

# Behavioral Health

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

Updated September 15, 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:** CareOregon uses the same definition for Telemedicine and Telehealth as "the use of telephonic or electronic communications of medical information from one site to another regarding a members health status." These modalities include the use of telephone, E-visits (online services (asynchronous)) and two-way audio and visual communications (synchronous). Examples include, but are not limited to:

Telemedicine	
Member-to-clinician services via:	Clinician-to-clinician consultations via:
<ul style="list-style-type: none"><li>• Telephone</li><li>• Two-way 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.
2. Providers are responsible and accountable for appropriate use of CPT and HCPCS codes, diagnosis codes, place of service (POS) 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. During this public health emergency, the requirement for a prior established relationship with a particular practitioner has been waived and providers will be reimbursed for services delivered to established and unestablished members.
  - **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."
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.
7. Assessment services can be provided via telephone and/or two-way audio video for new and existing clients.
8. **FOR MEDICAID PROVIDERS ONLY:** Mental health and substance use disorder providers may deliver verbal services via telephone and/or two-way audio video 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 client from accessing services in person. When in-person services resume, update the medical record again to reflect that.
9. **FOR MEDICAID PROVIDERS ONLY:** [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. The OHA has clarified that all routine services rendered via telemedicine to support social distancing and to prevent exposure to COVID-19 should be billed with modifier CR or DR.
  - a. Enter modifier CR (catastrophe/disaster) for professional claims

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- 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

1. Submit claims with the 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.
2. OHA and CMS have investigated additional ways to allow behavioral health providers to provide services via telephone. Accordingly, 99441-99443 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@dsoha.state.or.us](mailto:dmap.providerservices@dsoha.state.or.us). Additional guidance will be forthcoming from OHA on these codes. These services must:
  - o Be provided by a qualified nonphysician health care professional to an established patient, parent or guardian.
  - o Not be related to an assessment and management service provided within the previous seven days.
  - o 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.

### Two-way audio and video service in real time (synchronous)

1. Submit claims with POS 02.
2. **FOR MEDICAID PROVIDERS ONLY:** CareOregon does not require the use of a GT modifier for telehealth services but will process claims submitted per routine procedures if a GT modifier is submitted.
3. 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)

Summary of updates to this guidance document	
Date	Updates
9/15/20	• Corrected codes under telephone services from 99421-99423 (incorrect) to 99441-99443 (correct)
6/11/20	• Clarified expectations for when to use the CR modifier to be aligned with OHA's guidance
5/7/20	• Removed specific list of codes allowed via two-way audio and video to align with OHA's guidance that any service can be provided via telemedicine for which the provider believes the clinical value reasonably approximates the clinical value of an in-person service
4/9/20	• Added H0035 and S9480 as approved codes. Removed 96150-96154 as these codes were retired by the AMA on 01/01/2020.
4/1/20	• Modified definition language for telemedicine and telehealth services to align with the OHA
3/25/20	• 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.