Last Updated: January 31st, 2024

Prepared for:
Great Plains Telehealth Resource & Assistance Center

Telehealth Billing and Reimbursement Guide– Nebraska

Brought to you by:

gpTRAC
Great Plains Telehealth Resource & Assistance Center

Partnered with:

ruralMED
REVENUE CYCLE RESOURCES

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G22RH30357. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

TABLE OF CONTENTS

Virtual_Visit_Types

- Telehealth
- E-visit
- Virtual Check-Ins
- Telephone

Payor_Matrix

Payor_Guidelines

- Aetna
- Blue_Cross_Blue_Shield_of_Nebraska
- Cigna
- Medica
- Medicare
- Nebraska_Medicaid
- United_Healthcare

Rural Health Clinic/Federally Qualified Health Center

- Medicare
- Medicaid

Definition:
There are two types of telehealth services:

- **Asynchronous Telehealth (Store & Forward)** is the transfer of digital images, sounds, or previously recorded video from one location to another to allow a consulting practitioner (usually a specialist) to obtain information, analyze it, and report back to the referring practitioner. This is a non-interactive telecommunication because the physician or health care practitioner views the medical information without the patient being present.
- **Synchronous Telehealth** is real-time interactive video teleconferencing that involves communication between the patient and a distant practitioner who is performing the medical service. The practitioner sees the patient throughout the communication, so that two-way communication (sight and sound) can take place.

CPT/HCPCS Codes:
Telehealth eligible CPT/HCPCs codes vary by payor (refer to payor guidelines section).

Place of Service Codes
POS 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.

POS 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

Modifiers
Synchronous Telehealth Modifiers:

- **95**: synchronous telemedicine service rendered via real-time Interactive audio and video telecommunications system
- **GT**: Via interactive audio and video telecommunication systems
- **G0**: Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke
- **FQ**: The service was furnished using audio-only communication technology.
- **93**: Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system

Asynchronous Telehealth Modifier:

- **GQ**: Via an asynchronous telecommunications system

Reporting Criteria:

- Report the appropriate E/M code for the professional service provided.
- Communication must be performed via live two-way interaction with both video and audio.
- HIPAA compliant platform

Documentation Requirements:

Telehealth services have the same documentation requirements as a face-to-face encounter. The information of the visit, history, review of systems, consultative notes, or any information used to make a medical decision about the patient should be documented. In addition, the documentation should note that the service was provided through telehealth, both the location of the patient and the provider, and the names and roles of any other persons participating in the telehealth visit. Obtain verbal consent at the start of the visit and ensure consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record.

Definition:

Online Digital Evaluation and Management Services (E-Visits) are an E/M service provided by a Qualified Healthcare Professional or an assessment provided by a Qualified Nonphysician Healthcare Professional to a patient using an audio and visual software-based communication, such as a patient portal.

CPT/HCPCS Codes:

Reportable by Qualified Healthcare Professionals:

- **99421**: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.
- **99422**: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.
- **99423**: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Reportable by Qualified Nonphysician Healthcare Professionals (Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists Registered Dietitian, etc.):

- **G2061/98970**: Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes.
- **G2062/98971**: Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes.
- **G2063/98972**: Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

Reporting Criteria:

- Online visits must be initiated by the patient. However, practitioners can educate beneficiaries on the availability of e-visits prior to patient initiation.
- The patient must be established
- E-Visit codes can only be reported once in a 7-day period.
- Cannot report when service originates from a related E/M service performed/reported within the previous 7 days, or for a related problem within a postoperative period.
- E-Visits are reimbursed based on time.
    - The 7-day period begins when the physician personally reviews the patient's inquiry.
    - Time counted is spent in evaluation, professional decision making, assessment and subsequent management.
    - Time is accumulated over the 7 days and includes time spent by the original physician and any other physicians or other qualified health professionals in the same group practice who may contribute to the cumulative service time.
    - Does not include time spent on non-evaluative electronic communications (scheduling, referral notifications, test result notifications, etc.). Clinical staff time is also not included.

Documentation Requirements:

These are time-based codes, and documentation must support what the physician did and for how long. Time is documented and calculated over the 7-day duration and must meet the CPTs time requirement. Obtain verbal consent at the start of the visit and ensure the consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record.

Definition:

A brief check in between a practitioner and a patient via telephone or other audiovisual device to decide whether an office visit or other service is needed. A remote evaluation is recorded video and/or images submitted by an established patient.

CPT/HCPCS Codes:

- **G2012**: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- **G2010**: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- **G2250**: Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment.
- **G2251**: Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5?10 minutes of clinical discussion.
- **G2252**: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
- **G0071**: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only.

Reporting Criteria:

- The patient must be established.
- Communication must be a direct interaction between the patient and the practitioner. Not billable if performed by clinical staff.
- If the virtual check-in originates from a related E/M provided within the previous 7 days, then the service is considered bundled into that previous E/M or assessment and would not be separately billable.
- If the virtual check-in leads to an E/M within the next 24 hours or soonest available appointment, then the service is considered bundled into the pre-visit time of the associated E/M and would not be separately billable.

Documentation Requirements:

Documentation should include medical decisions made, names and roles of any persons participating in the evaluation, and the communication method (telephone, video/audio software, etc.). Obtain verbal consent at the start of the visit and ensure the consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record.

Definition:

A telephone visit is an evaluation and management service provided by a qualified healthcare professional or an assessment and management service provided by a qualified nonphysician health care professional via audio telecommunication.

CPT/HCPCS Codes:

Reportable by Qualified Healthcare Professionals:

- **99441**: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- **99442**: 11-20 minutes of medical discussion.
- **99443**: 21-30 minutes of medical discussion.

Reportable by Qualified Nonphysician Healthcare Professionals (Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists Registered Dietitian, etc.):

- **98966:** Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- **98967:** 11-20 minutes of medical discussion.
- **98969:** 21-30 minutes of medical discussion.

