

# Physical Health

## Codes for telemedicine services in response to COVID-19

Updated April 16, 2020



In response to COVID-19, CareOregon is temporarily adjusting Telemedicine requirements per CMS and OHA guidance. It is imperative during this public health emergency that members avoid travel, when possible, to providers' offices, clinics, hospitals or other health care facilities, where they could risk their own or others' exposure to further illness. Accordingly, providers may deliver services to members via telephone or telemedicine, 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 or office.

**Operational definition of telemedicine:** The use of telephonic or electronic communications of medical information from one site to another regarding a patient's health status, including but not limited to:

Patient-to-clinician services via:	Clinician-to-clinician consultations via:
<ul style="list-style-type: none"><li>• Telephone</li><li>• Telehealth – synchronous audio and video</li><li>• E-visits (online services)</li></ul>	<ul style="list-style-type: none"><li>• Telephone</li><li>• Electronic communication (online services)</li><li>• Asynchronous e-consults (online services)</li></ul>

## Guidance for delivering services via telemedicine modalities

1. CareOregon can adjudicate all telemedicine claims that are properly submitted per temporary CMS and OHA guidelines.
  - a. Providers can be reimbursed for services delivered to established and unestablished members.
  - b. Providers will be reimbursed for services provided via telemedicine at the same rate as when such services are provided in-person.
2. 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.
3. Provider contracts do not need to be updated or amended to allow for reimbursement of telemedicine services.
4. Providers are encouraged to proactively make members aware of the availability of telemedicine visits, following similar processes and guidelines used for contacting members for regular visits. However, the member must request or consent to the visit delivered via telemedicine modality.

### Modality: Two-way audio and video visit in real time (synchronous)

1. The services listed below can be provided either two-way audio and visual or by telephone, when appropriate, as medically or clinically appropriate during the COVID-19 crisis.
2. Providers should use the richest, most secure platform that is available to them and the patient. Telephonic communications can be used only if audio/video communications are not available or are refused by patients.
3. Authorized providers include qualified health care professionals and qualified non-physicians (where appropriate).
4. Qualified health care professionals (those who can bill for evaluation and management services) and qualified non-physician health care professionals (those who can bill incident-to) may deliver services, using the same CPT and HCPCS codes from the OHA approved list as they would normally use for in-person services.
  - a. A member's medical record must include a note explaining the extenuating circumstances that prevent the member from accessing services in person. When in-person services resume, update the medical record again to reflect that.
5. Documentation must meet the same standards as face-to-face visits.
6. A claim with appropriate CPT/HCPCS and any appropriate modifiers and/or place of services for each service — submitted by an authorized provider — is required.
  - a. Telehealth services professional claims should reflect the designated POS code 02- Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site.

