

Connecticut Department of Social Services (DSS)
Connecticut Medical Assistance Program (CMAP)

Responses to Frequently Asked Questions (FAQs) About CMAP's Response to COVID-19 (Coronavirus)

Updated: May 27, 2020

Below are responses to frequently asked questions about CMAP's response to the outbreak of COVID-19 (Coronavirus). Please carefully review all provider bulletins and other documents posted on the CMAP Web site, www.ctdssmap.com and check for updates, as we intend to continue providing updated guidance as necessary.

1. Does the provider need to use a software program with both video and telephone for telemedicine visit or can they just speak with the patient over the phone?

Response: Provider Bulletins 2020-09 and 2020-10 do not authorize audio only telephone as telemedicine services. Telemedicine must be an audio and video system with real-time communication between the patient and practitioner. Provider Bulletin 2020-14 does authorize telephone services (audio only) under specific circumstances.

2. The bulletin requires a written informed consent to be signed by the member prior to the start of telemedicine services. Is it possible to do obtain verbal consent instead of written consent?

Response: Yes, for the time period that PB 2020-10 is in effect (as part of CMAP's response to COVID-19), for CMAP purposes, the Department is waiving the requirement of written consent prior to starting telemedicine services. Providers must document that they obtained verbal consent from the member to provide telemedicine services and document that consent in the medical record. One potential alternative to obtaining traditional written informed consent is that providers include, as part of the software program used to provide telemedicine services, that the member affirmatively agrees to receive services by telemedicine as a condition of opening the telemedicine software encounter and the provider. If the provider chooses this option for obtaining written informed consent, the provider should maintain documentation on file that its telemedicine software program includes this disclaimer and consent. These options are permissible for CMAP purposes but do not supersede any other requirements that may apply to the provider, such as scope of practice or professional standards.

3. What is the appropriate place of service (POS) to use when billing for a telemedicine encounter?

Response: Providers should use POS 02 which will indicate that the service was rendered via telemedicine.

4. Is the CMAP Medicaid Management Information System (MMIS) billing system, operated by DXC Technology, system ready to process and pay claims billed with POS-02?

Response: Yes, the MMIS is ready to accept claims with POS 02.

5. Is there a full list of approved billing codes?

Response Updated on 5/22/20: Please click on [APPENDIX 1: ELIGIBLE PROCEDURE CODES UNDER COVID 19 TELEMEDICINE/TELEPHONIC COVERAGE](#) for a list of all services that can be performed via synchronized telemedicine and /or telephonically. [APPENDIX 1](#)

6. What medical telemedicine services are currently covered by CMAP?

Response: PB 2020-09 authorizes coverage of telemedicine for out-of-state surgeries and homebound individuals. PB 2020-10 temporarily expands telemedicine coverage to a much broader category of medical evaluation and management services effective for dates of service March 13, 2020 through the date that DSS notifies providers in writing that the COVID-19 public health emergency in Connecticut has ended. Provider Bulletin 2020-14 does authorize telephone services (audio only) under specific circumstances.

7. Are independent behavioral health practitioners required to physically be in the office when they render a telemedicine or telephone service to a member?

Response: No, independent practitioners in solo practices or in group practices are not required to be in the office when rendering a telemedicine or telephone service to a member.

8. As an independent practitioner, do I still need to add my provider specific modifier that I used prior to telemedicine in addition to the telemedicine modifier to the claim?

Response: Yes, independent behavioral health practitioners must still use the billing modifiers that were in place prior to the telemedicine policy. For telemedicine services, there will be two modifiers on a claim, the previous billing modifier and the telemedicine modifier. Clinical social workers use the modifier "AJ" and Licensed Marriage and Family Therapists, Licensed Professional Counselors, and Licensed Alcohol and Drug Counselors use the modifier "HO".

9. Regarding behavioral health services, as a DPH licensed behavioral health clinic, non-licensed and non-certified staff could provide services under the direction of a licensed behavioral health practitioner. Is that still the case for telemedicine and telephone services?

Response: Yes, only in behavioral health clinics that are licensed by DPH.

10. Regarding the physical location of the practitioner who works for a DPH licensed healthcare facility, does the practitioner still need to be in the clinic when rendering telemedicine or telephone services?

Response: DSS is waiving the DSS regulations regarding any limitation to the physical location of the practitioner when rendering telemedicine or telephone services.

11. For methadone maintenance services, providers are required to provide at least one counseling session per month. Can we do the required monthly counseling session via telemedicine or telephone?

Response: Yes.

12. Are there additional authorization requirements in order to provide services via telemedicine or telephone?

Response: No additional or different authorization procedures are required beyond the authorization requirements in place prior to issuing new policy on telemedicine.

13. As an FQHC, we were providing group psychotherapy and IOP on a face to face basis. Does PB 2020-25 allow us to provide group psychotherapy and IOP via telemedicine?

Response: Yes. Any practitioner or provider type that was rendering group psychotherapy, adult day treatment, intensive outpatient treatment and partial hospital treatment on a face to face (in-person) basis prior to PB 2020-25 may now conduct those group sessions via telemedicine (audio and video), but not audio-only telephone.

14. I understand that the codes for medication administration are hands-on care service codes. Under the current public health emergency, is DSS allowing licensed home health providers to perform these services via telemedicine or telephone?

Response: Correct, during the temporary effective period, until DSS notifies providers differently, the medication administration codes listed on the bulletin, that are normally done in the home with the patient, may now be done via telemedicine (audio and video) or telephonically (audio only). The Department is aware that the T1502 and T1503 codes are both for direct face to face administration of medications including intramuscular and subcutaneous injections. In an effort to reduce the transmission of the coronavirus, the Department is allowing these codes to be done via telemedicine or telephonically for prompting of oral medication by a nurse and not for any other medication administration. The expectation is that the home health nurse will pre-pour patients' oral medications ahead of time and use telemedicine, or telephone call to conduct a brief assessment and prompt patients to take their already pre-poured medications. Please refer to provider bulletins, PB 2020-28 CMAP COVID-19 Response – Bulletin 13: Emergency Temporary Telemedicine Coverage/Telephonic Coverage for Specified Home Health Services and Hospice

Services and PB 2015-07 Clarification of Billing Medication Administration Visit Code and Skilled Nursing Visit Code Related to Pre-pouring of Medication for additional guidance.

15. The nurse will be the one pre-pouring the medications; are home health aides able to call patients and prompt them to take their medications after it has been pre-poured by the nurse?

Response: No, medication prompting services performed by home health aides are not eligible to be performed under the temporary emergency telemedicine or telephone coverage. HCPCS codes T1502 and T1503 include a brief assessment performed by a nurse who will also prompt the HUSKY Health member to take their medications.