Reporting Criteria:

- Call must be initiated by the patient.
- The patient must be established.
- Communication must be a direct interaction between the patient and the healthcare professional.
- If the call originates from a related E/M or assessment provided within the previous 7 days, then the service is considered bundled into that previous E/M or assessment and would not be separately billable.
- If the call leads to an E/M or assessment within the next 24 hours or soonest available appointment, then the service is considered bundled into the pre-visit time of the associated E/M or assessment and would not be separately billable.

Documentation Requirements:

Documentation should include medical decisions made, the names and roles of any persons participating in the call, and the length of call. Obtain verbal consent at the start of the visit and ensure the consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record.

.

PAYOR MATRIX

PAYOR	E-VISIT	TELEHEALTH	VIRTUAL CHECK-IN	TELEPHONE
AETNA	CONDITIONAL Check Contracted Fee Schedule	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 Modifier: GT, 95, FR, 93 or FQ	CONDITIONAL Check Contracted Fee Schedule	CONDITIONAL Check Contracted Fee Schedule
BCBS NE	ALLOWABLE 99421-99423 98970 -98972	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 or 10 Modifier: 95	NOT ALLOWABLE	ALLOWABLE 99441-99443 98966-98968
CIGNA	NOT ALLOWABLE	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 Modifier: 95, GT, 93, FQ	ALLOWABLE G2012	ALLOWABLE 99441-99443
MEDICA	ALLOWABLE 99421-99423 98970 -98972 G2061-G2063	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 or 10 Modifier: GT, 95, 93, or FQ	ALLOWABLE G2010 G2012	ALLOWABLE 99441-99443 98966-98968
MEDICARE	ALLOWABLE 99421-99423 G2061-G2063 RHC: G0071	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 or 10 Modifier: Hospital Based Provider-95 Audio Only-93 Method II: Modifier GT RHC: G2025	ALLOWABLE G2010 G2012 G2250-G2252 RHC: G0071	ALLOWABLE 99441-99443 98966-98968 Modifier 95 RHC: G2025
NE MEDICAID	NOT ALLOWABLE	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 or 10 Modifier: 93 or 95	NOT ALLOWABLE	CONDITIONAL 98966-BH Provider Only
UHC COMMERCIAL	ALLOWABLE 99421-99423 98970 -98972	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 or 10 Modifier: 95 or GT	ALLOWABLE G2010 G2012 G2250-G2252	ALLOWABLE 99441-99443

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: Check Contracted Fee Schedule
- **Telephone**: Check Contracted Fee Schedule
- **Virtual Check-Ins**: Check Contracted Fee Schedule

Remote Patient Monitoring:

Allowable Codes:

- CPTs 98975, 98976, 98977, 98978, 98980, 98981, 99453, 99454, 99457, 99458

Telehealth:

Allowable Services:
See table below for allowable code set

Audio Only Services:
Designated codes, highlighted in blue in the below "Telehealth Allowable Codes" matrix, can be performed via an audio only connection

Modifiers/POS:

- **POS:** N/A
- **Modifier**
  - **Audio Visual:** GT, 95, FR
  - **Audio Only:** 93, FQ
  - **Asynchronous:** GQ

Direct Patient Contact:
Unless listed as a covered service, medical services that do not include direct in-person patient contact are not payable

Reimbursement:
Per Neb. Rev. Statute 44-312 (4) the reimbursement rate for any telehealth service shall, at a minimum, be the same as a comparable in-person health care service if the licensed provider providing the telehealth service also provides in-person health care services

Not Reimbursable:

- Care Plan Oversight
- Concierge Medicine (boutique medicine)
- Missed appointments

Transmission & Originating Site Fees:
T1014 and Q3014 are not eligible for payment, Aetna considers these services as incidental to the charges associated with the E/M.

Reference:

- Telemedicine and Direct Patient Contact Payment Policy available on Availity
- Nebraska Revised Statute 44-312

AETNA ELIGIBLE TELEHEALTH CODES													
Telehealth Allowable Codes													
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845	90846	90847
90849	90853	90863	90951	90952	90954	90955	90957	90958	90960	90961	90963	90964	90965
90966	90967	90968	90969	90970	92227	92228	92507	92508	92521	92522	92523	92524	92526
92601	92602	92603	92604	93228	93229	93268	93270	93271	93272	94664	96040	96105	96110
96112	96113	96116	96121	96125	96127	96130	96131	96132	96133	96136	96137	96138	96139
96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171	97110	97112	97116
97129	97130	97151	97153	97155	97156	97157	97161	97162	97163	97164	97165	97166	97167
97168	97530	97535	97750	97755	97760	97761	97802	97803	97804	98960	98961	98962	99202
99203	99204	99205	99211	99212	99213	99214	99215	99231	99232	99233	99252	99253	99254
99255	99307	99308	99309	99310	99406	99407	99408	99409	99417	99418	99446	99447	99448
99449	99451	99452	99483	99495	99496	99497	99498	C7900	C7901	C7902	G0108	G0109	G0270
G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0425	G0426	G0427	G0438
G0439	G0442	G0443	G0444	G0445	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087
G2088	G2212	G3002	G3003	H0015	H0035	H0038	H2012	H2036	S9443	S9480			
Cells Highlighted in Yellow do **NOT** Require a Modifier Codes in Blue are Allowable via an audio only connection													

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: 98970-98972, 99421-99423
- **Telephone**: 98966-98968, 99441-99443
- **Virtual Check-In:** Not Allowable

Telehealth

Allowable Services:
See table below for allowable code set

Audio Only Services:
An audiovisual component is required

***Modifiers/POS*:**

- **POS** 02 or 10
- **Modifier** 95
- **Facility:** Institutional claims are not reimbursable for telehealth services
    - Exception: PT/OT/ST services, G0108 - Diabetic Self-Management Training, Q3014 – Originating Site Fee

Non-Covered Services:
Services provided in a Quick Care, Urgent Care, Retail Clinic, ASC, Minute Clinic, Pharmacy

Provider Type:
Medical Doctors (MD), Doctors of Osteopathy (DO), Physician Assistants (PA), Nurse Practitioners (APRN), Behavioral Health Providers, Occupational Therapists, Physical Therapists, Speech Therapists, Certified Diabetic Educators, Licensed Medical Nutritional Therapists, and Advanced Practice Midwife.

