

## **PRESBYTERIAN HEALTH PLAN – TELEHEALTH BILLING GUIDELINES DURING COVID EMERGENCY**

PHP recognizes that the COVID-19 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 additional telehealth options available to PHP network providers during this time of emergency.

Please respect the intent of these services. PHP is expanding its telehealth billing options to offer alternatives to in-person visits. These codes should not be used to bill for services normally provided in the course of treating patients (i.e. lab result calls).

### **GENERAL GUIDELINES**

- All telehealth/telemedicine services should be billed with the Place of Service code applicable to where the services were rendered
- Modifiers 95 or GT should be billed, as applicable, along with Traditional Telehealth Services defined in Appendix A. These modifiers indicate that visits were provided via real-time audio and video technology. Services in Appendix A should not be billed if video capability is not available.
- If telehealth services are billed on a UB form, please use the appropriate GT/GQ modifier
- The following provider types are designated as Qualified Health Care Practitioners for purposes of billing codes below, where noted:
  - Physicians
  - Nurse practitioners
  - Physician’s assistants
  - Nurse midwives
  - Clinical nurse specialists
  - Certified registered nurse anesthetists
  - Registered dietitians or nutrition providers
- All telehealth visits/services must be recorded in the medical record with appropriate documentation supporting the level of service billed
- HIPAA-compliant platform requirements for audio-video visits are waived during the emergency (i.e. Skype or other services may be used)
- PHP will apply the same criteria for all lines of business
- Pricing is based on individual provider contracts using base rates established by CMS and NM HSD
- Normal office visit copays will apply if services aren’t for treatment of confirmed COVID
- Behavioral Health providers, please see the Behavioral Health telehealth document

<b>TRADITIONAL TELEHEALTH</b>		
<b>CPT/HCPCS</b>	<b>Description</b>	<b>Note</b>
See Appendix A	See Appendix A	<ul style="list-style-type: none"> <li>• Note that CMS has waived rural Originating Site restrictions for these codes. Patients may be located in any geographic location, including their home</li> <li>• Where applicable, normal elements of E/M services apply to determine proper leveling (i.e. combination of History, Physical Exam and Medical Decision Making)</li> <li>• Codes on Appendix A require use of audio and video technology</li> </ul>

<b>TELEPHONE VISITS – Must obtain patient consent for billable services</b>		
99441 – 99443	Telephone E&M 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	<ul style="list-style-type: none"> <li>• Patient encounters must occur in real time via telephone with a physician (MD/DO)</li> <li>• Billed with the Place of Service code applicable to where the services were rendered</li> <li>• Visits must be documented in provider’s medical record</li> <li>• Additional telehealth modifiers should not be appended (i.e. 95, GT, GQ)</li> </ul>
98966 - 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	<ul style="list-style-type: none"> <li>• Billable by any Qualified Health Care Practitioner (as defined on Page 1)</li> <li>• Billable by PT/OT/ST providers</li> <li>• Visits must be documented in provider’s medical record</li> <li>• Billed with the Place of Service code applicable to where the services were rendered</li> <li>• Additional telehealth modifiers should not be appended (i.e. 95, GT, GQ)</li> </ul>

<b>INTERPROFESSIONAL CONSULTATION CODES</b>		
99451	Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes of medical consultative discussion and review	<ul style="list-style-type: none"> <li>• Billed only by physicians</li> <li>• May be new or established patients to consulting physician</li> <li>• Consultant may not have had a face-to-face service with the patient in the last 14 days</li> <li>• May not be billed if review leads to face-to-face service with the patient in the next 14 days</li> <li>• Do not report more than once in a 7 day period</li> </ul>
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	<ul style="list-style-type: none"> <li>• Billed by any Qualified Health Care Practitioner</li> <li>• May not be reported more than once in a 14-day period</li> <li>• Used for preparation and discussion with a consulting physician</li> </ul>

<b>REAL-TIME INTERACTIVE AUDIO/VIDEO – Must obtain patient consent for billable services</b>		
99421 - 99423	Non face-to-face online digital E&M service for an established patient, for up to 7 days cumulative time during the 7 days	<ul style="list-style-type: none"> <li>• Bill appropriate level for total time incurred for a 7-day period</li> <li>• Must be initiated by patient through a HIPAA-compliant platform</li> <li>• Only billable if performed by Qualified Health Care Practitioner (i.e. RNs/other clinical staff time is not billable)</li> <li>• Services must be evaluative in nature (i.e. not billable for diagnostic test result communication or for communication originating from an office service already paid)</li> </ul>