16. If the home health aides cannot call patients and prompt them to take their medications, why is there a home health prompting code?

Response: The Department is not advising home health agencies to not perform medication prompting by home health aides service that were prior authorized as part of the care plan. Home health agencies are advised to perform authorized services in the safest manner possible during this public health crisis.

17. Will the Department of Social Services (DSS) follow the CARES Act allowing other health professionals to sign off on home health orders?

Response: Effective April 27, 2020 (or such other effective date of the Connecticut Department of Public Health (DPH) order on the same topic), until the end of the officially declared public health and civil preparedness emergency, Medicaid payment is authorized for otherwise covered home health services that are ordered by advanced practice registered nurses and physician assistants (an expansion of the current requirements, which are limited to orders issued by physicians). This expansion of practitioners is consistent with DPH's order to broaden the scope of practitioners authorized to issue orders for home health services under its home health licensing regulations. DSS will review updates from DPH about the expansion of practitioners authorized to sign home health orders to determine if DSS needs to make any further updates.

18. Has DSS waived prior authorization requirements for outpatient hospital radiology services that are billed using a “C” procedure code?

Response: Yes, during the COVID-19 Temporary Effective Period, prior authorization has been waived on the following “C” procedure codes:

| | | | |
|-------|-------|-------|-------|
| C8900 | C8908 | C8914 | C8933 |
| C8901 | C8909 | C8918 | C8934 |
| C8902 | C8910 | C8919 | C8935 |
| C8903 | C8911 | C8920 | C8936 |
| C8905 | C8912 | C8931 | |
| C8906 | C8913 | C8932 | |

19. Can DSS clarify the use of telemedicine modifiers and Place of Service (POS) requirements when billing for telemedicine or telephonic services?

Response: The following modifiers are required on all claims when services are rendered via telemedicine:

- Modifier “GT” is used when the member’s originating site is located in a healthcare facility or office; or
- Modifier “95” is used when the member is located in the home.

Providers should continue to append all other appropriate modifiers on the claim in conjunction with the applicable telemedicine modifier. When services are rendered via telemedicine POS 02 – Telehealth must be appended on the claim. At this time, telephonic services do not require a specific modifier and there is no specific POS requirement when services are rendered telephonically (audio only).

20. How will inpatient behavioral health admissions be reimbursed for admission dates April 1, 2020 until the Temporary Effective Period is over?

Response: As described in *PB 20-33 - CMAP COVID-19 Response – Bulletin 23: Changes to the Prior Authorization Requirements for Specified Services*, any BH inpatient admission that is billed with Revenue Center Code (RCC) 124 or 126 and/or assigned a DRG of 740-776 (behavioral health) will pay at the hospital’s behavioral health per-diem rate. If you have any problems with billing and reimbursement you can send an email to DXC via the hospital email address ctxixhosppay@dx.com.

Any BH inpatient admission approved prior to 4/1/2020 must continue to have the authorization updated through Beacon Health Options, in order to receive the per diem payment.

Please note: All inpatient behavioral health services continue to remain an all-inclusive payment to the hospital; therefore, professional services cannot be billed separately.

21. How will inpatient rehab admissions be reimbursed for admission dates April 1, 2020 until the Temporary Effective Period is over?

Response: As described in *PB 20-33 - CMAP COVID-19 Response – Bulletin 23: Changes to the Prior Authorization Requirements for Specified Service*, any Rehabilitation inpatient admission billed with Revenue Center Code (RCC) 128 and/or assigned a DRG 860 (rehabilitation) will be paid the hospital's Rehab per diem rate. If you have any problems with billing and reimbursement you can send an email to DXC via the hospital email address ctxixhosppay@dxc.com.

Any Rehab inpatient admission approved prior to 4/1/2020 must continue to have the authorization updated through Community Health Network of CT (CHNCT), in order to receive the per diem payment.

Please Note: All inpatient rehabilitation services continue to remain an all-inclusive payment to the hospital; therefore, professional services cannot be billed separately.

22. Our in-state group practice has multiple service locations. Due to the COVID-19 health crisis, we have had to close facilities and have moved physicians to some of our other locations that they normally wouldn't work at. We have also had to move physicians around to different locations to cover for sick physicians. Do we have to update the physicians' location in their enrollment every time they change locations in order to bill correctly?

Response: No Providers are to bill using the providers "home" location during the COVID-19 health crisis. Providers will not be required to update their location if they are moving around from location to location treating patients until the state has no longer declared a health emergency.

23. Can providers bill E/M visit based on time limits or MDM limits as covered by Medicare as part of their COVID-19 response?

Response: DSS recommends that CMAP providers follow the guidance offered in Medicare COVID-19 response to use either MDM limits or time limits when determining the level of the E/M to bill. CMAP providers should refer to page 135 of the PDF version of the Medicare COVID-19 response for additional information: <https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public>.

24. Is DSS following Medicare's guidance regarding the Level Selection for Office/Outpatient Evaluation and Management (E/M) Visits When Furnished via Telemedicine?

Response: Yes, during the Temporary Effective Period, DSS will follow Medicare's policy regarding office/outpatient E/M level selection for services furnished via telehealth. On an interim basis, office and outpatient E/M services can be based on MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter. Providers should refer to section "W" of the Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency IFR for additional information:

<https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public>

25. Related to PB 2020-44, the Department issued this bulletin on May 12th with an effective date of sun setting or terminating the use of procedure codes 98967 and 98968 of May 6th. As a provider we had no way of knowing not to bill these codes from May 7th through May 12th, the date of issuance of the provider bulletin. Do providers need to go back and resubmit claims using the new procedure codes for the period between May 7th and May 12th?

Response: In an Important Message issued on May 18, 2020, the Department modified the end dates of procedure codes 98967 and 98968 for behavioral health services from May 6th to May 12th. Providers do not need to modify or resubmit claims for the period of May 7th through May 12th.