- Providers exclusively delivering telehealth services must live in the state of Nebraska, be a member of a credentialed Nebraska-based PHO or employed by a licensed or credentialed facility in Nebraska
- Providers will also still need to meet the credentialing criteria

Reimbursement:
Per Neb. Rev. Statute 44-312 (4) the reimbursement rate for any telehealth service shall, at a minimum, be the same as a comparable in-person health care service if the licensed provider providing the telehealth service also provides in-person health care services.

Transmission & Originating Site Fees
BCBS will allow for an originating site fee (Q3014) to be billed.

- **UB04:** CRITICAL ACCESS HOSPITAL ONLY: Utilize revenue code 078X and TOB 12X (Medicare Part B only), 13X, 22X (Medicare Part B only), 23X, 71X, 72X, 73X, 76X, and 85X.
- **1500:** RHC ONLY: Utilize POS 11
    - Provider at the distant site who is performing the telehealth visit with the member may bill their services on a 1500 form with POS 02 and modifier 95

Reference:

- BCBS of NE Telehealth Policy
- Nebraska Revised Statute 44-312

BCBS NE ALLOWABLE TELEHEALTH CODES											
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845
90846	90847	90853	90951	90954	90955	90957	90958	90960	90961	90963	90964
90965	90966	90967	90968	90969	90970	92507	92508	92521	92522	92523	92524
92526	92609	93107	95251	96040	96110	96116	96127	96156	96158	96159	96160
96161	96164	96165	96167	19168	97110	97112	97116	97129	97130	97151	97155
97156	97161	97162	97165	97168	97530	97542	97802	97803	97804	99202	99203
99204	99211	99212	99213	99214	99307	99308	99309	99310	99354	99355	99381
99382	99383	99384	99391	99392	99393	99394	99406	99407	99408	99409	99451
G0108	G0270	G0296	G0396	G0397	G0406	G0407	G0408	G0436	G0437	G0442	G0443
G0444	G0445	G0446	G0447	G2025	G2086	G2087	G2088	H0001	Q3014	C7900	C7901
C7902											
Code highlighted in Green can be submitted with the GQ or 95 modifier Code highlighted in Yellow require a 95 modifier and to be billed on UB if performed by hospital staff											

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: Not Allowable
- **Telephone**: 99441-99443
- **Virtual Check-Ins:** G2012

Remote Patient Monitoring:

Allowable Codes:

- 99091, 99453, 99454, 99457, 99458, 99473, 99474, G0322

Indications:

Remote Patient Monitoring is only covered for the following indications, no other indications are covered

- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes Mellitus
- Heart Failure

All of the following must be met:

- Medical device that is FDA approved, cleared or has received emergency use authorization (EUA) designation
- Prescribed and administered by a board-eligible or board-certified medical provider or subspecialist (e.g., cardiologist, pulmonologist, endocrinologist), nurse practitioner (NP) or physician assistant (PA)
- Physiologic data must be electronically collected and automatically uploaded for analysis and interpretation
- Must be intended for the purpose of displaying or analyzing the physiological parameter(s) measured
- Used for remote communication, counseling and monitoring of acute or chronic health conditions

Not Covered:

Remote Therapeutic Monitoring (RTM), CPT codes 98975, 98976, 98977, 98978, 98980, 98981, are not covered, regardless of indication

Telehealth

Allowable Services:

See below table for allowable medical telehealth codes.

All of the following must be met:

- Services must be interactive and use both audio and video
- Would be reimbursed if the service was provided face-to-face and is medically appropriate and necessary
- The patient and/or actively involved caregiver must be present on the receiving end and the service must occur in real time
- A permanent record of online communications relevant to the ongoing medical care and follow-up is maintained as part of the record as if the service were provided as an in-office visit
- The permanent record must include documentation which identifies the virtual service delivery method. i.e.: audio/video or telephone only
- The patient's clinical condition is of low to moderate complexity, and while it may be an urgent encounter, it should not be an emergent clinical condition
- Virtual care services must be provided by a health care professional who is licensed, registered, or otherwise acting within the scope of his/her licensure

Excluded Services:

- The virtual care service occurs on the same day as a face to face visit, when performed by the same provider and for the same condition
- Virtual care services billed within the post-operative period of a previously completed surgical procedure will be considered part of the global payment for the procedure
- Services were performed via asynchronous communications systems (e.g., fax)
- Store and forward telecommunication, whether an appropriate virtual care modifier is appended to the procedure code or not

- Patient communications are incidental to E/M services, counseling, or medical services, including, but not limited to reporting of test results and provision of educational materials
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient
- No reimbursement will be made for any equipment used for virtual care communications

Store and Forward Telehealth:
Asynchronous communications occur when medical information is stored and forwarded to be reviewed later by a physician or other health care provider at a distant site. The medical information is reviewed without the patient being present. Asynchronous communications are also referred to as store-and-forward or non-interactive communications. Cigna does not reimburse asynchronous communications.

Modifiers/POS:
- **POS** 02
  - Do not bill POS 10 until further notice
- **Modifier** 93, 95, FQ, GQ, or GT

Audio Only Services:
Services rendered via audio only will be reimbursed when the appropriate telephone only code is billed

Reimbursement:
Per Neb. Rev. Statute 44-312 (4) the reimbursement rate for any telehealth service shall, at a minimum, be the same as a comparable in-person health care service if the licensed provider providing the telehealth service also provides in-person health care services

Transmission & Originating Site Fees:
Cigna will not reimburse transmission fees or an originating site of service fee or facility fee for telehealth visits (HCPCS G2025, Q3014, T1014)

References:
- Reimbursement Policy- Virtual Care and Remote Patient Monitoring
- Nebraska Revised Statute 44-312

