In response to COVID-19, CareOregon is temporarily adjusting telemedicine, two-way synchronous audio and visual, and telephone 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 render 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.

Summary

- CareOregon can adjudicate all telemedicine and telephone claims that are properly submitted per temporary CMS and OHA guidelines.
- Providers are responsible and accountable for appropriate use of CPT and HCPCS codes, diagnosis codes, place of service codes and modifiers and accurate claim form completion that support the provided services.
- Provider contracts do not need to be updated or amended to allow for reimbursement of telephone or telemedicine services.
- Reimbursement will be the same as for services provided in person.

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

- OHA and CMS have established 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’s Provider Services at 800-336-6016 or dmap.providerservices@dhsoha.state.or.us. Additional guidance on these codes is forthcoming from OHA. 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 or procedure scheduled to occur within the next 24 hours or soonest available appointment.
  - Not be related to an assessment and management service provided within the previous seven days.

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

Telemedicine services (two-way synchronous audio and visual)

- 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 telemedicine 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90785</td>
<td>Interactive complexity code</td>
</tr>
<tr>
<td>90791</td>
<td>Psychiatric diagnostic evaluation</td>
</tr>
<tr>
<td>90792</td>
<td>Psychiatric diagnostic evaluation with medical services</td>
</tr>
<tr>
<td>90832</td>
<td>Psychotherapy, 30 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90833</td>
<td>Psychotherapy, 30 minutes with patient and/or family member when performed</td>
</tr>
<tr>
<td></td>
<td>with an E/M service</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy, 45 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90836</td>
<td>Psychotherapy, 45 minutes with patient and/or family member when performed</td>
</tr>
<tr>
<td></td>
<td>with an E/M service</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy, 60 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90838</td>
<td>Psychotherapy, 60 minutes with patient and/or family member when performed</td>
</tr>
<tr>
<td></td>
<td>with an E/M service</td>
</tr>
<tr>
<td>90839</td>
<td>Psychotherapy for crisis, first 60 minutes</td>
</tr>
<tr>
<td>90840</td>
<td>Psychotherapy for crisis (each additional 30 minutes) - list separately in</td>
</tr>
<tr>
<td></td>
<td>addition to primary service CPT code.</td>
</tr>
<tr>
<td>90846</td>
<td>Family psychotherapy (without the patient present)</td>
</tr>
<tr>
<td>90847</td>
<td>Family psychotherapy (with the patient present)</td>
</tr>
<tr>
<td>90849</td>
<td>Multiple-family group psychotherapy</td>
</tr>
<tr>
<td>90853</td>
<td>Group psychotherapy</td>
</tr>
<tr>
<td>90887</td>
<td>Consultation with family - Explanation of psychiatric, medical examinations,</td>
</tr>
<tr>
<td></td>
<td>procedures and data to other than patient</td>
</tr>
<tr>
<td>96132</td>
<td>Neuropsychological testing, interpretation, and report by psychologist or</td>
</tr>
<tr>
<td></td>
<td>physician, first 60 minutes</td>
</tr>
<tr>
<td>96133</td>
<td>Neuropsychological testing, interpretation, and report by psychologist or</td>
</tr>
<tr>
<td></td>
<td>physician, additional 60 minutes</td>
</tr>
<tr>
<td>96150-</td>
<td>Health and behavior assessment, reassessment and intervention services</td>
</tr>
<tr>
<td>96154</td>
<td></td>
</tr>
<tr>
<td>97153-</td>
<td>ABA treatment services</td>
</tr>
<tr>
<td>97157</td>
<td></td>
</tr>
<tr>
<td>99366,</td>
<td>Medical team conference services for ABA providers</td>
</tr>
<tr>
<td>99368</td>
<td></td>
</tr>
<tr>
<td>Various</td>
<td>Various E&amp;M services including 99201-205, 99211-215, 99231-233, 99307-99310,</td>
</tr>
<tr>
<td></td>
<td>99354-357, 99366, 99368, 99406-407, 99495-498</td>
</tr>
<tr>
<td>G0177</td>
<td>Training and educational services related to the care and treatment of</td>
</tr>
<tr>
<td></td>
<td>patient’s disabling mental health problems per session (45 minutes or more)</td>
</tr>
<tr>
<td>H0001</td>
<td>Alcohol and/or drug assessment</td>
</tr>
<tr>
<td>H0002</td>
<td>Behavioral health screening to determine eligibility for admission to</td>
</tr>
<tr>
<td></td>
<td>treatment program(s)</td>
</tr>
<tr>
<td>H0004</td>
<td>Behavioral health counseling and therapy, per 15 minutes</td>
</tr>
<tr>
<td>H0005</td>
<td>Alcohol and/or drug services; group counseling by a clinician</td>
</tr>
<tr>
<td>H0006</td>
<td>Alcohol and/or drug services; case management</td>
</tr>
<tr>
<td>H0015</td>
<td>Alcohol and/or drug services; intensive outpatient</td>
</tr>
<tr>
<td>H0031</td>
<td>Mental health assessment, by non-physician</td>
</tr>
<tr>
<td>H0032</td>
<td>Mental health service plan development by non-physician</td>
</tr>
<tr>
<td>H0038</td>
<td>Self-help/peer services, per 15 minutes</td>
</tr>
<tr>
<td>H0039</td>
<td>Assertive community treatment, face-to-face, per 15 minutes</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>H2018</td>
<td>Psychosocial rehabilitation services, per diem</td>
</tr>
<tr>
<td>H2023</td>
<td>Supported employment, per 15 minutes</td>
</tr>
<tr>
<td>T1006</td>
<td>Alcohol and/or substance abuse services; family/couple counseling</td>
</tr>
<tr>
<td>T1016</td>
<td>Case management, per 15 minutes</td>
</tr>
<tr>
<td>T1023</td>
<td>Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter</td>
</tr>
</tbody>
</table>

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. 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

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. 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

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@dhs.oregon.gov.