Provider Bulletins:

[PB 2020-10](#) - CMAP COVID-19 Response – Bulletin 1: Emergency Temporary Telemedicine Coverage

[PB 2020-12](#) – CMAP COVID-19 Response – Bulletin 2: Laboratory Testing Coverage

[PB 2020-13](#) – CMAP COVID-19 Response – Bulletin 3: Emergency Pharmacy Program Changes

[PB 2020-14](#) – CMAP COVID-19 Response – Bulletin 4: Expanded Telemedicine and New Audio-Only (Telephonic) Services

[PB 2020-15](#) – CMAP COVID-19 Response – Bulletin 5: Elimination of Copayments for Services Rendered to HUSKY B Members

[PB 2020-17](#) – CMAP COVID 19 Response – Bulletin 6: – Emergency Remote Early Intervention Services

[PB 2020-19](#) – CMAP COVID-19 Response – Bulletin 7: Enhanced Care Clinic (ECC) Access Requirements

[PB 2020-23](#) – CMAP COVID-19 Response – Bulletin 8: Emergency Temporary Telemedicine Coverage for Physical Therapy, Occupational Therapy & Speech Therapy Services

[PB 2020-24](#) – CMAP COVID-19 Response – Bulletin 9: Emergency Temporary Telemedicine Coverage for Specified Therapy Services Rendered at Rehabilitation Clinics

[PB 2020-25](#) – CMAP COVID-19 Response – Bulletin 10: Expanded Use of Synchronized Telemedicine for Specified Behavioral Health Group Therapy Services and Autism Spectrum Disorder Services

[PB 2020-26](#) – CMAP COVID-19 Response – Bulletin 11: Emergency School Based Child Health (SBCH) Program Changes

[PB 2020-27](#) – CMAP COVID-19 Response – Bulletin 12: Waiver of Certain Requirements and Temporary Procedural Changes for Home and Community-Based Waiver Programs

[PB 2020-28](#) - CMAP COVID-19 Response - Bulletin 13: Emergency Temporary Telemedicine Coverage/Telephonic Coverage for Specified Home Health Services and Hospice Services

[PB 2020-18](#) – CMAP COVID-19 Response – Bulletin 15: Emergency MEDS Program Changes

[PB 2020-29](#) – CMAP COVID-19 Response – Bulletin 16: Emergency Durable Medical Equipment Changes Pertaining to Customized Wheelchairs

[PB 2020-30](#) – CMAP COVID-19 Response – Bulletin 17: Temporary Changes to Claim Submission for Coagulation Factor Drugs

[PB 2020-32](#) – CMAP COVID-19 Response – Bulletin 18: Temporary Changes to Signature Requirement for Prescription Medications

[PB 2020-31](#) - CMAP COVID-19 Response - Bulletin 19: Emergency ICF-IID Leave Day Changes

[PB 2020-35](#) – CMAP COVID-19 Response – Bulletin 20: TU Modifier – Overtime

[PB 2020-34](#) – CMAP COVID-19 Response – Bulletin 21: Select Added Services to the Emergency Temporary Telemedicine Coverage/Telephonic Coverage for Specified Home Health Services

[PB 2020-36](#) – CMAP COVID-19 Response – Bulletin 22: Meals on Wheels Changes

[PB 2020-33](#) – CMAP COVID-19 Response – Bulletin 23: Changes to the Prior Authorization Requirements for Specified Services

[PB 2020-39](#) – CMAP COVID-19 Response – Bulletin 25: Non-Emergency Medical Transportation and Non-Emergency Ambulance Transportation

[PB 2020-38](#) – CMAP COVID-19 Response – Bulletin 26: Additional Changes to the Synchronized Telemedicine Program

[PB 2020-42](#) – CMAP COVID-19 Response – Bulletin 27: New COVID-19 Coverage Group for Uninsured Residents

[PB 2020-43](#) – CMAP COVID-19 Response – Bulletin 28: Emergency Medicaid for Non-Citizens

[PB 2020-45](#) – CMAP COVID-19 Response – Bulletin 29: Updated Guidance Regarding Audio-Only Telephone Services and Guidance Regarding the Use of Synchronized Telemedicine Services for Supervision of Resident Services

[PB 2020-44](#) – CMAP COVID-19 Response – Bulletin 30: Updated Audio-Only Behavioral Health (Telephonic) Services - NEW Billing Guidance

[PB2020-47](#) – CMAP COVID-19 Response – Bulletin 31: Updated Synchronized Telemedicine (Audio and Video) Services – for Autism Spectrum Disorder Providers

[PB 2020-48](#) – **REVISED** CMAP COVID-19 Response – Bulletin 32: Services Covered under the Optional Medicaid Coverage Group “COVID-19 Testing Group” for Uninsured Connecticut Residents

[PB 2020-40](#) – **CMAP COVID-19 Response – Bulletin 34: Enrollment of CMAP Out-of-State Providers**

Important Messages:

[Attention Autism Waiver Service Providers: COVID-19 Response Bulletin 12 \(Posted 3/30/20\)](#)

[Attention All Providers: Clarification of Provider Bulletin 2020-44 \(Posted 5/18/20\)](#)

COVID-19 Response DXC Technology Alternate Call Center and Provider Enrollment Contact Information:

Provider Assistance Center:

If providers are experiencing extended call wait times, providers may email the provider assistance call center with their question at ctdssmap-provideremail@dxc.com. Please be sure to include your name and phone number with your inquiry.

Please note, The provider assistance center does not verify client eligibility for current dates of service. Providers need to log into their secure web portal account at www.ctdssmap.com in order to verify a client's eligibility. Providers are reminded that the self service functions including Client eligibility, Web Claim Submission, Claims Status Inquiry, Paid Claim Adjustments, Pharmacy Prior Authorization Request

Submissions and Prior Authorization status requests are available to providers through their secure Web portal account.

Client Assistance Center

If clients are experiencing extended call wait times, clients may email the client assistance call center with their question at webmaster-ctmedprog@dxc.com. Please be sure to include your name and phone number with your inquiry.

Clients inquiring about a claim denial due to third party liability on their client record that is outdated should contact Health Management Systems at 1-866-277-4271.

Clients inquiring about a claim denial due to the client not being eligible, will need to contact the DSS Client Information Line and Benefits Center at 1-855-626-6632 (TTD/TTY 1-800-842-4524).

Clients requesting a replacement ID card will need to call Husky Health at 1-800-859-9889 or visit the www.ctgov/husky Web site.

Pharmacy Prior Authorization Assistance Center

Providers with access to the secure web portal can submit pharmacy prior authorization requests electronically as well as check prior authorization status. Please refer to provider bulletin (2019-70) titled Pharmacy Web Prior Authorization for further instructions on how to submit pharmacy prior authorizations via the secure web portal. As a reminder, please access www.ctdssmap.com and click on pharmacy for information including the preferred drug listing and prior authorization forms.

Provider Enrollment

Providers with questions related to a provider enrollment matter are encouraged to email their question to the provider enrollment email box at ctproviderenrollment@dxc.com, or providers may fax their question to 1-877-899-5401.

Providers who are submitting follow on documents to DXC Technology for current enrollment or re-enrollment ATNs may fax the documents to 1-877-899-5401 or email them to ctproviderenrollment@dxc.com. Please be sure to include your ATN on each document page.

