manage trn per indiv
90958	Esrd srv 2-3 vsts p mo 12-19	G0109	Diab manage trn ind/group
90960	Esrd srv 4 visits p mo 20+	G0270	Mnt subs tx for change dx
90961	Esrd srv 2-3 vsts p mo 20+	G0296	Visit to determ ldct elig
90963	Esrd home pt serv p mo <2yrs	G0396	Alcohol/subs interv 15-30mn
90964	Esrd home pt serv p mo 2-11	G0397	Alcohol/subs interv >30 min
90965	Esrd home pt serv p mo 12-19	G0406	Inpt/tele follow up 15
90966	Esrd home pt serv p mo 20+	G0407	Inpt/tele follow up 25
90967	Esrd home pt serv p day <2	G0408	Inpt/tele follow up 35
90968	Esrd home pt serv p day 2-11	G0420	Ed svc ckd ind per session
90969	Esrd home pt serv p day 12-19	G0421	Ed svc ckd grp per session
90970	Esrd home pt serv p day 20+	G0425	Inpt/ed teleconsult30
96116	Neurobehavioral status exam	G0426	Inpt/ed teleconsult50
96160	Pt-focused hlth risk assmt	G0442	Annual alcohol screen 15 min
96161	Caregiver health risk assmt	G0443	Brief alcohol misuse counsel
97802	Medical nutrition indiv in	G0444	Depression screen annual
97803	Med nutrition indiv subseq	G0445	High inten beh couns std 30m
97804	Medical nutrition group	G0446	Intens behave ther cardio dx
99201	Office/outpatient visit new	G0447	Behavior counsel obesity 15m

Centers for Medicare & Medicaid Services - Approved telehealth services for 2020

Code	Short descriptor	Code	Short descriptor
99202	Office/outpatient visit new	G0459	Telehealth inpt pharm mgmt
99203	Office/outpatient visit new	G0506	Comp asses care plan ccm svc
99204	Office/outpatient visit new	G0508	Crit care telehea consult 60
99205	Office/outpatient visit new	G0509	Crit care telehea consult 50
99211	Office/outpatient visit est	G0513	Prolong prev svcs, first 30m
99212	Office/outpatient visit est	G0514	Prolong prev svcs, addl 30m
99213	Office/outpatient visit est	G2086	Off base opioid tx first m
99214	Office/outpatient visit est	G2087	Off base opioid tx, sub m
		G2088	Off opioid tx month add 30

Modifiers and Place of Service codes:

1. A Place of Service (POS) code is required on professional claims for all services, telehealth or otherwise.
2. Effective January 1, 2018, CMS largely eliminated the requirement to use the GQ and GT modifiers on telehealth claims. Instead of using the GQ and GT modifiers, providers must mark their telehealth services claims with "Place of Service (POS) 02."
3. Critical access hospitals (CAHs) billing for distant site practitioners under Method II must continue to use the GT modifier on institutional claims, because institutional claims do not use a POS code.
 - The GQ modifier is used to indicate telehealth services delivered via asynchronous telecommunications systems. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.
 - The GT modifier is used to indicate telehealth services rendered via synchronous telecommunication. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.