Superior HealthPlan Telemedicine Quick Reference Chart

	Medicare and Ambetter	Medicaid- Telemedicine	Medicaid - Telehealth	Additional Superior HealthPlan Notes
Distant-Site Providers	Physicians Nurse practitioners Physician assistants Nurse-midwives Clinical nurse specialists Certified registered nurse anesthetists Clinical psychologists and social workers Registered dietitians and nutrition professionals	Physician CNS NP PA CNM FQHCs RHCs	Licensed professional counselor Licensed marriage and family therapist Licensed clinical social worker Psychologist Licensed psychological associate Provisionally licensed psychologist Licensed dietitian FQHCs RHCs	We are working with HHSC and TAHP on evaluating the expansion of telehealth services to additional provider types for Medicaid and CHIP. Occupational, Physical , and Speech-Language Therapy Services Delivered Via Telehealth Update
Originating Sites	Physician and practitioner offices Hospitals Critical access hospitals (CAHs) Rural health clinics Federally qualified health centers Hospital-based or CAH-based renal dialysis cntrs. Skilled nursing facilities Community mental health centers Mobile stroke units Patient homes	N/A - Does not use "originating site" References Patient Site-where the client is physically located (Patient's home is an approved POS)	N/A - Does not use "originating site" References "patient site" – where the client is physically located (Patient's home is an approved POS)	
CPT codes for Video Consults	A complete list of all Medicare telehealth services can be found here: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	90791, 90792, 90832-90834, 90836-90838, 90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 99201-99205, 99211-99215, 99241-99245, 99251- 99255, 99354-99357, G0406-G0408, G0425-G0427, G0459 -Psychological and Neuropsychological Testing (CPT codes 96130- 96133; CPT codes 96136- 96139)	90791, 90792, 90832-90834, 90836-90838, 90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 97802-97804, 99201-99205, 99211-99215, 99241-99245, 99251-99255, S9470 -Psychological and Neuropsychological Testing (CPT codes 96130- 96133; CPT codes 96136- 96139)	Add T1015 for FQHCs and RHCs Licensed clinical social worker services, clinical psychologist services, physical therapy services, occupational therapist services, and speech language pathology services can be paid for as telehealth services
CPT codes for Audio ONLY Consults	CMS announced coverage for physician/patient phone calls: Place of service 11 for office 99441 for 5-10 minutes of medical discussion 99442 for 11-20 minutes of medical discussion 99443 for 21-30 minutes of medical discussion	HHSC is authorizing providers to bill codes**99201-99205 and 99211-99215** for telephone (audio-only) medical (**physician delivered**) evaluation and management services delivered on March 15, 2020, through April 30, 2021, unless the federal public health emergency ends sooner. Telephonic evaluation and management services are not to be billed if clinical decision-making dictates a need to see the patient for an in-person or telemedicine (video) office visit within 24 hours or at the next available appointment. In those circumstances, the telephone service shall be considered a part of the subsequent office visit. If the telephone call follows an office visit performed and reported within the past seven calendar days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billed.	HHSC does not allow the use of telephone-only delivery of physical therapy, (PT), occupational therapy (OT), or speech therapy (ST).	Add T1015 for FQHCs and RHCs
Ambetter - Risk Adjustment - CPT codes for Audio ONLY Consults	Ambetter - HHS-operated risk adjustment program-Recognizing the continuing increased need for providing telephone and virtual services during the COVID-19 public health emergency, HHS has given additional consideration to the treatment of telephone-only services in the HHS-operated risk adjustment program and is announcing additional codes that will be valid for 2020 benefit year data submissions for the HHS-operated risk adjustment program. HHS will designate diagnosis codes from telephone-only service CPT codes (98966-98968, 99441-99443) as valid for risk adjustment diagnosis filtering purposes in risk adjustment data submissions for the 2020 benefit year.	N/A	N/A	
Behavioral Health Services (Audio-Only)		HHSC is authorizing providers to bill the following codes for telephone (audio-only) delivered behavioral health services from 3/20/20 through April 30, 2021, unless the federal public health emergency ends sooner. · Psychiatric Diagnostic Evaluation: 90791, 90792 · Psychotherapy: 90832, 90834, 90837, 90846, 90847, 90853 · Peer Specialist Services: H0038 · Screening, Brief Intervention, and Referral to Treatment (SBIRT): H0049, G2011, 99408 · Substance Use Disorder Services: H0001, H0004, H0005 · Mental Health Rehabilitation: H0034, H2011, H2012, H2014, H2017		
Targeted Case Management		Case management may be delivered through synchronous audio-visual technologies or telephone (audio-only). Providers should bill procedure code T1017 using the 95 modifier to indicate that remote delivery occurred. This direction applies to the following services: • Mental Health Targeted Case Management (MHTCM) • Intellectual or developmental disability (IDD) case management • Targeted Case Management for Early Childhood Intervention (ECI) • Case Management for Blind and Visually Impaired Children (BVIC) • Case Management for Children and Pregnant Women (CPW)		