Claims/Financial Team

Providers who wish to submit Hysterectomy Consent Forms, Sterilization Consent Forms or Electronic Claim Attachments may fax the documents to 1-860-986-7995 or email them to ctxix-claimattachments@dxc.com.

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Providers who wish to submit Trauma Questionnaire Responses may fax them to 1-833-577-3519 or email them to CTXIX-TraumaMailbox@dxc.com.

**APPENDIX 1:
ELIGIBLE PROCEDURE CODES UNDER COVID 19
TELEMEDICINE/TELEPHONIC COVERAGE**

This spreadsheet lists the procedure codes, and when applicable the revenue center codes that are eligible to be billed when performed as via telemedicine (synchronized audio and visual) or telephonically (audio-only) during the Temporary Effective Period in response to COVID-19. Providers must refer to the corresponding provider bulletins for billing guidance, including effective dates and applicable fee schedules. All provider bulletins, fee schedules and FAQs can be found on the CMAP Website, www.ctdssmap.com.

| | RCC * (if applicable) | Procedure Code * | Short Descriptor | Eligible Providers | Telemedicine (TM)/ Telephonic (TP)/ Both (B) | Modifier Needed | PB # |
|---|---------------------------------|-------------------------|-------------------------------|---|---|------------------------|----------------------------------|
| Psychiatric Diagnostic Evaluations | | | | | | | |
| | 900 | 90791 | Psych diag eval | Physician, PA, APRN, Psychologist, SBHC, BH Clinician, BH Clinic, Medical Clinic, Rehab Clinic, Outpatient Hospital, CDH, SBCH, ECC | TM B (effective 5/7/2020) | Yes | 20-09 20-10 20-26 20-44 |
| | 900 | 90792 | Psych diag eval w/E/M | Physician, PA, APRN, BH Clinic, Medical Clinic, SBHC, Rehab Clinic, Outpatient Hospital, CDH, SBCH, ECC | TM B (effective 5/7/2020) | Yes | 20-09 20-10 20-26 20-44 |
| Psychotherapy | | | | | | | |
| | 914 | 90832 | Psychotherapy 30 mins. | Physician, PA, APRN, Psychologist, SBHC, BH Clinician, BH Clinic, Medical Clinic, Rehab Clinic, Outpatient Hospital, CDH, SBCH, ECC | TM B (effective 5/7/2020) | Yes | 20-09 20-26 20-44 |
| | 914 | 90833 | Psychotherapy w/ E/M 30 mins. | Physician, PA, APRN, BH Clinic, Medical Clinic, SBHC, Outpatient Hospital, CDH, ECC | TM B (effective 5/7/2020) | Yes | 20-09 20-44 |
| | 914 | 90834 | Psychotherapy 45 mins. | Physician, PA, APRN, Psychologist, SBHC, BH Clinician, BH Clinic, Medical Clinic, Rehab Clinic, Outpatient Hospital, CDH, ECC | TM B (effective 5/7/2020) | Yes | 20-09 20-44 |
| | 914 | 90836 | Psychotherapy w/ E/M 45 mins. | Physician, PA, APRN, BH Clinician, BH Clinic, Medical Clinic, SBHC, Rehab Clinic, Outpatient Hospital, CDH, ECC | TM B (effective 5/7/2020) | Yes | 20-09 20-44 |
| | 914 | 90837 | Psychotherapy 60 mins. | Physician, PA, APRN, Psychologist, BH Clinician, BH Clinic, Medical Clinic, SBHC, Rehab Clinic, Outpatient Hospital, CDH, ECC | TM B (effective 5/7/2020) | Yes | 20-09 20-44 |

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|--|---------------------------------|-------------------------|---|--|---|------------------------|-------------------------|
| | 914 | 90838 | Psychotherapy w/ E/M 60 mins. | Physician, PA, APRN, BH Clinic, Outpatient Hospital, CDH, ECC | TM B (effective 5/7/2020) | Yes | 20-09 20-44 |
| Other Psychotherapy | | | | | | | |
| | 916 | 90846 | Family psytx w/o pt 50 min | Physician, PA, APRN, Psychologist, BH Clinician, BH Clinic, Medical Clinic, SBHC Rehab Clinic, Outpatient Hospital, CDH, ECC | TM B (effective 5/7/2020) | Yes | 20-14 20-44 |
| | 916 | 90847 | Family psytx w/pt | Physician, PA, APRN, SBHC, Psychologist, BH Clinician, BH Clinic, Medical Clinic, Rehab Clinic, Outpatient Hospital, CDH, SBCH, ECC | TM B (effective 5/7/2020) | Yes | 20-09 20-26 20-44 |
| | 916 | 90849 | Multiple family group psytx | Physician, PA, APRN, Psychologist, BH Clinic, BH Clinician, BCBA, Outpatient Hospital, CDH, ECC | TM | Yes | 20-25 |
| | 915 | 90853 | Group psychotherapy | Physician, PA, APRN, Psychologist, SBHC, BH Clinic, ECC, BH Clinician, Rehab Clinic, BCBA, Outpatient Hospital, CDH, SBCH, | TM | Yes | 20-25 20-26 |
| End-Stage Renal Disease Services (ESRD) | | | | | | | |
| | | 90951 | ERSD, 4 or more f2f w/ pt<2 yrs. | Physician, APRN, PA | TM | Yes | 20-38 |
| | | 90952 | ERSD, 2-3 f2f | Physician, APRN, PA | TM | Yes | 20-38 |
| | | 90954 | ERSD, 4 or more f2f w/ pt 2-11 yrs. | Physician, APRN, PA | TM | Yes | 20-38 |
| | | 90955 | ERSD, 2-3 f2f | Physician, APRN, PA | TM | Yes | 20-38 |
| | | 90957 | ERSD, 4 or more f2f w/ pt 12-19 yrs. | Physician, APRN, PA | TM | Yes | 20-38 |
| | | 90958 | ERSD, 2-3 f2f | Physician, APRN, PA | TM | Yes | 20-38 |
| | | 90960 | ERSD, 2-3 f2f | Physician, APRN, PA | TM | Yes | 20-38 |
| Special Otorhinolaryngologic Services | | | | | | | |
| | 441 | 92507 | Speech/hearing therapy | SLP, Rehab Clinic, Outpatient Hospital, SBCH | TM | Yes | 20-23 20-24 20-26 |

