Manual:	Reimbursement Policy
Policy Title:	**Telehealth and Telemedicine Expanded Services for COVID-19**
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General Statement

Effective immediately (March 2020), Moda Health is expanding our policies around telehealth services for our Medicare Advantage, Medicaid, and Commercial membership, making it even easier and safer for patients to connect with their health care provider during the COVID-19 outbreak.

Scope

This policy temporarily supplements RPM052, "Telehealth And Telemedicine Services" due to the COVID-19 public health emergency (PHE). The policy is meant to outline the expanded coverages and changes, rather than going into the extent and detail contained in RPM052.

This policy is effective for dates of service March 6, 2020 (CMS[1, 2]) and will be updated when the PHE criteria noted below change:

- Oregon Commercial plans – until the voluntary agreement with the State of Oregon expires.
- Oregon Medicaid plans – until the voluntary agreement with the State of Oregon expires.
- Alaska Commercial plans – the expanded coverage from the state of Alaska directives has been made permanent. (See AS 21.42.422 & SCS HB 29. The Alaska section of RPM052, "Telehealth And Telemedicine Services" is also being updated.)
- Texas plans – All requirements of Texas Insurance Code Section 1455.004 resumed on September 20, 2021. (TDI[30])
- Medicare Advantage plans – until directed by CMS that the temporary expanded coverage has ended.

This policy applies to Commercial medical plans, Medicare Advantage plans, and Oregon Medicaid plans. This policy also applies to Summit Health plans for these lines of business.

This policy does not apply to:

- Dental-only plans.
- Vision-only plans.

Reimbursement Guidelines

A. All Lines of Business, New Patient versus Established Patient Determinations

Telemedicine services count the same as an in-office visit for the purposes of determining if the patient is a new patient or an established patient when they are receiving future visits and services. For further detail, see RPM052, Section A.

B. Commercial Plans

1. Telehealth services have been expanded to include communication methods that are not real-time and/or do not include audio-visual communication. Many of these are not normally a covered benefit on our standard plans. This includes:
    a. Telephone calls.
    b. Email.
    c. Provider portal communication.
    d. Instant messaging.

2. Effective for dates of service 1/1/2022 and following, modifier 93 is available to indicate telehealth services provided using audio-only technology (e.g., telephone, provider portal audio-only). Modifier 93 does not need to be appended to procedure codes with "telephone" in the code description, such as 99441 – 99443.

3. The federal government has waived HIPAA privacy requirements, so services such as Google Hangouts, FaceTime, Skype, and similar applications and services may be used during this crisis.

4. Expanded telehealth services are available for all diagnoses, not just for COVID-19 or suspected COVID-19.

5. Providers may perform telehealth services from their own home, if able and appropriate. (OHA[11])

6. Hospital Outpatient Services Accompanying Professional Services Furnished Via Telehealth
    a. The hospital may bill for the originating site facility fee associated with the telehealth service when both of the following are true:
        i. The patient is at home or at a temporary expansion site receiving services via telehealth from a physician or nonphysician practitioner who typically furnishes professional services in the hospital outpatient department, including a behavioral health intensive outpatient services or partial hospitalization program. (CMS[29])
        ii. The patient is registered as a patient of the hospital for purposes of receiving those outpatient telehealth services.
    b. The originating site fee is billed with Q3014 under the revenue code of the hospital outpatient department under which the outpatient services would normally have been provided. (CMS[21], CMS[27], CMS[28])

7. The usual telehealth cost-sharing requirements apply.
    a. Telehealth cost-sharing is never more than if the service was performed in person.
    b. Exception: No cost share for the visit when COVID-19 testing is performed or ordered.

8. The use of telehealth services is strongly encouraged to contain the spread of this new virus and the COVID-19 outbreak.

C. Medicare Advantage Plans

9. The patient does not have to reside in a rural location to receive telehealth services. Effective March 6, 2020. (CMS[1, 2])

10. The patient can receive telehealth services in their home or any setting of care. Effective March 6, 2020. (CMS[1, 2])

11. Telephones that have audio and video capabilities may be used for telehealth.

12. Everyday communication technologies, such as FaceTime and Skype may be used during this PHE crisis.

    HIPAA violation penalties against providers using everyday communication technologies will be waived by the HHS Office for Civil Rights.