CIGNA MEDICAL ELIGIBLE VIRTUAL CODES												
90951	90952	90953	90954	90955	90956	90957	90958	90959	90960	90961	90962	90963
90964	90965	90966	90967	90968	90969	90970	92507	92508	92521	92522	92523	92524
92601	92602	92603	92604	96040	96112	96113	96116	96156	96158	96159	96160	96161
96164	96165	96167	96168	97110	97112	97161	97162	97163	97164	97165	97166	97167
97168	97530	97755	97760	97761	97802	97803	97804	92202	92203	99204	99205	99211
99212	99213	99214	99215	99381	99382	99383	99384	99385	99386	99387	99391	99392
99393	99394	99395	99396	99397	99401	99402	99403	99404	99406	99407	99408	99409
99411	99412	99441	99442	99443	99446	99447	99448	99449	99451	99452	99495	99496
99497	99498	G0108	G0151	G0152	G0153	G0155	G0157	G0158	G0270	G0296	G0299	G0300
G0396	G0397	G0438	G0439	G0442	G0443	G0444	G0445	G0446	G0447	G0493	G0513	G0514
G2012	S9123	S9129	S9129	S9131	S9152							

NON-REIMBURSABLE CODES REGARDLESS OF MODIFIER												
98966	98967	98968	98970	98971	98972	99421	99422	99423	G0406	G0407	G0408	G0425
G0426	G0427	G0459	G0508	G0509	G2025	Q3014	S0320	T1014				

CIGNA BEHAVIORHAL HEALTH ELIGIBLE VIRTUAL CODES												
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845	90846
90847	90849	90853	90863	90875	90876	90880	96110	96127	96156	96158	96159	96164
96165	96167	96168	96170	96171	97151	97152	97153	97154	97155	97156	97157	97158
99058	99078	99202	99203	99204	99205	99211	99212	99213	99214	99215	99217	99218
99219	99220	99221	99222	99223	99224	99225	99226	99231	99232	99233	99234	99235
99236	99238	99239	99281	99282	99283	99284	99285	99304	99305	99306	99307	99308
99309	99310	99315	99316	99318	99324	99325	99326	99327	99328	99334	99335	99336
99337	99354	99355	99356	99357	99404	99409	99415	99416	99417	99441	99442	99443
99446	99447	99448	99449	99456	99484	99495	99496	0591T	0592T	G0410	H0015	H0035
H0038	H2011	S0201	S9480									

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: 98970-98972, 99421-99423
- **Telephone**: 98966-98968, 99441-99443
- **Virtual Check-In:** G0071, G2010, G2012

Telehealth:

Synchronous Telehealth Allowable Codes:
See table below for specific codes.

- **Wellness Visits:** Medica will temporarily allow preventive care services, CPT 99381-99387 and 99391-99397, to be provided via telehealth. Providers may perform all, or portions of, a preventive medicine visit that can be done so appropriately via telehealth services. Services that require face-to-face interaction may be provided later, however, providers may only bill one preventive medicine code to cover both the portion done via telehealth and any necessary face-to-face interaction associated with the preventive care service.
- **Behavioral Health:** Allowable services:
  - Services recognized by the Centers for Medicare and Medicaid Services (CMS)
  - Services recognized by the American Medical Association (AMA) included in Appendix P of CPT code set
  - Additional services identified by Optum behavioral health that can be effectively performed via Telehealth

Store and Forward Telehealth:
Medica will allow asynchronous (store and forward) telehealth

- Utilize modifier GQ
- Medical information may include: video clips, still images, X-rays, MRIs, EKGs, laboratory results, audio clips and text

Modifiers/POS:

- **POS** 02 or 10 OR POS code used for an in-person visit
- **Modifier** 93, 95, CG, FQ, G0, GQ, GT

Provider Type:
Audiologist, Certified Genetic Counselor, Certified Nurse Anesthetists, Clinical Nurse Specialist, Clinical Psychologist, Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Marriage and Family Therapist, Licensed Drug & Alcohol Counselor, Dentist, Nurse Midwife, Nurse Practitioner, Occupational Therapist, Physical Therapist, Physician, Physician Assistant, Podiatrist, Registered Dietitian or Nutrition Professional, and Speech Therapist

Reimbursement:
Per Neb. Rev. Statute 44-312 (4) the reimbursement rate for any telehealth service shall, at a minimum, be the same as a comparable in-person health care service if the licensed provider providing the telehealth service also provides in-person health care services

Originating Sites:
The following are examples of originating sites: Community mental health center, Critical-access hospital (CAH), End stage renal disease (ESRD) facilities, Home, Hospital (inpatient or outpatient), Hospital or CAH-based renal dialysis center (including satellites), Office of physician or practitioner, Other eligible medical facilities, Other locations as required by applicable state law, Residential substance abuse treatment facility, Rural health clinic (RHC) and federally qualified health center (FQHC), Skilled nursing facility (SNF)

Transmission & Originating Site Fees:
Transmission fees (HCPCS T1014) are not eligible for payment, however Medica will allow an originating site fee (HCPCS Q3014) to be billed by an originating site facility.

Coverage Limitations: The following services are not covered under telehealth: Provider initiated e-mails; refilling or renewing existing prescriptions; scheduling a diagnostic test or appointment; clarification of simple instructions or issues

from a previous visit; reporting test results; reminders of scheduled office visits; requests for a referral; non-clinical communication, providing educational materials, brief follow-up of a medical procedure to confirm stability of the member's condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up; brief discussion to confirm stability of the member's chronic condition without change in current treatment; when information is exchanged and the member is subsequently asked to come in for an office visit; a service that would similarly not be charged for in a regular office visit; consultative message exchanges with an individual who is seen in the provider's office immediately afterward; communication between two licensed health care providers that consists solely of a telephone conversation, email or facsimile; communications between a licensed health care provider and a member that consists solely of an e-mail or facsimile.