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|--|---------------------------------|-------------------------|--|---|---|------------------------|----------------|
| | 444 | 92521 | Evaluation of speech fluency | SLP, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| | 444 | 92522 | Evaluate speech production | SLP, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| | 444 | 92523 | Evaluation of speech sound production w/ evaluation of language comprehension and expression | SLP, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| <u>Developmental/Behavioral Screening and Testing</u> | | | | | | | |
| | | 96110 | Developmental screen w/score | Physician, PA, APRN, Psychologist, BH Clinician, Medical Clinic, SBHC | TM | Yes | 20-38 |
| | | 96112 | Devel tst phys/qhp 1st hr | Physician, PA, APRN, Psychologist, BH Clinician | TM | Yes | 20-38 |
| | | 96113 | Devel tst phys/qhp ea add | Physician, PA, APRN, Psychologist, BH Clinician | TM | Yes | 20-38 |
| | | 96127 | Brief emotional/behav assmt | Physician, PA, APRN, Psychologist, BH Clinician, Medical Clinic, SBHC | TM | Yes | 20-38 |
| <u>Psychological/Neurophysical Testing</u> | | | | | | | |
| | 918 | 96116 | Nubhvl xm phys/qhp 1st hr | Physician, PA, APRN, Psychologist, BH Clinic, ECC, Outpatient Hospital, CDH | TM | Yes | 20-38 |
| | 918 | 96121 | Nubhvl xm phy/qhp ea addl hr | Physician, PA, APRN, Psychologist, BH Clinic, ECC, Outpatient Hospital, CDH | TM | Yes | 20-38 |
| <u>Testing Evaluation Services</u> | | | | | | | |
| | 918 | 96130 | Psycl tst eval phys/qhp 1st | Physician, PA, APRN, Psychologist, BH Clinic, ECC, Outpatient Hospital, CDH | TM | Yes | 20-38 |
| | 918 | 96131 | Psycl tst eval phys/qhp ea | Physician, PA, APRN, Psychologist, BH Clinic, ECC, Outpatient Hospital, CDH | TM | Yes | 20-38 |

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|---|---------------------------------|-------------------------|------------------------------|---|---|------------------------|-------------|
| | 918 | 96132 | Nrpsyc tst eval phys/qhp 1st | Physician, PA, APRN, Psychologist, BH Clinic, ECC, Outpatient Hospital, CDH | TM | Yes | 20-38 |
| | 918 | 96133 | Nrpsyc tst eval phys/qhp ea | Physician, PA, APRN, Psychologist, BH Clinic, ECC, Outpatient Hospital, CDH | TM | Yes | 20-38 |
| <u>Testing Administration and Scoring</u> | | | | | | | |
| | 918 | 96136 | Psycl/nrpsyc tst phy/qhp 1st | Physician, PA, APRN, Psychologist, BH Clinic, ECC, Outpatient Hospital, CDH | TM | Yes | 20-38 |
| | 918 | 96137 | Psycl/nrpsyc tst phy/qhp ea | Physician, PA, APRN, Psychologist, BH Clinic, ECC, Outpatient Hospital, CDH | TM | Yes | 20-38 |
| | 918 | 96138 | Psycl/nrpsyc tech 1st | Physician, PA, APRN | TM | Yes | 20-38 |
| | 918 | 96139 | Psycl/nrpsyc tst tech ea | Physician, PA, APRN | TM | Yes | 20-38 |
| <u>Health Behavior Assessment and Intervention</u> | | | | | | | |
| | | 96156 | Pt-focused hlth risk assmt | Physician, PA, APRN, Psychologist, Medical Clinic, SBHC | TM | Yes | 20-38 |
| | | 96158 | Hlth bhv ivntj indiv 1st 30 | Physician, PA, APRN, Psychologist, BH Clinic, ECC, Medical Clinic, SBHC, Outpatient Hospital, CDH | TM | Yes | 20-38 |
| | | 96159 | Hlth bhv ivntj indiv 1st 30 | Physician, PA, APRN, Psychologist, Medical Clinic, SBHC | TM | Yes | 20-38 |
| | | 96160 | Pt-focused hlth risk assmt | Physician, PA, APRN | TM | Yes | 20-38 |
| | | 96161 | Caregiver health risk assmt | Physician, PA, APRN | TM | Yes | 20-38 |
| | | 96164 | Hlth bhv ivntj grp 1st 30 | Physician, PA, APRN, Psychologist, Medical Clinic, SBHC | TM | Yes | 20-38 |
| | | 96165 | Hlth bhv ivntj grp ea addl | Physician, PA, APRN, Psychologist, Medical Clinic, SBHC | TM | Yes | 20-38 |
| | | 96167 | Hlth bhv ivntj fam 1st 30 | Physician, PA, APRN, Psychologist, Medical Clinic, SBHC | TM | Yes | 20-38 |
| | | 97168 | Hlth bhv ivntj fam ea addl | Physician, PA, APRN, Psychologist, Medical Clinic, SBHC | TM | Yes | 20-38 |

**APPENDIX 1:
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| | RCC * (if applicable) | Procedure Code * | Short Descriptor | Eligible Providers | Telemedicine (TM)/ Telephonic (TP)/ Both (B) | Modifier Needed | PB # |
|---|---------------------------------|-------------------------|------------------------------|---|---|------------------------|-------------------------|
| | | 96170 | Hlth bhv ivntj fam wo pt 1st | Physician, PA, APRN, Psychologist, Medical Clinic, SBHC | TM | Yes | 20-38 |
| | | 96171 | Hlth bhv ivntj fam w/o pt ea | Physician, PA, APRN, Psychologist, Medical Clinic, SBHC | TM | Yes | 20-38 |
| <u>Modalities</u> | | | | | | | |
| | 421/431 | 97010 | Hot or cold packs therapy | Physician, PA, APRN, PT, OT, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| | 421/431 | 97012 | Mechanical traction therapy | Physician, PA, APRN, PT, OT, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| | 421/431 | 97014 | Electric stimulation therapy | Physician, PA, APRN, PT, OT, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| | 421/431 | 97016 | Vasopneumatic device therapy | Physician, PA, APRN, PT, OT, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| | 421/431 | 97018 | Paraffin bath therapy | Physician, PA, APRN, PT, OT | TM | Yes | 20-23 |
| | 421/431 | 97022 | Whirlpool therapy | Physician, PA, APRN, PT, OT, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| <u>Therapeutic Procedures</u> | | | | | | | |
| | 421/431 | 97110 | Therapeutic exercises | Physician, PA, APRN, PT, OT, Rehab Clinic, Outpatient Hospital, SBCH | TM | Yes | 20-23 20-24 20-26 |
| | 421/431 | 97112 | Neuromuscular reeducation | Physician, PA, APRN, PT, OT Rehab Clinic/ Outpatient Hospital | TM | Yes | 20-23 20-24 |
| | 421/431 | 97113 | Aquatic therapy/exercises | Physician, PA, APRN, PT, OT, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| | 421/431 | 97129 | Ther ivntj 1st 15 min | Physician, PA, APRN, PT, OT, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| | 421/431 | 97130 | Ther ivntj ea addl 15 min | Physician, PA, APRN, PT, OT, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-23 20-24 |
| <u>Adaptive Behavior Assessments</u> | | | | | | | |
| | 919 | 97153 | Adaptive behavior tx by tech | Physician, PA, APRN, BH Clinician, Psychologist, ASD Provider, BCBA | TM B (effective 5/7/2020) | Yes | 20-14 |
| <u>Therapeutic Procedures</u> | | | | | | | |