# Physical Health

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Updated April 16, 2020



Physical health: Approved telehealth services for COVID-19 response							
Code	Short descriptor	CMS	OHA	Code	Short descriptor	CMS	OHA
90951	Esrd serv 4 visits p mo <2yr	X	X	99233	Subsequent hospital care	X	X
90952	Esrd serv 2-3 vsts p mo <2yr	X	X	99307	Nursing fac care subseq	X	X
90954	Esrd serv 4 vsts p mo 2-11	X	X	99308	Nursing fac care subseq	X	X
90955	Esrd srv 2-3 vsts p mo 2-11	X	X	99309	Nursing fac care subseq	X	X
90957	Esrd srv 4 vsts p mo 12-19	X	X	99310	Nursing fac care subseq	X	X
90958	Esrd srv 2-3 vsts p mo 12-19	X	X	99354	Prolonged service office	X	X
90960	Esrd srv 4 visits p mo 20+	X	X	99355	Prolonged service office	X	X
90961	Esrd srv 2-3 vsts p mo 20+	X	X	99356	Prolonged service inpatient	X	X
90963	Esrd home pt serv p mo <2yrs	X	X	99357	Prolonged service inpatient	X	X
90964	Esrd home pt serv p mo 2-11	X	X	99406	Behav chng smoking 3-10 min	X	X
90965	Esrd home pt serv p mo 12-19	X	X	99407	Behav chng smoking > 10 min	X	X
90966	Esrd home pt serv p mo 20+	X	X	99495	Trans care mgmt 14 day disch	X	X
90967	Esrd home pt serv p day <2	X	X	99496	Trans care mgmt 7 day disch	X	X
90968	Esrd home pt serv p day 2-11	X	X	99497	Advncd care plan 30 min	X	X
90969	Esrd home pt serv p day 12-19	X	X	99498	Advncd are plan addl 30 min	X	X
90970	Esrd home pt serv p day 20+	X	X	G0108	Diab manage trn per indiv	X	X
96116	Neurobehavioral status exam	X	X	G0109	Diab manage trn ind/group	X	X
96156	Hlth bhv assmt/reassessment	X	X	G0270	Mnt subs tx for change dx	X	X
96158	H&B indiv interv initial 30 min		X	G0296	Visit to determ ldct elig	X	X
96159	Hlth bhv ivntj indiv ea addl	X	X	G0396	Alcohol/subs interv 15-30mn	X	X
96160	Pt-focused hlth risk assmt	X	X	G0397	Alcohol/subs interv >30 min	X	X
96161	Caregiver health risk assmt	X	X	G0406	Inpt/tele follow up 15	X	X
96164	Hlth bhv ivntj grp 1st 30	X	X	G0407	Inpt/tele follow up 25	X	X
96165	Hlth bhv ivntj grp ea addl	X	X	G0408	Inpt/tele follow up 35	X	X
96167	Hlth bhv ivntj fam 1st 30	X	X	G0420	Ed svc ckd ind per session	X	X
96168	Hlth bhv ivntj indiv 1st 30	X	X	G0421	Ed svc ckd grp per session	X	X
96168	Hlth bhv ivntj fam ea addl	X	X	G0425	Inpt/ed teleconsult30	X	X
96170	H&B family interv w/o pt initial 30 min		X	G0426	Inpt/ed teleconsult50	X	X
96171	H&B family interv w/o pt ea add 15 min		X	G0427	Inpt/ed teleconsult70	X	X
97802	Medical nutrition indiv in	X	X	G0436	Tobacco-use counsel 3-10 min	X	X
97803	Med nutrition indiv subseq	X	X	G0437	Tobacco-use counsel>10min	X	X
97804	Medical nutrition group	X	X	G0438	Ppps, initial visit	X	X
99201	Office/outpatient visit new	X	X	G0439	Ppps, subseq visit	X	X
99202	Office/outpatient visit new	X	X	G0442	Annual alcohol screen 15 min	X	X
99203	Office/outpatient visit new	X	X	G0443	Brief alcohol misuse counsel	X	X
99204	Office/outpatient visit new	X	X	G0444	Depression screen annual	X	X
99205	Office/outpatient visit new	X	X	G0445	High inten beh couns std 30m	X	X
99211	Office/outpatient visit est	X	X	G0446	Intens behave ther cardio dx	X	X
99212	Office/outpatient visit est	X	X	G0447	Behavior counsel obesity 15m	X	X
99213	Office/outpatient visit est	X	X	G0459	Telehealth inpt pharm mgmt	X	X
99214	Office/outpatient visit est	X	X	G0506	Comp asses care plan ccm svc	X	X
99215	Office/outpatient visit est	X	X	G0508	Crit care telehea consult 60	X	X
99224	Subsequent observation care	X		G0509	Crit care telehea consult 50	X	X
99225	Subsequent observation care	X		G0513	Prolong prev svcs, first 30m	X	X
99226	Subsequent observation care	X		G0514	Prolong prev svcs, addl 30m	X	X
99231	Subsequent hospital care	X	X	G2086	Off base opioid tx first m	X	X
99232	Subsequent hospital care	X	X	G2087	Off base opioid tx, sub m	X	X
				G2088	Off opioid tx month add 30	X	X