13. The list of telehealth services covered under Medicare has been expanded as of March 30, 2020. Medicare has added 85 new procedure codes that will be covered for telehealth services, retroactive to date of service March 1, 2020. (CMS[16])
    a. Licensed clinical social worker services, clinical psychologist services, physical therapy services, occupational therapist services, and speech language pathology services can be paid for as Medicare telehealth services.
    b. The updated complete list of regular telehealth codes and the temporary additions for the PHE for the COVID-19 Pandemic has been posted at: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes .
    c. For all telehealth services performed on 3/1/2020 through the end of the PHE, CMS instructs to not use POS 02 or 10, but instead to:
        i. Bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE.
        ii. Append modifier 95 (which CMS does not otherwise accept).
        iii. This will indicate that the service rendered was actually performed via telehealth during the PHE. (CMS[18])
    d. Modifiers for Medicare telehealth services:
        i. Use modifier 95 as instructed above during the PHE.
        ii. CMS is not requiring the “CR” modifier on telehealth services.

iii. Continue to use modifiers GQ and G0 when required by current Medicare rules for traditional telehealth services:

1) Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier

2) Furnished for diagnosis and treatment of an acute stroke, use G0 modifier.

iv. Critical access hospital method II claims should continue to bill with modifier GT. (CMS[18])

v. Cost-sharing does not apply for COVID-19 testing-related services (both telehealth and non-telehealth).

1) Use modifier CS for all medical visits (telehealth or non-telehealth) related to COVID-19 testing for dates of service between March 18, 2020 and the end of the Public Health Emergency (PHE).

2) For detailed information about what qualifies a visit to be related to COVID-19 testing, see 2020-04-07-MLNC-SE. (CMS[19])

14. E-visits are not considered telehealth by CMS; they are covered by Medicare separately from the telehealth rules.

a. E-visit procedure code descriptions state "established patients" but during the COVID-19 PHE these codes may be used for new patient visits also. (CMS[17])

b. E-visits do not have rural location requirements.

c. Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits and report them using HCPCS codes G2061-G2063.

d. A broad range of clinicians (CMS[17], CMS[22]), including physicians can report telephone evaluation and management services using codes that have temporarily been changed to a status A (Active): (CMS[17])

i. 99441-99443 for scheduled or provider-initiated telephone contact.

ii. 98966-98968 for telephone contact initiated by the patient, parent, or guardian.

15. Virtual check-ins (G2010, G2012) are not considered telehealth services by CMS; they are covered by Medicare separately from the telehealth rules.

a. Virtual check-in services can be provided to new patients in addition to established patients. (CMS[16])

b. Virtual check-ins do not have a rural location requirement.

c. Virtual check-ins do not have specific originating site limitation.

16. CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health. (CMS[16])

17. Any health care practitioner working for a Rural Health Clinic (RHC) or a Federally Qualified Health Center (FQHC) can furnish distant site telehealth services within the provider's scope of practice. (CMS[20])
    a. Telehealth services can be furnished from any location, including the provider's home, during the time that they are working for the RHC or FQHC.
    b. RHCs and FQHCs must use HCPCS code G2025 *(Distant Site Telehealth Services RHC/FQHC)* to identify services that were furnished via telehealth during the PHE. This is a new RHC/FQHC specific G code for distant site telehealth services.
18. The usual telehealth cost-sharing requirements apply.
    a. Telehealth cost-sharing is never more than if the service was performed in person.
    b. Exception: No cost share for the visit when COVID-19 testing is performed or ordered.
19. Hospital Outpatient Services Accompanying Professional Services Furnished Via Telehealth
    a. The hospital may bill for the originating site facility fee associated with the telehealth service when both of the following are true:
        i. The patient is at home or at a temporary expansion site receiving telehealth services from a physician or nonphysician practitioner who typically furnishes professional services in the hospital outpatient department.
        ii. The patient is registered as an outpatient of the hospital for purposes of receiving those outpatient telehealth services.
    b. The originating site fee is billed with Q3014 under the revenue code of the hospital outpatient department under which the outpatient services would normally have been provided. (CMS[21])
20. These relaxed telehealth requirements apply to telehealth services for all diagnoses, not just for COVID-19 or suspected COVID-19.
21. Other related expanded permissions:
    a. Remote patient monitoring is not considered telehealth by CMS; it is covered by Medicare separately from the telehealth rules. CMS is making it clear that clinicians can provide remote patient monitoring services to patients with acute and chronic conditions and for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry. (CMS[16])
    b. CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence. (CMS[16])

D. Medicaid Plans

1. Telehealth visits can be provided by telephone when appropriate during the COVID-19 crisis. The requirement for synchronous visits with both audio and video capability is temporarily waived.