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	<ul style="list-style-type: none"> <li>• Used when a patient sends an image to their provider</li> <li>• Billable by any Qualified Health Care Practitioner</li> </ul>
G2012	Brief communication technology-based service (e.g., virtual check-in) by a physician or other qualified health care professional who can report E&M 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 or just “brief check-in by MD/QHP” for short, used in medical care.	<ul style="list-style-type: none"> <li>• Billable for any real-time patient communication               <ul style="list-style-type: none"> <li>○ Includes phone calls, secure text messaging and real-time internet-based chat</li> </ul> </li> <li>• Only billable for established patients</li> <li>• Billable by any Qualified Health Care Practitioner</li> <li>• Requires patient consent</li> </ul>
G2061 – G2063	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days	<ul style="list-style-type: none"> <li>• Billable by any Qualified Health Care Practitioner</li> <li>• Also billable by Physical Therapists, Occupational Therapists and Speech Language Pathologists</li> <li>• Bill appropriate level for total time incurred for a 7-day period</li> <li>• Communication must be patient-initiated although providers may direct patients to their online tool</li> </ul>

**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.

**APPENDIX A**

<b>Code</b>	<b>Short Descriptor</b>	<b>Code</b>	<b>Short Descriptor</b>	<b>Code</b>	<b>Short Descriptor</b>
77427	Radiation tx management X5	90964	Esrd home pt serv p mo 2-11	96160	Pt-focused hlth risk asmt
90785	Psytx complex interactive	90965	Esrd home pt serv p mo 12-19	96161	Caregiver health risk asmt
90791	Psych diagnostic evaluation	90966	Esrd home pt serv p mo 20+	97110	Therapeutic exercises
90792	Psych diag eval w/med srvc	90967	Esrd home pt serv p day <2	97112	Neuromusulcar reeducation
90832	Psytx pt&/family 30 minutes	90968	Esrd home pt serv p day 2-11	97116	Gait training therapy
90833	Psytx pt&/fam w/e&m 30 min	90969	Esrd home pt serv p day 12-19	97161	PT Eval low complex 20 min
90834	Psytx pt&/family 45 minutes	90970	Esrd home pt serv p day 20+	97162	PT Eval mod complex 30 min
90836	Psytx pt&/fam w/e&m 45 min	92507	Speech/hearing therapy	97163	PT Eval high complex 45 min
90837	Psytx pt&/family 60 minutes	92521	Evaluation of speech fluenc	97164	PT re-eval est plan care
90838	Psytx pt&/fam w/e&m 60 min	92522	Evaluation speech production	97165	OT eval low complex 30 min
90839	Psytx crisis initial 60 min	92523	Speech sound lang comprehen	97166	OT eval mod complen 45 min
90840	Psytx crisis ea addl 30 min	92524	Behavral qualit analys voic	97167	OT eval high complex 60 min
90845	Psychoanalysis	96116	Neurobehavioral status exam	97168	OT re-eval est plan care
90846	Family psytx w/o patient	96130	Psycl tst eval phys/qhp 1st	97535	Self care mngment training
90847	Family psytx w/patient	96131	Psycl tst eval phys/qhp ea	97750	Physical Performance Test
90853	Group psychotherapy	96132	Nrpsyc tst eval phys/qhp 1st	97755	Assistive Technology Assess
90951	Esrd serv 4 visits p mo <2yr	96133	Nrpsyc tst eval phys/qhp ea	97760	Orthotic mgmt&traing 1st en
90952	Esrd serv 2-3 vsts p mo <2yr	96136	Psycl/nrpsyc tst phy/qhp 1s	97761	Prosthetic traing 1st enc
90953	Esrd serv 1 visit p mo <2yr	96137	Psycl/nrpsyc tst phy/qhp ea	97802	Medical nutrition indiv in
90954	Esrd serv 4 vsts p mo 2-11	96138	Psycl/nrpsyc tech 1st	97803	Med nutrition indiv subseq
90955	Esrd srv 2-3 vsts p mo 2-11	96139	Psycl/nrpsyc tst tech ea	97804	Medical nutrition group
90957	Esrd srv 4 vsts p mo 12-19	96156	Hlth bhv assmt/reassessment	99201	Office/outpatient visit new
90958	Esrd srv 2-3 vsts p mo 12-19	96168	Hlth bhv ivntj indiv 1st 30	99202	Office/outpatient visit new
90959	Esrd serv 1 vst p mo 12-19	96159	Hlth bhv ivntj indiv ea addl	99203	Office/outpatient visit new
90960	Esrd srv 4 visits p mo 20+	96164	Hlth bhv ivntj grp 1st 30	99204	Office/outpatient visit new
90961	Esrd srv 2-3 vsts p mo 20+	96165	Hlth bhv ivntj grp ea addl	99205	Office/outpatient visit new
90962	Esrd serv 1 visit p mo 20+	96167	Hlth bhv ivntj fam 1st 30	99211	Office/outpatient visit est
90963	Esrd home pt serv p mo <2yrs	96168	Hlth bhv ivntj fam ea addl	99212	Office/outpatient visit est