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Updated April 16, 2020



Expanded List - CMS Public Health Emergency (PHE) Non-Traditional Telehealth Services							
Code	Short descriptor	CMS	OHA	Code	Short descriptor	CMS	OHA
77427	Radiation tx management X5	X		99236	Obser/hosp same date	X	
90853	Group psychotherapy	X		99238	Hospital discharge day	X	
90953	Esrd serv 1 visit p mo <2yr	X		99239	Hospital discharge day	X	
90959	Esrd serv 1 vst p mo 12-19	X		99281	Emergency dept visit	X	
90962	Esrd serv 1 visit p mo 20+	X		99282	Emergency dept visit	X	
92507	Speech/hearing therapy	X		99283	Emergency dept visit	X	
92521	Evaluation of speech fluenc	X		99284	Emergency dept visit	X	
92522	Evaluation speech production	X		99285	Emergency dept visit	X	
92523	Speech sound lang comprehen	X		99291	Critical care first hour	X	
92524	Behavral qualit analys voic	X		99292	Critical care addl 30 min	X	
96130	Psycl tst eval phys/qhp 1st	X		99304	Nursing facility care init	X	
96131	Psycl tst eval phys/qhp ea	X		99305	Nursing facility care init	X	
96132	Nrpsyc tst eval phys/qhp 1st	X		99306	Nursing facility care init	X	
96133	Nrpsyc tst eval phys/qhp ea	X		99315	Nursing fac discharge day	X	
96136	Psycl/nrpsyc tst phy/qhp 1s	X		99316	Nursing fac discharge day	X	
96137	Psycl/nrpsyc tst phy/qhp ea	X		99327	Domicil/r-home visit new pa	X	
96138	Psycl/nrpsyc tech 1st	X		99328	Domicil/r-home visit new pa	X	
96139	Psycl/nrpsyc tst tech ea	X		99334	Domicil/r-home visit est pa	X	
97110	Therapeutic exercises	X		99335	Domicil/r-home visit est pa	X	
97112	Neuromusulcar reeducation	X		99336	Domicil/r-home visit est pa	X	
97116	Gait training therapy	X		99337	Domicil/r-home visit est pa	X	
97161	PT Eval low complex 20 min	X		99341	Home visit new patient	X	
97162	PT Eval mod complex 30 min	X		99342	Home visit new patient	X	
97163	PT Eval high complex 45 min	X		99343	Home visit new patient	X	
97164	PT re-eval est plan care	X		99344	Home visit new patient	X	
97165	OT eval low complex 30 min	X		99345	Home visit new patient	X	
97166	OT eval mod complen 45 min	X		99347	Home visit est patient	X	
97167	OT eval high complex 60 min	X		99348	Home visit est patient	X	
97168	OT re-eval est plan care	X		99349	Home visit est patient	X	
97535	Self care mngment training	X		99350	Home visit est patient	X	
97750	Physical Performance Test	X		99468	Neonate crit care initail	X	
97755	Assistive Technology Assess	X		99469	Neonate crit care subsq	X	
97760	Orthotic mgmt&traing 1st en	X		99471	Ped critical care initial	X	
97761	Prosthetic traing 1st enc	X		99472	Ped critical care subsq	X	
99217	Observation care discharge	X		99473	Self-meas bp pt educaj/trai	X	
99218	Initial observation care	X		99475	Ped crit care age 2-5 init	X	
99219	Initial observation care	X		99476	Ped crit care age 2-5 subsq	X	
99220	Initial observation care	X		99477	Init day hosp neonate care	X	
99221	Initial hospital care	X		99478	lc lbw inf < 1500 gm subsq	X	
99222	Initial hospital care	X		99479	lc lbw inf 1500-2500 g subs	X	
99223	Initial hospital care	X		99480	lc inf pbw 2501-5000 g subs	X	
99234	Obser/hosp same date	X		99483	Assmt & care pln cog imp	X	
99235	Obser/hosp same date	X					

When billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth.

# Physical Health

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Updated April 16, 2020



### Modality: Telephone and online services:

1. Authorized providers include qualified health care professionals and qualified non-physicians (where appropriate).
2. Qualified health care professionals (those who can bill for evaluation and management services) and qualified non-physician health care professionals (those who can bill incident-to) may deliver services via telephone, as medically or clinically appropriate.
3. A claim with the appropriate CPT/HCPCS code and any appropriate modifiers and/or place of service codes for each service, submitted by an authorized provider, is required.
  - a. Submit claims with the Place of Service (POS) that corresponds to the rendering provider's location. If a provider is working remotely from their own home, they would use their customary Place of Service Code that corresponds to their customary location. For example, if a provider customarily works in-clinic, they would use office: POS 11.

### CPT and HCPCS codes for authorized providers

Qualified health care professionals – Those who can bill for E&M services			
Code	Description	CMS	OHA
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 seven 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.	X	X
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 seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.	X	X
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 seven 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.	X	X
G2012	Brief communication technology-based service, e.g., virtual check-in [by phone or audio/video connection] 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 seven 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.	X	X
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.	X	
99421	Online digital evaluation and management service, for an established patient for up to seven days, cumulative time during the seven days 5-10 minutes.	X	X
99422	Online digital evaluation and management service, for an established patient for up to seven days, cumulative time during the seven days 11-20 minutes.	X	X
99423	Online digital evaluation and management service, for an established patient for up to seven days, cumulative time during the seven days 21 or more minutes.	X	X
<b>Preventive medicine visits (when appropriate and possible without physical exam)</b>			
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)		X
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor		X