2. Everyday communication technologies, such as FaceTime and Skype may be used for patient contact during this PHE crisis.
    a. Certain requirements for encryption and HIPAA violation penalties will not be enforced by federal authorities during this crisis.
    b. HIPAA compliant platforms are of course preferred when available.
3. The patient may be at home or in a health care setting.
4. CPT codes 99441-99443 & 98966-98968 (Telephone assessment and management service) are temporarily open for use by Behavioral Health providers.
5. Telehealth visits are covered for inpatient and outpatient services for new or established patients.
6. Telehealth consultations are covered for emergency and inpatient services.
    a. Limited information provided by one clinician to another that does not contribute to collaboration (e.g., interpretation of an electroencephalogram, report on an x-ray or scan, or reporting the results of a diagnostic test) is not considered a consultation. (OHA[3])
    b. Consultation requirements of request from and report back to another provider must be documented to report a telehealth consultation service.
7. Providers may perform telehealth services from their own home, if able and appropriate. (OHA[11])
8. The list of telehealth services covered under Medicaid includes:
    a. The CMS list of regular telehealth codes and the temporary additions for the PHE for the COVID-19 Pandemic.
    b. Any procedure code with modifier GT listed as an allowed modifier on the OHA Behavioral Health fee schedule in any Service Type category.
9. Effective January 1, 2021, the Oregon Health Authority, Public Health Division, Maternal and Child Health Section is temporarily adopting OAR 333-006-0170 to support appropriate response during an outbreak or epidemic of an infectious disease. The rule allows Newborn Nurse Home Visiting services (98960, 99501, 99502) provided under OAR 333-006-0120 to be provided by telehealth during the COVID-19 pandemic to protect the health and safety of the home visiting workforce and families receiving the services. (OHA[24], OHA[25])
10. Reimbursement requirements:
    a. Bill covered telemedicine procedure codes with place of service 02. The use of telehealth POS 02 certifies that the service meets the telehealth requirements.

        Note: On Thursday, December 16, 2021 the Oregon Health Authority (OHA) notified us that OHP Medicaid will not be utilizing POS 10 at this time. Continue to use POS 02 for all Medicaid claims for services delivered using a telehealth modality until further notice from OHA.

b. Modifier GT is required for some behavioral health services (Please see BH Fee Schedule).

c. The GQ modifier is still required when applicable. GQ modifier means: via Asynchronous Telecommunication systems.

d. Modifier 95 is allowed for telemedicine services

e. Bill with the transmission site code Q3014; (where the patient is located).

f. The evaluating practitioner at the distant site may bill for the evaluation, but not for the transmission site code.

g. For members with Medicare as primary, bill according to CMS guidelines. As secondary will process based on Medicare paid amounts, telemedicine coding doesn't have to match OHP claims coding to pay secondary in MMIS per OAR 410-120-1280.

h. Important information related to COVID-19 claims tracking:

OHA would like to track claims related to COVID-19. Please use the following modifiers for all COVID-19 related claims (telehealth or non-telehealth services):

i. Modifier CR: Professional claims.

ii. Condition code DR: Institutional claims.

11. The usual telehealth cost-sharing requirements apply.
    a. Telehealth cost-sharing is never more than if the service was performed in person.
    b. Exception: No cost share for the visit when COVID-19 testing is performed or ordered.

12. These relaxed telehealth requirements apply to telehealth services for all diagnoses, not just for COVID-19 or suspected COVID-19.

