

UPDATED 04/06/2020

PRESBYTERIAN HEALTH PLAN – BH TELEMEDICINE AND TELEPHONIC BILLING GUIDELINES

PHP recognizes that the Coronavirus outbreak poses obstacles to offering traditional patient care. During this challenging time, providers are exploring alternative means of interacting with patients to reduce exposure risks and improve access to vital healthcare services. As a PHP provider, please review the information below relating to telehealth and telephonic options available to PHP network providers.

Difference between Telephonic and Telemedicine visits

- Telephonic visits are conducted over the phone with no visual aid during the visit. The permitted telephonic codes are listed below, for your information.
- Telemedicine visits require both an audio and visual component and must be billed with a modifier of GT. Telemedicine normally requires HIPAA Hi-Tech compliant platforms to render services. However, during the current health emergency, the HIPAA compliant platform requirement has been temporarily lifted so you can best serve your patients.
- PHP is permitting all credentialed and contracted providers to conduct telemedicine video sessions for all routine services regardless of your telemedicine attestation. Skype, Facetime and other platforms are permitted to conduct telemedicine sessions at this time.
- We continue to encourage providers to conduct full HIPAA compliant telemedicine sessions as often as possible. We are covering the alternative approaches to ensure your patients get the care they need, when they need it.
- If you would like to add Telemedicine (both visual and audio components) to your contract for use after the current health emergency is over, please contact your contract representative for assistance.
- Providers are required to render services and bill within their scope of licensure. Covered services are dependent upon Member benefits.
- The following pages contains the list of codes for telephonic visits

CENTENNIAL CARE

Providers can bill for telephonic visits using the same codes and rates that are currently established for such services for all the following codes:

BH Telephonic Visits – Authorized Codes for Centennial Care			
90832	90833	90834	90836
90837	90838	90839	90840
90846	90847	90849	H0049
H0050	G0175	S0220	G0444
G0443	G0406	G0407	G0408
H0015	H0025	H0031	H0038
H0039	H2000	H2011	H2015
H2033	T1001	T1007	90785
90791	90792	99201	99202
99203	99204	99205	99211
99212	99213	99214	99215
99217	99218	99219	99220
90853	90863	99241	99242
99243	99244	99245	99406
99407	S0201	H2010	H2014
H2017	Rev code 0513	Rev code 0912	

ABA telephonic codes:

ABA Telephonic Visit Authorized Codes
T1026
97151
97152
0362T
97153
97155
97156
0373T

COMMERCIAL/MEDICARE

Providers can bill for telephonic visits using the same codes and rates that are currently established for such services for all the following codes:

BH Telephonic Visits – Authorized Codes for Commercial/Medicare			
90832	90833	90834	90836
90837	90838	90839	90840
90846	90847	90849	99406
H0015	H0031	90785	99407
90791	90792	99201	99202
99203	99204	99205	99211
99212	99213	99214	99215
99217	99218	99219	99220
90853	90863	99241	99242
99243	99244	99245	

ABA codes:

ABA Telephonic Visit Authorized Codes – Commercial Only*
T1026
97151
97152
0362T
97153
97155
97156
0373T
H0031**
H0032**
H2019**
*Providers will need to verify benefits for each member, the telephonic codes DO NOT apply to Administrative Services Only (ASO) accounts
**please use best clinical discretion for delivery of these services telephonically

These services will be paid as if the member received services onsite and in person. This will remain an option for providers through the termination of the emergency declaration and applies to both initiation of care as well as treatment of established patients. Initiation of care can be for any reason, including member self-referral.

Providers are directed to bill for BH Telephonic Visits using Location Code 02 – Telephonic Visit on the claim form. If Location Code 02 is on the claim form, the services are billable to PHP and should be paid at the normal rate for the service. All other normal modifiers should be included on the claim if otherwise required. The originating site HCPCS code Q3014 is not billable for these services since the normal office visit payment is to be made instead.

These visits will be considered as equivalent to in-person visits through the termination of the emergency declaration. In accordance with existing policy, providers are expected to maintain all appropriate medical records. Any medical records requiring in person presence (e.g., height, weight, etc.) are to be noted in the record as “Excused per state declaration re: COVID-19”.

Telephonic BH visits must be synchronous; that is, consisting of live voice conversation with the patient. Asynchronous or “store and forward” visits are not payable under this provision.

Telephonic BH visits must take place during normal business hours as if the provider’s office were open and the member were able to attend the visit in person. Services must be provided by a practitioner who is contracted with PHP and within the practitioner’s normally allowed scope of practice.

TELEHEALTH BILLING FOR FEDERALLY QUALIFIED HEALTH CENTERS (FQHC’s), RURAL HEALTH CENTERS (RHC’s), HOSPITAL-BASED RHC’S (HBRHC’S), and the INDIAN HEALTH SERVICES (IHS)

HSD has added revenue code 0780 for providers at the above facilities to utilize when services are rendered through telehealth or telephonic visit. The code will be reimbursed at the providers’ current encounter rate. Providers will need to continue to use the current rules in place for billing more than one encounter on the same date of service.

Should you have any questions, please email phpccbh@magellanhealth.com. Or you may contact your Provider Relations representative.

PHP will provide updates as received.

Thank you.