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Updated April 16, 2020



Qualified health care professionals – Those who can bill for E&M services			
Code	Description	CMS	OHA
	reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)		
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)		X
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)		X
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years		X
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years		X
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older		X
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)		X
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)		X
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)		X
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)		X
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years		X

# Physical Health

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Updated April 16, 2020



Qualified non-physicians – Those who bill incident to			
Code	Description	CMS	OHA
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 seven 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.	X	X
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 seven 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.	X	X
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 seven 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.	X	X
98970	Online digital E/M service, for an established patient for up to seven days, cumulative time during the seven days 5-10 minutes.		X
98971	Online digital E/M service, for an established patient for up to seven days, cumulative time during the seven days 11-20 minutes.		X
98972	Online digital E/M service, for an established patient for up to seven days, cumulative time during the seven days 21 minutes or more.		X
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.	X	
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.	X	
G2063	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 21 or more minutes.	x	
Clinician-to-clinician consultations			
Code	Description	CMS	OHA
99451	Interprofessional telephone/internet/electronic health record 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 or more of medical consultative time.		X
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.		X
99446	Interprofessional telephone/internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional, and involves 5 to 10 minutes of medical consultative discussion and review.		X
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional, and involves 11 to 20 minutes of medical consultative discussion and review.		X
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional, and involves 21 to 30 minutes of medical consultative discussion and review.		X
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional, and involves 31 minutes or more of medical consultative discussion and review.		X



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## Codes for telemedicine services in response to COVID-19

Updated April 16, 2020



### Additional information on modifiers and Place of Service codes:

1. [OHA](#) and [CMS](#) asks providers who submit professional (CMS-1500 or 837P) or institutional (UB-04 or 837I) claims add the following codes for each service related to COVID-19 prevention, identification, diagnosis or treatment. Please report these codes for COVID-19-related services in addition to any other codes required by your program-specific rules and guidelines for the services billed.
  - a. Enter modifier CR (catastrophe/disaster) for professional claims
  - b. Enter condition code DR (disaster-related) for institutional claims.
2. A Place of Service (POS) code is required on professional claims for all services, telehealth or otherwise.
3. FOR PHYSICAL HEALTH TELEMEDICINE SERVICES:
  - a. FOR CRITICAL ACCESS HOSPITALS (CAHs), ALL MEMBERS: 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 telemedicine 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 telemedicine services rendered via synchronous telecommunication. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.
4. For Medicare providers: Please see new CMS guidance regarding modifiers and Place of Service codes: [cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf](https://www.cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf)

### Emergency waivers and other information

During this public health emergency, the requirement for synchronous audio and video platform to be HIPAA compliant has been waived.

- a. **A message from the Federal Department of Health and Human Services (HHS):** “Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.” For more information: [hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html)

For telehealth claims submitted during this public health emergency, the requirement for a prior established relationship with a particular practitioner previously required for telehealth services has been waived.

- a. **A message from the Federal Department of Health and Human Services (HHS):** “HHS is announcing a policy of enforcement discretion for telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.” For more information: [cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet)

If you have questions about OHA’s fee-for-service coverage of telephone/telemedicine services, contact Provider Services at 800-336-6016 or [dmap.providerservices@dhsosha.state.or.us](mailto:dmap.providerservices@dhsosha.state.or.us).

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Updated April 16, 2020



Summary of updates to this guidance document	
Date	Updates
4/10/20	<ol style="list-style-type: none"><li>1. Rearranged "Guidance for delivering services vis telemedicine modalities" for readability.</li><li>2. Merged CMS and OHA approved Telephone services into one table that denotes if Medicare (CMS) or Medicaid (OHA) covers the services. Ensured that all OHA and CMS codes that we know of are on the lists.</li><li>3. Added Preventative Codes via phone for Medicaid members</li><li>4. Merged CMS and OHA approved Telehealth (audio &amp; visual) services into one table that denotes if Medicare (CMS) or Medicaid (OHA) covers the services.</li><li>5. Added CMS expanded Physical Health Emergency (PHE) list of non-traditional telehealth services with modifier 95 and POS guidance for these codes.</li><li>6. Moved Telehealth (video/audio) modality section before Telephone and other online services.</li><li>7. Added OHA guidance on which modality to use to provide member richest most secure platform that they have available.</li><li>8. Updated "Additional information on modifiers and POS" section to include most recent information from CMS and OHA on POS and modifiers.</li></ol>
4/16/20	<ol style="list-style-type: none"><li>1. Updated codes that CMS allows for phone services, 99441-99443 and 98966-98968.</li></ol>