Codes, Terms, and Definitions

Acronyms Defined

Acronym		Definition
ABA	=	Applied Behavior Analysis
AHA	=	American Hospital Association
AMA	=	American Medical Association
ASO	=	Administrative Services Only
CCI	=	Correct Coding Initiative (see "NCCI")
CDC	=	Centers for Disease Control
CKD	=	Chronic Kidney Disease
CMS	=	Centers for Medicare and Medicaid Services
CPT	=	Current Procedural Terminology

Acronym		Definition
ED	=	Emergency Department (also known as/see also ER)
EOCCO	=	Eastern Oregon Coordinated Care Organization
ER	=	Emergency Room (also known as/see also ED)
ESRD	=	End Stage Renal Disease
FQHC	=	Federally Qualified Health Center
HCPCS	=	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
HHS	=	The U.S. Department of Health and Human Services (HHS)
HIPAA	=	Health Insurance Portability and Accountability Act
ICD-10-CM	=	International Classification of Diseases, Tenth Edition, Clinical Modification
MS DRG	=	Medicare Severity Diagnosis Related Group (also known as/see also DRG)
NCCI	=	National Correct Coding Initiative (aka "CCI")
OHA	=	Oregon Health Authority
OHP	=	Oregon Health Plan (aka Oregon Medicaid)
PHE	=	Public Health Emergency
PHEIC	=	Public Health Emergency of International Concern
RHC	=	Rural Health Clinic
RPM	=	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)
UB	=	Uniform Bill
WHO	=	World Health Organization

Definition of Terms

Term	Definition
Pandemic	A global outbreak of disease.
Public Health Emergency	An extraordinary event which is determined to constitute a public health risk through the spread of disease and requires a coordinated response.
Public Health Emergency of International Concern (PHEIC)	A formal declaration by the World Health Organization (WHO) of a public health emergency of international scale. (Wiki[10])

Procedure codes (CPT & HCPCS):

For a list of telehealth services covered under Medicare, see:
https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

(Note the CMS list at this link was updated as of March 30, 2020 @ 6:15 PM to include 85 codes temporarily added for use during the COVID-19 PHE.)

For a list of telehealth services covered under Medicaid/EOCCO, see:
https://www.eocco.com/eocco/-/media/eocco/pdfs/eocco_medicaid-telemedicine.pdf

And any procedure code with modifier GT listed as appropriate on:
https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx

For a list of telehealth services covered under Medicaid/OHSU Health CCO, see:
https://www.ohsu.edu/sites/default/files/2020-06/OHSU%20Health%20Services_Medicaid%20Telemedicine%20Overview%20Generic%206.9.20.docx

And any procedure code with modifier GT listed as appropriate on:
https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx

For Commercial plans, here is the list of procedure codes:
(codes & key changes related to the PHE are in red font)

Type of Service	What is the Service?	HCPCS/CPT Code	Coding & Helpful Information
Commercial Telehealth Visits	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201 – 99215 (Office or other outpatient visits) See also separate listings for: • Consultation services, pages 2 & 3. • Telehealth visit at hospital or facility, page 3.	Use POS 02 or 10. Modifier 95 is optional.

Type of Service	What is the Service?	HCPCS/CPT Code	Coding & Helpful Information
Specific Type of Visits, done by Telehealth	A visit with a provider for a specific purpose (see each code description) with the use of telecommunication systems between a provider and a patient.	• 96040 • 99473 • G0372 • G9156	Use POS 02 or 10. Modifier 95 is optional.
Virtual Check-in	A brief (5-10 minutes) check-in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or pictures/images submitted by an established patient. This is NOT an advice nurse call, this is communication with the provider themselves.	• G2012 • G2010 • G0071 (RHC/FQHC equivalent of G2012 or G2010)	Use POS 02 or 10. (Audio-visual requirement is waived for the PHE.) Modifier 95 is optional. Expanded coverage during PHE for most/standard Commercial plans. Moda accepts Medicare HCPCS codes for Commercial plans when they are the most accurate and detailed code for the service (as in this case).
E-visits	A communication between a patient and their provider through an online patient portal.	• 99421, 99422, 99423 • 98970, 98971, 98972 (preferred codes) • G2061, G2062, G2063 (acceptable codes)	Use POS 02 or 10. (Audio-visual requirement is waived for the PHE.) Modifier 95 is optional. Expanded coverage during PHE for most/standard Commercial plans. Code descriptions require an established patient relationship. For new patients, use 99201 – 99205.