**APPENDIX 1:
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|--|---------------------------------|-------------------------|---|---|---|------------------------|-------------------------|
| | 421/431 | 97533 | Sensory integration | Physician, PA, APRN, Rehab Clinic, Outpatient Hospital | TM | Yes | 20-24 |
| Non-Face-to-Face Nonphysician Services | | | | | | | |
| | 914 | 98967 | Telephone assessment & mgt, 11-20 min | Physician, PA, APRN, Psychologist, BH Clinician, BH Clinic, ECC, Medical Clinic, Rehab Clinic, SBHC, Outpatient Hospital | TP DOS 3/18/2020 - 5/12/2020 | N/A | 20-14 20-38 20-44 |
| | 914 | 98968 | Telephone assessment & mgt, 20- 30 min | Physician, PA, APRN, Psychologist, BH Clinician, BH Clinic, ECC, Medical Clinic, Rehab Clinic, SBHC, Outpatient Hospital | TP DOS 3/18/2020 - 5/12/2020 | N/A | 20-14 20-38 20-44 |
| Evaluation and Management-New Patient *** | | | | | | | |
| | 919 | 99201 | Office/outpatient visit new, 10 mins. | Physician, PA, APRN, CNM, Podiatrist, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital, CDH | TM | Yes | 20-10 20-38 |
| | 919 | 99202 | Office/outpatient visit new, 20 mins. | Physician, PA, APRN, CNM, Podiatrist, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital, CDH | TM | Yes | 20-10 20-38 |
| | 919 | 99203 | Office/outpatient visit new, 30 mins. | Physician, PA, APRN, CNM, Podiatrist, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital, CDH | TM | Yes | 20-10 20-38 |
| | 919 | 99204 | Office/outpatient visit new, 45 mins. | Physician, PA, APRN, CNM, Podiatrist, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital, CDH | TM | Yes | 20-10 20-38 |
| | 919 | 99205 | Office/outpatient visit new, 60 mins. | Physician, PA, APRN, CNM, Podiatrist, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital, CDH | TM | Yes | 20-10 20-38 |

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| | RCC * (if applicable) | Procedure Code * | Short Descriptor | Eligible Providers | Telemedicine (TM)/ Telephonic (TP)/ Both (B) | Modifier Needed | PB # |
|---|---------------------------------|-------------------------|---------------------------------------|---|---|------------------------|----------------|
| <u>Evaluation and Management-Established Patient</u> * * * | | | | | | | |
| | 919 | 99211 | Office/outpatient visit est, 5 mins. | Physician, PA, APRN, CNM, Podiatrist, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital, CDH | TM | Yes | 20-10 20-38 |
| | 919 | 99212 | Office/outpatient visit est, 10 mins. | Physician, PA, APRN, CNM, Podiatrist, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital, CDH | TM | Yes | 20-10 20-38 |
| | 919 | 99213 | Office/outpatient visit est, 15 mins. | Physician, PA, APRN, CNM, Podiatrist, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital, CDH | TM | Yes | 20-10 20-38 |
| | 919 | 99214 | Office/outpatient visit est, 25 mins. | Physician, PA, APRN, CNM, Podiatrist, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital, CDH | TM | Yes | 20-10 20-38 |
| | 919 | 99215 | Office/outpatient visit est, 40 mins. | Physician, PA, APRN, CNM, Podiatrist, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital, CDH | TM | Yes | 20-10 20-38 |
| <u>Hospital Observation Care Discharge Services</u> | | | | | | | |
| | | 99217 | Observation care discharge | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| <u>Initial Observational Care-New & Established</u> | | | | | | | |
| | | 99218 | Initial observation care | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | | 99219 | Initial observation care | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | | 99220 | Initial observation care | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| <u>Subsequent Hospital Care</u> | | | | | | | |
| | | 99231 | Subsequent hospital care, 15 mins. | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | | 99232 | Subsequent hospital care, 25 mins. | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | | 99233 | Subsequent hospital care, 35 mins. | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| <u>Hospital Discharge Services</u> | | | | | | | |
| | | 99238 | Hospital discharge day | Physician, PA, APRN, CNM | TM | Yes | 20-38 |

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|--|------------------|--|--------------------------------------|--|-----------------|-------|
| | 99239 | Hospital discharge day | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| Office or Other Outpatient Consultations-New of Established Patient | | | | | | |
| | 99241 | Office consultation, 15 mins. | Physician, PA, APRN, CNM, ECC | TM | N/A | 20-38 |
| | 99242 | Office consultation, 30 mins. | Physician, PA, APRN, CNM, ECC | TM | N/A | 20-38 |
| | 99243 | Office consultation, 40 mins. | Physician, PA, APRN, CNM, ECC | TM | N/A | 20-38 |
| | 99244 | Office consultation, 60 mins. | Physician, PA, APRN, CNM, ECC | TM | N/A | 20-38 |
| | 99245 | Office consultation, 80 mins. | Physician, PA, APRN, CNM, ECC | TM | N/A | 20-38 |
| Inpatient Consultations-New of Established Patient | | | | | | |
| | 99251 | Inpatient consultation, 20 mins. | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | 99252 | Inpatient consultation, 40 mins. | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | 99253 | Inpatient consultation, 55 mins. | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | 99254 | Inpatient consultation, 80 mins. | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | 99255 | Inpatient consultation, 110 mins. | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| Emergency Department Services-New & Established Patient | | | | | | |
| | 99281 | Emergency dept visit-Level 1 | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | 99282 | Emergency dept visit-Level 2 | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | 99283 | Emergency dept visit-Level 3 | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | 99284 | Emergency dept visit-Level 4 | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| | 99285 | Emergency dept visit-Level 5 | Physician, PA, APRN, CNM | TM | Yes | 20-38 |
| Critical Care Services | | | | | | |
| | 99291 | Critical care first hour | Physician, PA, APRN | TM | Yes | 20-38 |
| | 99292 | Critical care addl 30 min | Physician, PA, APRN | TM | Yes | 20-38 |
| Initial Nursing Facility Care-New or Established | | | | | | |
| | 99304 | Nursing facility care init | Physician, PA, APRN, CNM, Podiatrist | TM | Yes | 20-38 |
| | 99305 | Nursing facility care init | Physician, PA, APRN, CNM, Podiatrist | TM | Yes | 20-38 |
| | 99306 | Nursing facility care init | Physician, PA, APRN, CNM, Podiatrist | TM | Yes | 20-38 |
| Subsequent Nursing Facility | | | | | | |
| | 99307 | Subsequent nursing facility care, 10 mins. | Physician, PA, APRN, CNM, Podiatrist | TM | Yes | 20-38 |
| | 99308 | Subsequent nursing facility care, 15 mins. | Physician, PA, APRN, CNM, Podiatrist | TM | Yes | 20-38 |
| | 99309 | Subsequent nursing facility care, 25 mins. | Physician, PA, APRN, CNM, Podiatrist | TM | Yes | 20-38 |