**APPENDIX A (Cont.)**

<b>Code</b>	<b>Short Descriptor</b>	<b>Code</b>	<b>Short Descriptor</b>	<b>Code</b>	<b>Short Descriptor</b>
99213	Office/outpatient visit est	99304	Nursing facility care init	99406	Behav chng smoking 3-10 min
99214	Office/outpatient visit est	99305	Nursing facility care init	99407	Behav chng smoking > 10 min
99215	Office/outpatient visit est	99306	Nursing facility care init	99468	Neonate crit care initail
99217	Observation care discharge	99307	Nursing fac care subseq	99469	Neonate crit care subsq
99218	Initial observation care	99308	Nursing fac care subseq	99471	Ped critical care initial
99219	Initial observation care	99309	Nursing fac care subseq	99472	Ped critical care subsq
99220	Initial observation care	99310	Nursing fac care subseq	99473	Self-meas bp pt educaj/tra
99221	Initial hospital care	99315	Nursing fac discharge day	99475	Ped crit care age 2-5 init
99222	Initial hospital care	99316	Nursing fac discharge day	99476	Ped crit care age 2-5 subsq
99223	Initial hospital care	99327	Domicil/r-home visit new pa	99477	Init day hosp neonate care
99224	Subsequent observation care	99328	Domicil/r-home visit new pa	99478	Ic lbw inf < 1500 gm subsq
99225	Subsequent observation care	99334	Domicil/r-home visit est pa	99479	Ic lbw inf 1500-2500 g subs
99226	Subsequent observation care	99335	Domicil/r-home visit est pa	99480	Ic inf pbw 2501-5000 g subs
99231	Subsequent hospital care	99336	Domicil/r-home visit est pa	99483	Assmt & care pln cog imp
99232	Subsequent hospital care	99337	Domicil/r-home visit est pa	99495	Trans care mgmt 14 day disch
99233	Subsequent hospital care	99341	Home visit new patient	99496	Trans care mgmt 7 day disch
99234	Obser/hosp same date	99342	Home visit new patient	99497	Advncd care plan 30 min
99235	Obser/hosp same date	99343	Home visit new patient	99498	Advncd are plan addl 30 min
99236	Obser/hosp same date	99344	Home visit new patient	G0108	Diab manage trn per indiv
99238	Hospital discharge day	99345	Home visit new patient	G0109	Diab manage trn ind/group
99239	Hospital discharge day	99347	Home visit est patient	G0270	Mnt subs tx for change dx
99281	Emergency dept visit	99348	Home visit est patient	G0296	Visit to determ ldct elig
99282	Emergency dept visit	99349	Home visit est patient	G0396	Alcohol/subs interv 15-30mn
99283	Emergency dept visit	99350	Home visit est patient	G0397	Alcohol/subs interv >30 min
99284	Emergency dept visit	99354	Prolonged service office	G0406	Inpt/tele follow up 15
99285	Emergency dept visit	99355	Prolonged service office	G0407	Inpt/tele follow up 25
99291	Critical care first hour	99356	Prolonged service inpatient	G0408	Inpt/tele follow up 35
99292	Critical care addl 30 min	99357	Prolonged service inpatient	G0420	Ed svc ckd ind per session

**APPENDIX A (Cont.)**

<b>Code</b>	<b>Short Descriptor</b>
G0421	Ed svc ckd grp per session
G0425	Inpt/ed teleconsult30
G0426	Inpt/ed teleconsult50
G0427	Inpt/ed teleconsult70
G0436	Tobacco-use counsel 3-10 min
G0437	Tobacco-use counsel>10min
G0438	Ppps, initial visit
G0439	Ppps, subseq visit
G0442	Annual alcohol screen 15 min
G0443	Brief alcohol misuse counsel
G0444	Depression screen annual
G0445	High inten beh couns std 30m
G0446	Intens behave ther cardio dx
G0447	Behavior counsel obesity 15m
G0459	Telehealth inpt pharm mgmt
G0506	Comp asses care plan ccm svc
G0508	Crit care telehea consult 60
G0509	Crit care telehea consult 50
G0513	Prolong prev svcs, first 30m
G0514	Prolong prev svcs, addl 30m
G2086	Off base opioid tx first m
G2087	Off base opioid tx, sub m
G2088	Off opioid tx month add 30