Type of Service	What is the Service?	HCPCS/CPT Code	Coding & Helpful Information
Telephone E/M unrelated to face-to-face E/M (established patient)	Telephone communication between a patient and their provider. This is NOT an advice nurse call, this is communication with the provider themselves.	• 98966 – 98968 • 99441 – 99443	Use POS 02 or 10. (Audio-visual requirement is waived for the PHE.) Modifier 95 is optional. Expanded coverage during PHE for most/standard Commercial plans. Code descriptions require an established patient relationship. Code description requires call not be related to another E/M in past 7 days or lead to E/M next 24 hours or soonest available.
Interprofessional consult/referral	Professional to professional communication about a patient for the purpose of making a referral or obtaining a consult on the patient's condition and care. The patient is not present for the communication.	• 99446 – 99449 • 99451 • 99452	Do not use POS 02 or 10; code description is specific. No need to use modifier 95. Consultation requirements of request from and report back to another provider must be documented to use 99446 – 99449, 99451.
Telehealth Office Consultation	A consultation at the request of another provider that uses telecommunication systems between a provider and a patient, with a report back to the requesting provider.	• 99241 – 99245	Use POS 02 or 10. Modifier 95 is optional. Moda Health Commercial plans accept consultation procedure codes. Consultation requirements of request from and report back to another provider must be documented to use a consultation code.

Type of Service	What is the Service?	HCPCS/CPT Code	Coding & Helpful Information
Telehealth visit at hospital, SNF, or other facility	A visit that uses telecommunication systems between a provider and a patient in a hospital, SNF, or other facility environment.	• 99217 – 99220 • 99221 - 99223 • 99224 – 99226 • 99231 – 99233 • 99234 – 99236 • 99238 – 99239 • 99281 – 99285 • 99291 - 99292 • 99304 - 99306 • 99307 – 99310 • 99315 – 99316 • 99356, 99357 • 99468 – 99469 • 99471 – 99472 • 99475 – 99480	Use POS 02 or 10. Modifier 95 is optional. Prolonged services require clear time and content documentation.
Telehealth hospital consultation	A consultation at the request of another provider that uses telecommunication systems between a provider and a patient at a facility (inpatient, emergency department, etc.), with a report back to the requesting provider.	• 99251 – 99255 • G0406 – G0408 • G0425 – G0427 • G0508 – G0509	Use POS 02 or 10. Modifier 95 is optional. Moda Health Commercial plans accept consultation procedure codes. Consultation requirements of request from and report back to another provider must be documented to use a consultation code.
Telehealth visit, Home	A visit that uses telecommunication systems between a provider and a patient in a hospital or facility environment.	• 99327 – 99337 • 99341 - 99350	Use POS 02 or 10. Modifier 95 is optional.
Care Planning & Care Management Services	A care planning or care management service performed with the use of telecommunication systems between a provider and a patient.	• 99366 • 99495, 99496 • 99497, 99498 • G0506	Use POS 02 or 10. Modifier 95 is optional.

Type of Service	What is the Service?	HCPCS/CPT Code	Coding & Helpful Information
Preventive E/M	A preventive visit with a provider with the use of telecommunication systems between a provider and a patient.	• 99381 – 99397 • G0438, G0439 • G0513, G0514	Use POS 02 or 10. Modifier 95 is optional. Expanded coverage during PHE for most/standard Commercial plans. To the extent that preventive services can and are performed during the PHE, if able to be effectively performed by telecommunications technology, they are covered and allowed as telehealth.
Specific screening or preventive service, mandated or recommended	One of a variety of screening or preventive services with the use of telecommunication systems between a provider and a patient.	• 96127 • 96160, 96161 • 99406 – 99407 • 99408 – 99409 • 0488T • G0296 • G0396, G0397 • G0442, G0443, G0444, G0445, G0446, G0447	Use POS 02 or 10. Modifier 95 is optional.
Health behavior assessment or intervention	Health behavior assessment or intervention service with the use of telecommunication systems between a provider and a patient.	• 96156 • 96158 – 96159 • 96164 - 96171	Use POS 02 or 10. Modifier 95 is optional.
Behavioral Health partial hospitalization	Mental Health or Substance Use Disorder partial hospitalization service(s) with the use of telecommunication systems between a provider or provider team and a patient.	• H0035	Use POS 02 or 10. Modifier 95 is optional.
Behavioral Health intensive outpatient	Mental Health or Substance Use Disorder intensive outpatient service(s) with the use of telecommunication systems between a provider or provider team and a patient.	• H0015 • S9480	Use POS 02 or 10. Modifier 95 is optional.