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|---|---------------------------------|-------------------------|---|---|---|------------------------|-------------|
| | | 99310 | Subsequent nursing facility care, 35 mins. | Physician, PA, APRN, CNM, Podiatrist | TM | Yes | 20-38 |
| <u>Nursing Facility Discharge Services</u> | | | | | | | |
| | | 99315 | Nursing fac discharge day | Physician, PA, APRN, Podiatrist | TM | Yes | 20-38 |
| | | 99316 | Nursing fac discharge day | Physician, PA, APRN, Podiatrist | TM | Yes | 20-38 |
| <u>Domiciliary, Rest Home or Custodial Care Services-New Patient</u> | | | | | | | |
| | | 99324 | Domicil/r-home visit new pat | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | |
| | | 99325 | Domicil/r-home visit new pat | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | |
| | | 99326 | Domicil/r-home visit new pat | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | |
| | | 99327 | Domicil/r-home visit new pat | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | 20-38 |
| | | 99328 | Domicil/r-home visit new pat | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | 20-38 |
| <u>Domiciliary, Rest Home or Custodial Care Services-Established Patient</u> | | | | | | | |
| | | 99334 | Domicil/r-home visit est pat | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | 20-38 |
| | | 99335 | Domicil/r-home visit est pat | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | 20-38 |
| | | 99336 | Domicil/r-home visit est pat | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | 20-38 |
| | | 99337 | Domicil/r-home visit est pat | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | 20-38 |
| <u>Domiciliary, Rest Home or Home Care Plan Oversight Services</u> | | | | | | | |
| | | 99339 | Domicil/r-home care supervis | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | |
| <u>Prolonged Service w/Direct Patient Contact</u> | | | | | | | |
| | | 99354 | Prolonged E/M or psychotherapy, 1st hr. | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | 20-38 |
| | | 99355 | Prolonged E/M or psychotherapy, addtl. 30 mins. | Physician, PA, APRN, CMN, Podiatrist | TM | Yes | 20-38 |
| <u>Preventive Medicine Services-New Patient</u> | | | | | | | |
| | | 99381 | Init pm e/m new pat infant | Physician, PA, APRN, Medical Clinic, SBHC | TM | Yes | 20-38 |
| | | 99382 | Init pm e/m new pat 1-4 yrs | Physician, PA, APRN, Medical Clinic, SBHC, Family Planning Clinic | TM | Yes | 20-38 |
| | | 99383 | Prev visit new age 5-11 | Physician, PA, APRN, Medical Clinic, SBHC, Family Planning Clinic | TM | Yes | 20-38 |
| | | 99384 | Prev visit new age 12-17 | Physician, PA, APRN, Medical Clinic, SBHC, Family Planning Clinic | TM | Yes | 20-38 |

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|--|---------------------------------|-------------------------|------------------------------|--|---|------------------------|-------------|
| | | 99385 | Prev visit new age 18-39 | Physician, PA, APRN, Medical Clinic, SBHC, Family Planning Clinic | TM | Yes | 20-38 |
| | | 99386 | Prev visit new age 40-64 | Physician, PA, APRN, Medical Clinic, SBHC, Family Planning Clinic | TM | Yes | 20-38 |
| | | 99387 | Init pm e/m new pat 65+ yrs | Physician, PA, APRN, Medical Clinic, SBHC | TM | Yes | 20-38 |
| <u>Preventive Medicine Services-Established Patient</u> | | | | | | | |
| | | 99391 | Per pm reeval est pat infant | Physician, PA, APRN, Medical Clinic, SBHC | TM | Yes | 20-38 |
| | | 99392 | Prev visit est age 1-4 | Physician, PA, APRN, Medical Clinic, SBHC | TM | Yes | 20-38 |
| | | 99393 | Prev visit est age 5-11 | Physician, PA, APRN, Medical Clinic, SBHC, Family Planning Clinic | TM | Yes | 20-38 |
| | | 99394 | Prev visit est age 12-17 | Physician, PA, APRN, Medical Clinic, SBHC, Family Planning Clinic | TM | Yes | 20-38 |
| | | 99395 | Prev visit est age 18-39 | Physician, PA, APRN, Medical Clinic, SBHC, Family Planning Clinic | TM | Yes | 20-38 |
| | | 99396 | Prev visit est age 40-64 | Physician, PA, APRN, Medical Clinic, SBHC, Family Planning Clinic | TM | Yes | 20-38 |
| | | 99397 | Per pm reeval est pat 65+ yr | Physician, PA, APRN, Medical Clinic, SBHC | TM | Yes | 20-38 |
| <u>Behavioral Change Interventions, Individual</u> | | | | | | | |
| | 914 | 99406 | Behav chng smoking 3-10 min | Physician, PA, APRN, Psychologist, BH Clinician, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital | TM | Yes | 20-38 |
| | 914 | 99407 | Behav chng smoking > 10 min | Physician, PA, APRN, Psychologist, BH Clinician, BH Clinic, ECC, Medical Clinic, SBHC, Family Planning Clinic, Outpatient Hospital | TM | Yes | 20-38 |
| | | 99408 | Audit/dast 15-30 min | Physician, PA, APRN, Family Planning Clinic | TM | Yes | 20-38 |