Texas Health Steps Checkups	N/A	Providers should bill using the appropriate THSteps checkup codes for the initial visit as is currently required. Providers may also bill for "add-on" codes (e.g. developmental screening, mental health screening, etc.) as they normally would. Modifier 95 must be included on the claim form to indicate remote delivery. Provider documentation should include the components that were not completed during the initial checkup using " COVID-19" as the reason for an incomplete checkup. When the patient is brought into the office within the 6-month timeframe to complete the outstanding components of the visit, providers should bill the THSteps follow-up visit code (99211). Reimbursement will be identical to current rates for THSteps checkup codes. Please append the 95 modifier in the last position and ensure the THS modifiers continue to be primary. Providers may also bill an acute care Evaluation and Management (E/M) code at the time of the initial telemedicine checkup or at the "6-month" follow-up visit. Modifier 25 must be submitted with the acute care E/M procedure code to signify the distinct service rendered. Providers must bill the acute care visit on a separate claim without benefit code EP1. This guidance applies to both new and established patients		**"This guidance is effective from 5/7/20 through through April 30, 2021, unless the federal public health emergency ends sooner.** **Texas Health Steps Checkups** Texas Health Steps medical checkups require the following federally mandated components: 1. Comprehensive health and developmental history, including physical and mental health and development 2. Comprehensive unclothed physical examination 3. Immunizations appropriate for age and health history 4. Laboratory tests appropriate to age and risk, including lead toxicity screening 5. Health education, including anticipatory guidance To allow for continued provision of Texas Health Steps checkups during the period of social distancing due to COVID-19, HHSC is allowing remote delivery of certain components of medical checkups for children over 24 months of age (i.e.starting after the "24 month" checkup). Because some of these requirements (like immunizations and physical exams) require an in-person visit, providers must follow-up with their patients to ensure completion of any components within 6 months of the telemedicine visit. **Telemedicine or telephone-only delivery of Texas Health Steps checkups for children birth through 24 months of age (i.e. from the first newborn checkup through the "24 month" checkup) is not permitted.** Providers should use their clinical judgement to determine the appropriate components of the checkup for telemedicine (audio and visual) or telephone-only delivery. Audio and visual delivery is preferred over telephone-only delivery.Physicians, including Doctors of Medicine (MDs) and Doctors of Osteopathic Medicine (DOs), as well as nurse practitioners, physician assistants, and registered nurses may perform remote delivery of these services. Non-physician provider supervision and delegation rules and regulations still apply.
Foster Care 3 Day Exams	N/A	see above		Three-Day Medical Exam The 3-Day medical exam required by statute for children entering Department of Family and Protective Services (DFPS) conservatorship, telemedicine or telephone-only delivery will not be permitted, regardless of age, with one notable exception. Remote delivery is allowed if a youth requires quarantine or isolation at the time of removal due to COVID-19 exposure or because the youth is known to be infected with COVID-19. Telemedicine, telehealth, or telephone-only will be allowed in this circumstance to avoid the risk of transmission in a health care setting. Audio and visual delivery is preferred, although telephone-only delivery will be permitted when audio and visual is not possible. Documentation should detail the circumstances that necessitated remote delivery. Providers should include modifier 95 when submitting a claim.
Modifiers	Modifier -95 should be appended to 99201-99215, but not to phone calls, e-visits or G-codes.	95	95	
POS	On April 3, 2020, CMS clarified that place of service (POS) should be 11 for phone calls, e-visits, G-codes, and 99201-99215 via virtual telemedicine for Medicare Part B. patients.			FQHCs should bill with POS: 50; RHCs should bill POS 72
Documentation	Must be the same as in-person services	Must be the same as in-person services	Must be the same as in-person services	
Rural Health Clinics (RHC)		To aid rural health clinics (RHCs) in delivering care to individuals in response to COVID-19, RHCs may be reimbursed as telemedicine and telehealth distant site providers statewide for service dates from March 15, 2020 through April 30, 2021, unless the federal public health emergency ends sooner. When submitting an encounter for an RHC service delivered through telehealth or telemedicine, the existing RHC procedure codes T1015 and 99381 should be used, with the modifier 95 added to indicate use of the telehealth or telemedicine modality. RHCs should bill POS 72.		
Federally Qualified Health Centers (FQHC)		"Effective December 1, 2020, reimbursement for telemedicine (physician delivered) and telehealth (non-physician delivered) services for federally qualified health centers (FQHCs) became benefits of Texas Medicaid. Providers can refer to the articles "Benefits for Telemedicine Services to Change for Texas Medicaid December 1, 2020," and "Benefits for Telehealth Services to Change for Texas Medicaid December 1, 2020," for additional information about the benefit changes. FQHCs should bill for telemedicine or telehealth services using the encounter and informational procedure codes outlined in the Texas Medicaid Provider Procedures Manual, Clinic and Other Outpatient Facility Services Handbook, Section 4.1.2. To indicate that remote delivery occurred, FQHCs should use the 95 modifier when submitting claims and encounters. The telemedicine or telehealth service must also meet applicable state statutory and rule scope-of-practice requirements.		
Resource(s)	MLN Telehealth Services Booklet	Medicaid Provider Manual	Medicaid Provider Manual	