Type of Service	What is the Service?	HCPCS/CPT Code	Coding & Helpful Information
Behavioral Health case management	Mental Health or Substance Use Disorder case management service(s) with the use of telecommunication systems between a provider or provider team and a patient.	• T1016	Use POS 02 or 10. Modifier 95 is optional.
Radiation Treatment Management	Radiation Treatment Management with the use of telecommunication systems between a provider and a patient.	• 77427	Use POS 02 or 10. Modifier 95 is optional.
Mental Health or Substance Use Disorder service	A mental health or substance use disorder service that uses telecommunication systems between a provider and a patient.	• 90791, 90792 • 90832 – 90838 • 90785 • 90839, 90840 • 90845 • 90846 – 90853 • 90863 • 90887 • 99354, 99355 • G2086 – G2088 • G0459 • H0001, H0002, H0004, H0005, H0014, H0031, H0039, H0050, H2000, H2001, H2010, H2011, H2012, H2014, H2015, H2017, H2019, H2021, H2025, H2028, H2033, H2035	Use POS 02 or 10. Modifier 95 is optional. Prolonged services require clear time and content documentation.
Prenatal Care Services	A prenatal care service that uses telecommunication systems between a provider and a patient.	• H1000, H1001, H1002, H1003	Use POS 02 or 10. Modifier 95 is optional.
Newborn Nurse Home Visits	A newborn (0-6 months) nurse home visit that uses telecommunication systems between a provider and a patient (newborn & parents). (Ref: SB 526, OAR 333-006-0120, and OAR 333-006-0170.)	98960, 99501, 99502	Use POS 02 or 10. Modifier 95 is optional.

Type of Service	What is the Service?	HCPCS/CPT Code	Coding & Helpful Information
Nutrition Therapy	A medical nutrition therapy service that uses telecommunication systems between a provider and a patient.	• 97802 – 97804 • G0270	Use POS 02 or 10. Modifier 95 is optional.
Disease management	A disease management service that uses telecommunication systems between a provider and a patient.	• 98960 – 98962 • G0108 – G0109 • G0245 – G0246 • S0320	Use POS 02 or 10. Modifier 95 is optional.
Neuro/Cognitive Services	A Neuro/Cognitive exam or testing with the use of telecommunication systems between a provider and a patient.	• 96116 • 96125 • 96130 – 96139	Use POS 02 or 10. Modifier 95 is optional.
Speech Therapy	A speech therapy service that uses telecommunication systems between a provider and a patient.	• 92507 – 92508 • 92521 – 92524 • 96105 • S9152	Use POS 02 or 10. Modifier 95 is optional.
Physical Medicine and Rehabilitation (PT, OT, etc.)	A physical medicine & rehabilitation service that uses telecommunication systems between a provider and a patient.	• 97110, 97112, 97116 • 97161 – 97168 • 97535, 97750, 97755, 97760, 97761	Use POS 02 or 10. Modifier 95 is optional.
Applied Behavior Analysis (ABA) services	An Applied Behavior Analysis (ABA) service that uses telecommunication systems between a provider and a patient.	• 97151-97158	Use POS 02 or 10. Modifier 95 is optional. Expanded coverage during PHE for most/standard Commercial plans.
Dialysis Service End Stage Renal Disease (ESRD) Service Chronic Kidney Disease (CKD) Service	A Dialysis, ESRD, or CKD service with the use of telecommunication systems between a provider and a patient.	• 90935, 90937 • 90945, 90947 • 90951 – 90962 • 90963 – 90966 • 90967 – 90970 • 90989, 90993 • G0420, G0421 • G0492	Use POS 02 or 10. Modifier 95 is optional.

Type of Service	What is the Service?	HCPCS/CPT Code	Coding & Helpful Information
Other miscellaneous services	Services performed with the use of telecommunication systems between a provider and a patient.	• 93750, 95970, 95971, 95972, 95983, 95984 • G0337 • H2000 • S0257, S0260 • T1001 • T1024	Use POS 02 or 10. Modifier 95 is optional.
Cardiac or Pulmonary Rehab	Cardiac or Pulmonary rehabilitation performed with the use of telecommunication systems between a provider and a patient.	• 93797, 93798 • G0422, G0423, G0424	Use POS 02 or 10. Modifier 95 is optional. CMS added expanded coverage during PHE, and this was added to Commercial also.
Remote patient monitoring	These remote patient monitoring services *are not considered telehealth services.* In general, these services are covered (subject to basic medical necessity criteria) under the member's regular medical benefits.	• 92227 – 92228 • 93228 – 93229 • 93268 – 93272 • 99091 • 99453 – 99454 • 99457 - 99458	Do not use POS 02 or 10. POS based on patient location. Use of modifier 95 not appropriate beginning 1/1/2020.