Audio Only Services:

Designated codes, highlighted in yellow in the below "Telehealth Allowable Codes" matrix, can be performed via an audio only connection

References:

- Reimbursement Policy: Telehealth excluding Minnesota Health Care Program (MHCP) Members
- Reimbursement Policy: Telephone and Virtual Care Services
- Nebraska Revised Statute 44-312

MEDICA ALLOWABLE TELEHEALTH CODES											
0362T	0373T	0591T	0592T	0593T	77427	87633	90785	90791	90792	90832	90833
90834	90836	90837	90838	90839	90840	90845	90846	90847	90853	90863	90875
90901	90951	90952	90953	90954	90955	90956	90957	90958	90959	90960	90961
90962	90963	90964	90965	90966	90967	90968	90969	90970	92002	92004	92012
92014	92227	92228	92507	92508	92521	92522	92523	92524	92526	92550	92552
92553	92555	92556	92557	92563	92565	92567	92568	92570	92587	92588	92601
92602	92603	92604	92607	92608	92609	92610	92625	92626	92627	93228	93229
93268	93270	93271	93272	93298	93750	93797	93798	94002	94003	94004	94005
94625	94626	94664	95970	95971	95972	95983	95984	96040	96105	96110	96112
96113	96116	96121	96125	96127	96130	96131	96132	96133	96136	96137	96138
96139	96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171
97110	97112	97116	97129	97130	97150	97151	97152	97153	97154	97155	97156
97157	97158	97161	97162	97163	97164	97165	97166	97167	97168	97530	97535
97537	97542	97750	97755	97760	97761	97763	97802	97803	97804	98960	98961
98962	98966	98967	98968	99202	99203	99204	99205	99211	99212	99213	99214
99215	99221	99222	99223	99231	99232	99233	99234	99235	99236	99238	99239
99242	99243	99244	99245	99252	99253	99254	99255	99281	99282	99283	99284
99285	99291	99292	99304	99305	99306	99307	99308	99309	99310	99315	99316
99341	99342	99344	99345	99347	99348	99349	99350	99406	99407	99408	99409
99417	99418	99441	99442	99443	99468	99469	99471	99472	99473	99475	99476
99477	99478	99479	99480	99483	99495	99496	99497	99498	G0108	G0109	G0136
G0270	G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0420
G0421	G0422	G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445
G0446	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211
G2212	G3002	G3003	G9685	Q3014							
All codes in the table can be provided using interactive audio and video. Codes in Yellow meet the interaction requirement when provided via audio only											

MEDICA BEHAVIORAL HEALTH TELEHEALTH CODES											
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90480	90845
90846	90847	90853	99202	99203	99204	99205	99211	99212	99213	99214	99215

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:
E-Visits: 99421-99423, G2061-G2063
Telephone: 99441-99443, 98966-98968
Allowed through December 31st, 2024
Virtual Check-In: G2010, G2012, G2250-G2252

Modifiers:
E-Visits & Virtual Check-Ins: None
Telephone: Modifier 95

Reimbursement:
Audio-only codes 99441-99443 will be paid at parity with 99212-99214 through December 31st, 2024

- Document why patient could not be seen for an audiovisual visit or attend an in-person encounter

Telehealth:

Consolidated Appropriations Act:
Extends certain telehealth flexibilities for Medicare patients through December 31st, 2024:

- Originating site restriction waiver
- Allows additional telehealth practitioners to include OTs, PTs, SLPs, mental health counselors, and marriage and family therapists
- Audio only telehealth services
- In person requirement for mental health services via telehealth waived
- Extension of FQHC/RHC to serve as originating site for non-behavioral/mental telehealth services

Allowable Codes:
See table below for codes allowable via telehealth

Audio Only:
When providing an E/M service that would otherwise be reported as an in-person or telehealth visit, using audio-only technology, providers should utilize the appropriate telephone E/M code (99441-99443), not the in person or telehealth visit code.

- Telephone Codes only available for use through December 31st, 2024
- For behavioral or mental telehealth, 2-way, interactive, audio-only technology can be utilized

Consent:
Providers may get patient consent at the same time they initially provide the services. Direct supervision isn't required to get consent. In general, auxiliary personnel under general supervision of the billing practitioner can get patient consent for these services.

***Hospital Based Providers*:**
Hospitals and other providers of PT, OT, SLP, diabetes self-management training (DSMT) and medical nutrition therapy (MNT) services can continue to bill for telehealth services when provided remotely in the same way they've been during the PHE and the remainder of CY 2023, except that:

- For outpatient hospitals, patients' homes no longer need to be registered as provider-based entities to allow for hospitals to bill for these services
- The 95 modifier is required on claims from all providers, except for Critical Access Hospitals (CAHs) electing Method II (which utilize a GT modifier)

Modifiers/POS:

- **POS:**
  - 02 or 10
- **Modifier:**
  - Use modifier 95 when the clinician is in the hospital and the patient is in the home, as well as for outpatient therapy services provided via telehealth by qualified PTs, OTs, or SLPs through December 31, 2024
- **Mental Health Claims:** POS 02 or 10
  - **Modifier** 93 if performed over audio only
  - **RHC/FQHC**: Modifier FQ
- **CAH Method II (UB) Claims:** Modifier GT

Patient Location:

Through December 31st, 2024, there is not an originating site or geographic restriction

Mental Health Place of Service:

CMS permanently added a patient's home as an originating site for patients receiving mental health services via telehealth. "Home" includes temporary lodging. Must meet the following requirements:

- The provider (or another provider in the same practice and subspecialty) has conducted an in-person (non-telehealth) visit within 6 months
- After the initial tele-mental health visit, the provider must conduct an in-person visit at least once every 12 months
  - However, this visit is not required if the patient and provider consider the risks of an in-person visit and agree that the risks outweigh the benefits
  - Provider should document decision in the patient's medical record
- Through December 31st, 2024, the initial 6 month visit and the in person visit every 12 month requirement is waived

Provider Type:

Physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals

- Through December 31st, 2024, OTs, PTs, SLPs, mental health counselors, and marriage and family therapists may also provide and bill telehealth services

Reimbursement:

Through December 31st, 2024, when telehealth services are provided to people in their homes (POS 10), the service will be reimbursed at the non-facility rate. However, if the telehealth service is provided when the patient is not in their home, and POS 02 is utilized, then the service will be reimbursed at the facility rate.