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|---|---------------------------------|-------------------------|---|--|---|------------------------|-------------|
| | | 99409 | Audit/dast over 30 min | Physician, PA, APRN, Family Planning Clinic | TM | Yes | 20-38 |
| Non-Face-to-Face Services-Telephone Services | | | | | | | |
| | | 99442 | Physician telephone patient service, 11-20 minutes of medical discussion | Physician, PA, APRN, CNM, Medical Clinic, SBHC, Family Planning Clinic, BH Clinic, ECC | TP | N/A | 20-14 |
| | | 99443 | Physician telephone patient service, 21-30 minutes of medical discussion | Physician, PA, APRN, CNM, Medical Clinic, SBHC, Family Planning Clinic, BH Clinic, ECC | TP | N/A | 20-14 |
| Inpatient Neonatal and Pediatric Critical Care | | | | | | | |
| | | 99468 | Neonate crit care initial | Physician, PA, APRN | TM | Yes | 20-38 |
| | | 99469 | Neonate crit care subsq | Physician, PA, APRN | TM | Yes | 20-38 |
| | | 99471 | Ped critical care initial | Physician, PA, APRN | TM | Yes | 20-38 |
| | | 99472 | Ped critical care subsq | Physician, PA, APRN | TM | Yes | 20-38 |
| | | 99475 | Ped crit care age 2-5 init | Physician, PA, APRN | TM | Yes | 20-38 |
| | | 99476 | Ped crit care age 2-5 subsq | Physician, PA, APRN | TM | Yes | 20-38 |
| | | 99477 | Initial Day Hospital neonate care | Physician, PA, APRN | TM | Yes | 20-38 |
| Direct Observation Services (Tuberculosis) | | | | | | | |
| | | G0493 | Skilled services of registered nurse (RN) for observation and assessment, 15 mins. | Local Health Dept. | TM | Yes | 20-38 |
| | | G0494 | Skilled services of licensed practical nurse (LPN) for observation and assessment, 15 mins. | Local Health Dept. | TM | Yes | 20-38 |
| | | G9012 | Other specified case management service not elsewhere classified | Local Health Dept. | TM | Yes | 20-38 |
| Behavioral Health | | | | | | | |
| | 906 | H0015 | Intensive Outpatient Program – Chemical Dependency | Outpatient Hospital | TM | Yes | 20-25 |

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|---|---------------------------------|-------------------------|--|---|---|------------------------|----------------|
| | 919 | H0031 | Mental Health Assessment | Physician, PA, APRN, BH Clinic, ECC, Psychologist, BH Clinician, ASD Providers, BCBA, SBCH, Outpatient Hospital | TM B (effective 5/18/2020) | Yes | 20-26 20-47 |
| | 913 | H0035 | Partial Hospitalization Program | BH Clinics, Outpatient Hospital | TM | Yes | 20-25 |
| | 907 | H2012 | Behavioral health day treatment, per hour | BH Clinic, Outpatient Hospital | TM B (effective 5/7/2020) | Yes | 20-14 |
| | | H2013 | Adult Day Treatment | BH Clinics | TM | Yes | 20-25 |
| | 919 | H2014 | Skills Training and Development | Physician, PA, APRN, Psychologist, BH Clinician, Rehab Clinic, SBCH, ASD Providers, Outpatient Hospital, BH Clinic, ECC | TM B (effective 5/7/2020) | Yes | 20-14 20-26 |
| | | H2019 | Therapeutic behavioral services, per 15 minutes | BH Clinic | TM B (effective 5/7/2020) | Yes | 20-14 |
| | 905 | S9480 | Intensive Outpatient Program - Psychiatric | BH Clinic, Outpatient Hospital | TM | Yes | 20-25 |
| | | S9484 | Crisis intervention mental health services, per hour | BH Clinic | TM B (effective 5/7/2020) | Yes | 20-14 20-44 |
| | | S9485 | Crisis intervention mental health services, per diem | BH Clinic | TM B (effective 5/7/2020) | Yes | 20-14 20-44 |
| | | T1016 | Case management, 15 minutes | Physician, PA, APRN, BH Clinician, Psychologist, BH Clinic | TM B (effective 5/7/2020) | Yes | 20-14 |
| | | T1017 | Targeted case management, 15 minutes | BH Clinic | TM B (effective 5/7/2020) | Yes | 20-14 |
| Home Health Services (Medical, Behavioral Health and Therapy Services) | | | | | | | |

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|-------------------------|---------------------------------|-------------------------|--|---------------------------|---|------------------------|-------------|
| | 580 | G0151 | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes | Home Health Agency | TM | N/A | 20-34 |
| | 580 | G0152 | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes. | Home Health Agency | TM | N/A | 20-34 |
| | 580 | G0153 | Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes | Home Health Agency | TM | N/A | 20-34 |
| | 580 | G0162 | Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes | Home Health Agency | TM | Yes | 20-34 |
| | 580 | S9123 | Nursing Care in Home by Registered Nurse, per hour | Home Health Agency | B | Yes | 20-34 |
| | 580 | S9124 | Nursing Care in Home by Licensed Practical Nurse, per hour | Home Health Agency | B | Yes | 20-34 |
| | 580 | T1002 | RN services, up to 15 minutes | Home Health Agency | B | Yes | 20-34 |
| | 580 | T1003 | LPN/LVN services, up to 15 minutes | Home Health Agency | B | Yes | 20-34 |
| | 580 | T1502 | Admin of oral intramuscular and/or subcutaneous medication, per visit | Home Health Agency | B | Yes | 20-28 |
| | 580 | T1503 | Admin of medication, other than oral and/or injectable, per visit | Home Health Agency | B | Yes | 20-28 |
| Therapy Services | | | | | | | |
| | 421 | N/A | Physical Therapy | Home Health Agency | TM | N/A | 20-28 |
| | 431 | N/A | Occupational Therapy | Home Health Agency | TM | N/A | 20-28 |
| | 441 | N/A | Speech Pathology | Home Health Agency | TM | N/A | 20-28 |
| | 444 | N/A | Speech Pathology Evaluation | Home Health Agency | TM | N/A | 20-34 |

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|--|--|-------------------------|-------------------------|---------------------------|---|------------------------|-------------|
|--|--|-------------------------|-------------------------|---------------------------|---|------------------------|-------------|

* RCC-Revenue Center Codes (which should be billed by home health agencies, CDH and outpatient hospitals only)

** FQHC are able to bill for services within their scope of service and a valid procedure code with HCPCS Code: T1015

*** BH Clinic and Outpatient Hospital can only bill for these services when billing for medication management service only.

LEGEND:

PA-Physician Assistant, APRN-Advanced Practiced Registered Nurse, CNM-Certified Nurse Midwife, SLP-Speech & Language Pathologist, PT-Physical Therapist, OT-Occupational Therapist, BH Clinician-Behavioral Health Clinician (licensed alcohol and drug counselor, licensed marital and family therapist, licensed clinical social worker or licensed professional counselor), ASD Provider-Autism Spectrum Disorder Provider, BCBA-Board Certified Behavior Analyst, BH Clinic-Behavioral Health Clinic, CDH-Outpatient Chronic Disease Hospital, SBCH-School Based Child Health Program, ECC-Enhanced Care Clinic, SBHC-School-Based Health Center