

Behavioral Health

Codes for telemedicine services in response to COVID-19

Updated April 10, 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">• Telephone• Telehealth – synchronous audio and video• E-visits (online services)	<ul style="list-style-type: none">• Telephone• Electronic communication (online services)• Asynchronous e-consults (online services)

Guidance for delivering services via telemedicine modalities

1. CareOregon can adjudicate all telemedicine claims that are properly submitted per temporary CMS and OHA guidelines.
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 will be reimbursed for services delivered to established and unestablished members.
5. Providers will be reimbursed for services provided via telemedicine at the same rate as when such services are provided in person.
6. 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 the visit and consent to services delivered via telemedicine.

[The Oregon Health Authority](#) (OHA) asks that all Oregon Health Plan 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:

- a. Enter modifier CR (catastrophe/disaster) for professional claims
- b. Enter condition code DR (disaster-related) for institutional claims. 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.

Telephone services

- 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.
 - 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. For example, if a provider customarily works from their office, they would use POS 11.
 - **FOR MEDICAID PROVIDERS ONLY:** Mental health and substance use disorder providers may deliver verbal services via telephone, using the same CPT and HCPCS codes they would normally use for in-person services on a temporary basis. A member's medical record must include a note explaining the extenuating circumstances that prevent the

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client from accessing services in person. When in-person services resume, update the medical record again to reflect that.

- Assessment services can be provided via telephone for new and existing clients.
- OHA and CMS have investigated additional ways to allow behavioral health providers to provide services via telephone. Accordingly, 99421-99423 and 98966-98968 are new codes eligible for payment for telephone services (retroactive to January 1, 2020). If you have questions about these new codes, please contact OHA Provider Services at 800-336-6016 or dmap.providerservices@dhsosha.state.or.us. Additional guidance will be forthcoming from OHA on these codes. These services must:
 - Be provided by a qualified nonphysician health care professional to an established patient, parent or guardian.
 - Not be related to an assessment and management service provided within the previous seven days.
 - Not be related to an assessment and management service or procedure scheduled to occur within the next 24 hours or soonest available appointment.

If there is a related visit, billing for that visit should suffice.

Telehealth visits: Two-way audio and video visit in real time (synchronous)

- 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.
 - Submit claims with POS 02 for telemedicine services.
 - **FOR MEDICAID PROVIDERS ONLY:** Submit claims with a GT modifier for telehealth services as required by OHA.
- **FOR MEDICAID PROVIDERS ONLY:** OHA's fee-for service behavioral health fee schedule and the prioritized list include details of the codes that can be provided as a telemedicine service. Many of these services have been covered for several years. These codes include:

Behavioral health Medicaid telemedicine codes	
Code	Description
90785	Interactive complexity code
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient and/or family member
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E/M service
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service
90837	Psychotherapy, 60 minutes with patient and/or family member.
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis (each additional 30 minutes) - list separately in addition to primary service CPT code
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (with the patient present)

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Behavioral health Medicaid telemedicine codes	
Code	Description
90849	Multiple-family group psychotherapy
90853	Group psychotherapy
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions
90887	Consultation with family: Explanation of psychiatric, medical examinations, procedures and data to other than patient
96130, 96131, 96132, 96133, 96136, 96137	Neuropsychological and psychological testing services
97151- 97157	ABA treatment services
99366, 99368	Medical team conference services for ABA providers
Various	Various E&M services including 99201-205, 99211-215, 99231-233, 99307-99310, 99354-357, 99366, 99368, 99406-407, 99495-498
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening to determine eligibility for admission to treatment program(s)
H0004	Behavioral health counseling and therapy, per 15 minutes
H0005	Alcohol and/or drug services; group counseling by a clinician
H0006	Alcohol and/or drug services: case management
H0015	Alcohol and/or drug services: intensive outpatient
H0031	Mental health assessment, by non-physician
H0032	Mental health service plan development by non-physician
H0034	Medication training/support, per 15 minutes
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H0036	Community psychiatric supportive treatment
H0038	Self-help/peer services, per 15 minutes
H0039	Assertive community treatment, face-to-face, per 15 minutes
H2000	Child and Adolescent Needs Survey (CANS)
H2010	Comprehensive medication services, per 15 minutes
H2014	Skills training and development, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2023	Supported employment, per 15 minutes
H2032	Activity therapy, per 15 minutes

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Behavioral health Medicaid telemedicine codes	
Code	Description
H2033	Multi-systemic therapy for juveniles
S9480	Intensive outpatient psychiatric services, per diem
T1006	Alcohol and/or substance abuse services: family/couple counseling
T1016	Case management, per 15 minutes
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

- To be eligible for telemedicine reimbursement, the services must be provided using a synchronous audio-video platform. During this public health emergency, the requirement for your platform to be HIPAA compliant has been waived.
 - **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 telemedicine claims submitted during this public health emergency, the requirement for a prior established relationship with a particular practitioner previously required for telemedicine services has been waived.
 - **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.”

Summary of updates to this guidance document	
Date	Updates
4/9/20	<ul style="list-style-type: none">• Added H0035 and S9480 as approved codes. Removed 96150-96154 as these codes were retired by the AMA on January 1, 2020.
4/1/20	<ul style="list-style-type: none">• Modified definition language for telemedicine and telehealth services to align with the OHA.
3/25/20	<ul style="list-style-type: none">• Added clarification that assessments can be provided via telephone for new and existing clients.• Expanded list of procedure codes that can be provided via telemedicine.