Rural Health Clinics & Federally Qualified Health Centers:

See the RHC and FQHC section for specific billing regulations

Supervision:

Through December 31st, 2024, CMS will continue to define direct supervision to permit the presence and immediate availability of the supervising practitioner through real time audio and video interactive telecommunications

Teaching Physicians:

Through December 31st, 2024 teaching physicians can use telehealth when the resident provides services in all residency training locations

Transmission/ Originating Site Fees:

Medicare does not reimburse for transmission fees. If applicable, Medicare will reimburse an originating site fee (HCPCS Q3014)

Reference:

MLN Matters-Telehealth Services
SE22001 Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers
Consolidated Appropriations Act, 2024

MEDICARE ELEGIBLE TELEHEALTH CODES											
2024 Telehealth Codes											
0362T	0373T	0591T	0592T	0593T	77427	90785	90791	90792	90832	90833	90834
90836	90837	90838	90839	90840	90845	90846	90847	90853	90875	90901	90951
90952	90953	90954	90955	90956	90957	90958	90959	90960	90961	90962	90963
90964	90965	90966	90967	90968	90969	90970	92002	92004	92012	92014	92507
92508	92521	92522	92523	92524	92526	92550	92552	92553	92555	92556	92557
92563	92565	92567	92568	92570	92587	92588	92601	92602	92603	92604	92607
92608	92609	92610	92625	92626	92627	93750	93797	93798	94002	94003	94004
94005	94625	94626	94664	95970	95971	95972	95983	95984	96105	96110	96112
96113	96116	96121	96125	96127	96130	96131	96132	96133	96136	96137	96138
96139	96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171
97110	97112	97116	97129	97130	97150	97151	97152	97153	97154	97155	97156
97157	97158	97161	97162	97163	97164	97165	97166	97167	97168	97530	97535
97537	97542	97750	97755	97760	97761	97763	97802	97803	97804	98960	98961
98962	98966	98967	98968	99202	99203	99204	99205	99211	99212	99213	99214
99215	99221	99222	99223	99231	99232	99233	99234	99235	99236	99238	99239
99281	99282	99283	99284	99285	99291	99292	99304	99305	99306	99307	99308
99309	99310	99315	99316	99341	99342	99344	99345	99347	99348	99349	99350
99406	99407	99441	99442	99443	99468	99469	99471	99472	99473	99475	99476
99477	99478	99479	99480	99483	99495	99496	99497	99498	G0108	G0109	G0136
G0270	G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0420
G0421	G0422	G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445
G0446	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211
G2212	G3002	G3003	G9685								
Codes Highlighted in Blue Can Be Performed via Audio only											

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: Not Allowable
- **Telephone**: 98966-BH Providers Only
- **Virtual Check-In**: Not Allowable

Telehealth:

Allowable Codes

See table below for allowable telehealth codes

- Health care practitioners providing telehealth services must follow all applicable laws
- Providers must deliver telehealth services safely and effectively
- All treatments or services must be delivered according to current Medicaid service definitions
- All treatments and services must be rendered in a clinically appropriate manner and be medically necessary or related to a treatment plan

Audio Only Services

Telehealth includes audio-only services for the delivery of individual behavioral health services for an established patient, when appropriate, or crisis management and intervention for an established patient as allowed by federal law

Documentation Requirements

- The medical record for telehealth services must follow all applicable laws regarding documentation
- The use of telehealth technology must be documented in the medical record
- Providers are also required to document the reason for the delivery of treatment or services through telehealth
- Providers are required to have mitigation plans in place and to provide an active and ongoing assessment of their ability to meet patients' most immediate and critical treatment needs

Written Information Requirements

Prior to an initial telehealth consultation a provider who delivers a health care service to a patient through telehealth shall ensure that the following written information is provided to the patient:

- A statement that the patient retains the option to refuse the telehealth consultation at any time without affecting the patient's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the patient would otherwise be entitled
- A statement that all existing confidentiality protections shall apply to the telehealth consultation
- A statement that the patient shall have access to all medical information resulting from the telehealth
- consultation as provided by law for patient access to his or her medical records
- A statement that dissemination of any patient identifiable images or information from the telehealth consultation to researchers or other entities shall not occur without the written consent of the patient

Consent Requirements

The patient must sign a statement prior to or during an initial telehealth consultation, or give verbal consent during the telehealth consultation, indicating that the patient understands the written information provided and it has been discussed with the provider or the provider's designee

- The signed statement may be collected by paper or electronic signature and must become part of the patient's medical record
- If the patient gives verbal consent during the initial telehealth consultation, the signed statement must be collected within ten days after such telehealth consultation

- If the patient is a minor or is incapacitated or mentally incompetent, and is unable to sign the statement or give verbal consent, then the statement must be signed, or verbal consent given, by the patient's legally authorized representative
- Does not apply in an emergency situation in which the patient is unable to sign the statement or give verbal consent and the patient's legally authorized representative is unavailable

Modifiers/POS:

- **Place of Service** 02 or 10
- **Modifier** 93 or 10
- **Behavioral Health (BH) Modifiers:** Ensure utilization of appropriate BH modifier (ex. HF, HH, HA, U4, etc) with telehealth modifier

Patient Location

The location of the telehealth service is the physical location of the member. Out-of-state telehealth services are covered if the telehealth services otherwise meet not only the telehealth requirements but also the requirements for payment for services provided outside Nebraska

Provider Type

Providers must be enrolled with Nebraska Medicaid and must be licensed (when required)

Reimbursement

The reimbursement rate for a telehealth consultation must, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person consultation, and the rate shall not depend on the distance between the health care practitioner and the patient

Transmission Fees & Originating Site Fee

NE Medicaid will reimburse practitioners for transmission costs (HCPCS T1014) if services were not provided by an internet service provider. Transmission costs can be billed in minutes with HCPCS code T1014. NE Medicaid will also reimburse originating site facilities an originating site fee (HCPCS Q3014)

References:

State of Nebraska Statutes Relating to Nebraska Telehealth Act
Guidance on Telehealth Provider Bulletin 23-08
Nebraska Medicaid Fee Schedules