Modifier Definitions:

Modifier CS is shown below. For a list of the remainder of telehealth modifiers, please see "Telehealth and Telemedicine Services." Moda Health Reimbursement Policy Manual, RPM052.

Modifier	Modifier Description
Modifier CR	Catastrophe/disaster related
Modifier CS	Covid-19 testing related service

Diagnosis codes (ICD-10):

Code	Code Description	
B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere	
B97.29	Other coronavirus as the cause of diseases classified elsewhere	For confirmed cases of COVID-19 for DOS 3/31/2020 and earlier
U07.1	COVID-19 [acute respiratory disease]	Effective for DOS 4/1/2020 and following (CDC[15])
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	

Place of Service code:

Note: Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the effective date for nonmedical data code sets, of which the POS code set is one, is the code set in effect the date the transaction is initiated. It is not date of service. (CMS MM9726[26])

Code	Short Description	Place of Service Code Long Description
02	Telehealth	The location where health services and health related services are provided or received, through telecommunication technology. (Does not apply to originating site facilities billing a facility fee.) (Effective for claims submitted 1/1/2017 – 12/31/2021, regardless of date of service.)
02	Telehealth Provided Other than in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. (Description change effective January 1, 2022, and applicable for Medicare April 1, 2022.)
10	Telehealth Provided in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. (This code is effective January 1, 2022, and available to Medicare April 1, 2022.)

Condition code:

Condition Code	Condition Code Description
DR	Disaster related

External Links & Coding Resources

AAPC. "Coronavirus: What Every Medical Coder Needs to Know." Last updated March 16, 2020; Last accessed March 26, 2020.

AMA. "Special coding advice during COVID-19 public health emergency." Includes coding scenarios.

CDC. "ICD-10-CM Coding encounters related to COVID-19 Coronavirus Outbreak." (Applies for dates of service March 31, 2020 and prior.)

For a list of telehealth services covered under Medicare, see:

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

For additional information about CMS changes and COVID-19 telehealth expansion, see:

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https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-03-31-mlnc-se

List of links about CMS Coronavirus Waivers & Flexibilities: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

For a list of telehealth services covered under Medicaid/EOCCO, see:

https://www.eocco.com/eocco/-/media/eocco/pdfs/providers/eocco-medicaid-telemedicine-overview.pdf

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Background Information

The SARS-CoV-2 virus is a coronavirus that causes the disease COVID-19. (WHO[5]) The initial outbreak was identified in Wuhan, Hubei Province, China and later spread internationally. (CDC[6]) The World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern on January 30, 2020. (WHO[7]) Then on March 11, 2020 the WHO declared COVID-19 a pandemic. (Ducharme[8]) The Centers for Disease Control and Prevention (CDC) leads the U.S. response. The World Health Organization (WHO) guides the global response. (OHA[9])

The Coronavirus Preparedness and Response Supplemental Appropriations Act, as signed into law by the President on March 6, 2020, includes a provision allowing the Secretary of the Department of Health and Human Services to waive certain Medicare telehealth payment requirements during the Public Health Emergency (PHE) declared by the Secretary of Health and Human Services January 31, 2020 to allow beneficiaries in all areas of the country to receive telehealth services, including at their home. (CMS[1])

IMPORTANT STATEMENT

The purpose of this Reimbursement Policy is to document Moda Health's payment guidelines for those services covered by a member's medical benefit plan. Healthcare providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Moda Health Reimbursement Policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. Billed codes shall be fully supported in the medical record and/or office notes. Providers are expected to submit claims for services rendered using valid codes from HIPAA-approved code sets. Claims are to be coded appropriately according to industry standard coding guidelines (including but not limited to UB

Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative [CCI] Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the member's medical benefit plan. Should there be any conflicts between the Moda Health Reimbursement Policy and the member's medical benefit plan, the member's medical benefit plan will prevail. Fee determinations will be based on the applicable provider fee schedule, whether out of network or participating provider's agreement, and Moda Health Reimbursement Policy.

Policies may not be implemented identically on every claim due to variations in routing requirements, dates of processing, or other constraints; Moda Health strives to minimize these variations.

***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the information by going to https://www.modahealth.com/medical/policies_reimburse.shtml *****