MEDICAID ELEGIBLE TELEHEALTH CODES											
Medical Codes Allowable With Modifier 95											
G0513	G0514	90951	90952	90954	90955	90957	90958	90960	90961	90963	90964
90965	90966	90967	90968	90969	90970	92507	92508	92521	92522	92523	92526
92601	92602	92603	92604	92609	93750	93797	93798	95970	95971	95972	95983
95984	96105	96110	96116	96121	96127	96132	96133	96136	96137	96138	96139
97110	97112	97550	97551	97552	97750	97802	97803	97804	99202	99203	99204
99211	99212	99213	99214	99304	99305	99307	99308	99309	99315	99316	99341
99342	99344	99347	99348	99406	99407	99497	99497	99498	99498		
Medical Codes Allowable With Modifier 93 or 95											
96130	96131										
Behavioral Health Codes Allowable With Modifier 95											
90791	90792	90847	90853	96132	96133	96136	96137	96138	96139	99211	99212
99213	99214	99304	99305	99307	99308	99309	H0038	G0038			
Behavioral Health Codes Allowable With Modifier 93 & 95											

90832	90833	90834	90836	90837	90838	90839	90840	90846	96130	96131	
Behavioral Health Codes Allowable With Modifier 93											
98966											

Codes Highlighted in Green For Medicare Crossover Only

Codes Highlighted in Blue restricted to services by licensed Medical Nutritional Therapist

Codes Highlighted in Yellow are available via POS 02 only

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: 98970-98972, 99421-99423
- **Telephone**: 99441-99443
- **Virtual Check-In**: G2010, G2012, G2250-G2252

POS/Modifier:
POS utilized if visit would have in person and no modifier

Remote Patient Monitoring Codes:

Allowable Codes:

- 98975-98978, 98980-98981, 99091, 99457-99458, 99473-99474

POS/Modifier:
POS utilized if visit would have in person and no modifier

Interprofessional Assessment Codes:

Allowable Codes:

- 99446-99449, 99451-99454

POS/Modifier:
POS utilized if visit would have in person and no modifier

Telehealth:

Allowable Codes:
UHC will allow any services on the below lists:

- Services recognized by the Centers for Medicare and Medicaid Services (CMS)
- Services recognized by the American Medical Association (AMA) included in Appendix P of the CPT code set
- Additional services identified by UnitedHealthcare that can be effectively performed via Telehealth
    - See Telehealth Allowable Codes table below for UHC specified codes

Modifiers/POS:

- **POS** 02 or 10
- **Modifiers** 95, GT, GQ, and G0 are not required to identify telehealth services but are accepted as informational if reported on claims

Provider Type:
Physician, nurse practitioner, physician assistant, nurse-midwife, clinical nurse specialist, registered dietitian or nutrition professional, clinical psychologist, clinical social worker, certified registered nurse anesthetists, physical therapists, occupational therapists, and speech therapists.

Reimbursement:
Per Neb. Rev. Statute 44-312 (4) the reimbursement rate for any telehealth service shall, at a minimum, be the same as a comparable in-person health care service if the licensed provider providing the telehealth service also provides in-person health care services.

Patient Location:
UHC will recognize CMS designated originating sites considered eligible for furnishing telehealth services to a patient located in an originating site.

- Examples of CMS originating sites with a telepresenter: the office of a physician or practitioner, hospital, critical access hospital (CAH), rural health clinic (RHC), federally qualified health center (FQHC), hospital based renal

dialysis center, skilled nursing facility (SNF), community mental health center (CMHC), mobile stroke unit, patient home-for monthly end stage renal, ESRD-related clinical assessments, for purposes of treatment of a substance use disorder or a co-occurring mental health disorder.

- UHC will also recognize home as an originating site for telehealth services (no telepresenter present)

Transmission & Originating Site Fees:

UHC will allow the originating site using HCPS Q3014, but will not allow transmission fees (T1014) to be reimbursed

- For POS where code Q3014 is required, report the valid POS code reflecting the location of the patient

Audio Only Services:

Telehealth services must be performed over an audiovisual connection, unless audio only allowable code is utilized

- UHC will align with the AMA and will consider for reimbursement the services included in Appendix T of the CPT code set, which are appropriate for reporting real-time, interactive audio-only telehealth, when appended with modifier 93, and reported with POS 02 or 10.
- All PT/OT/ST Telehealth visits must be performed using live, interactive video conferencing that involves the presence of both parties at the same time and a communication link between them that allows a real-time audio and visual interaction to take place. E-mailing "stored" exercise videos and discussing or reviewing by phone is not reimbursable.

Reference:

- Reimbursement Policy-Telehealth/Virtual Health Policy, Professional
- Nebraska Revised Statute 44-312

UHC ELEGIBLE TELEHEALTH CODES											
0362T	0373T	77427	90785	90791	90792	90832	90833	90834	90836	90837	90838
90839	90840	90845	90846	90847	90853	90863	90875	90901	90951	90952	90953
90954	90955	90956	90957	90958	90959	90960	90961	90962	90963	90964	90965
90966	90967	90968	90969	90970	92002	92004	92012	92014	92227	92228	92507
92508	92521	92522	92523	92524	92526	92550	92552	92553	92555	92556	92557
92563	92565	92567	92568	92570	92587	92588	92601	92602	92603	92604	92607
92608	92609	92610	92625	92626	92627	93228	93229	93268	93270	93271	93272
93750	93797	93798	94002	94003	94004	94005	94625	94626	94664	95970	95971
95972	95983	95984	96040	96105	96110	96112	96113	96116	96121	96125	96127
96130	96131	96132	96133	96136	96137	96138	96139	96156	96158	96159	96160
96161	96164	96165	96167	96168	96170	96171	97110	97112	97116	97129	97130
97150	97151	97152	97153	97154	97155	97156	97157	97158	97161	97162	97163
97164	97165	97166	97167	97168	97530	97535	97537	97542	97750	97755	97760
97761	97763	97802	97803	97804	98960	98961	98962	98966	98967	98968	99202
99203	99204	99205	99211	99212	99213	99214	99215	99221	99222	99223	99231
99232	99233	99234	99235	99236	99238	99239	99281	99282	99283	99384	99285
99291	99292	99304	99305	99306	99307	99308	99309	99310	99315	99316	99341
99342	99344	99345	99347	99348	99349	99350	99406	99407	99408	99409	99417
99418	99441	99442	99443	99468	99469	99471	99472	99473	99475	99476	99477
99478	99479	99480	99483	99495	99496	99497	99498	G0108	G0109	G0136	G0270
G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0420	G0421

G0422	G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445	G0446
G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211	G2212
G3002	G3003	G9481	G9482	G9483	G9484	G9485	G9486	G9487	G9488	G9489	G9685
G9978	G9979	G9980	G9981	G9982	G9983	G9984	G9985	G9986			

PT/OT/ST											
92507	92521	92522	92523	92524	97110	97112	97116	97161	97162	97163	97164
97165	97166	97167	97168	97535	97750	97755	97760	97761			

AUDIO ONLY CODES											
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845
90846	90847	92507	92508	92521	92522	92523	92524	96040	96110	96116	96121
96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171	97802
97803	97804	99406	99407	99408	99409	99497	99498				

As part of the CARES Act, Congress has authorized RHCs and FQHCs to be a "distant site" for telehealth visits, therefore allowing RHC and FQHCs practitioners to provide telehealth services.

- RHCs & FQHCs will continue to be allowed to act as a distant site until December 31st, 2024, under the Consolidated Appropriations Act

Virtual Check Ins/E-Visits/Telephone:

Virtual Check-Ins & E-Visits:

RHC/FQHCs can perform E-Visits (CPT codes 99421-99423), which are online digital E/M services that utilize a secure patient portal. Medicare will also allow RHC/FQHCs to perform Virtual Check Ins (HCPCS G2012 and G2010).

- RHCs should bill HCPCS G0071 if E-Visit or Virtual Check-In services are performed.
- **Reimbursement:** is set at the average of the national non-facility PFS payment rates for the 5 E-visits and Virtual Check-In codes. For 2024 the rate is set at $ $12.93
- **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between RHC or FQHC practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC

Telephone Services:

Until December 31st, 2024, RHC/FQHCs can perform audio only telephone services utilizing CPT codes 99441-99443

- RHCs can furnish and bill for these services using HCPCS code G2025.
- At least 5 minutes of telephone E/M by physician or other qualified health care professional who may report E/M services must be provided to an established patient, parent, or guardian.
- Cannot be billed if they originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment.

RHC General Care Management:

General Care Management (HCPCS G0511) Services:

- Remote Physiologic Monitoring
- Remote Therapeutic Monitoring
- Community Health Integration
- Principal Illness Navigation
- Chronic Care Management
- Behavioral Health Integration

Reimbursement:

- Methodology to calculate the payment rate for the general care management HCPCS code G0511 takes account how frequently the various services are utilized along with payment averages
- 2024 Rate: $72.98

Telehealth:

Consolidated Appropriations Act:

Extends certain telehealth flexibilities for Medicare patients until December 31st, 2024, including:

- Originating site restriction waiver
- Expanded list of allowable telehealth practitioners
- Audio only telehealth services
- In person requirement for mental health services via telehealth
- Extension of FQHC/RHC to serve as originating site

Allowable Codes:
RHCs/FQHCs can perform any service listed in the below telehealth allowable code set matrix, but must bill G2025

Billing:

- **HCPCS** G2025
- **POS** 02 or 10
- **Modifier:** 95 (Optional)
- **Mental Health Claims**: POS 02 or 10 and modifier FQ if performed via audio only

Mental Health Services:

- CMS will permanently allow mental health telehealth services performed by an RHC/FQHC
- The service must be either audio visual OR
- Audio-only if the following are present:
    - The patient is incapable of, or fails to consent to, the use of video technology for the service
    - The provider has conducted an in-person visit within the last 6 months of the initial tele-mental service
    - The services are medical necessary
    - After the initial telehealth visit, the provider conducts an in-person visit at least once every 12 months of each tele-mental visit.
        - However, if the patient and provider consider the risks of an in person service and agree that these risks outweigh the benefits, then the annual visit may be skipped.
        - Providers must document the decision
    - Until December 31st, 2024, the initial 6 month visit and the in person visit every 12 month requirement is waived

Provider Type:
Physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals

- Through December 31st, 2024, OTs, PTs, SLPs, mental health counselors, and marriage and family therapists may also provide and bill telehealth services

Reimbursement:
The RHC/FQHC telehealth payment rate is the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS. For 2024 the rate is $95.37

Transmission/ Originating Site Fees:
Medicare does not reimburse transmission fees. If applicable, Medicare will reimburse an originating site fee (HCPCS Q3014)

Audio Only:
When providers are providing an E/M service that would otherwise be reported as an in-person or telehealth visit, using audio-only technology, providers should utilize the appropriate telephone E/M code (99441-99443), not the in person or telehealth visit code.

- Audio only mental health telehealth will be permanently reimbursable if:
    - The provider has the technical capability, at the time of the service, to use an interactive telecommunications system
    - The patient is incapable of, or fails to consent to, the use of video technology for the service
    - The beneficiary is located at his or her home
    - The practitioner documents the reason for using audio-only technology uses the appropriate service level modifier

Reference:
MLN Matters-Telehealth Services
SE22001 Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers
SE 20016 New & Expanded Flexibilities for Rural Health Clinics & Federally Qualified Health Centers
Consolidated Appropriations Act, 2024

MEDICARE ELEGIBLE TELEHEALTH CODES											
2024 Telehealth Codes											
0362T	0373T	0591T	0592T	0593T	77427	90785	90791	90792	90832	90833	90834
90836	90837	90838	90839	90840	90845	90846	90847	90853	90875	90901	90951
90952	90953	90954	90955	90956	90957	90958	90959	90960	90961	90962	90963
90964	90965	90966	90967	90968	90969	90970	92002	92004	92012	92014	92507
92508	92521	92522	92523	92524	92526	92550	92552	92553	92555	92556	92557
92563	92565	92567	92568	92570	92587	92588	92601	92602	92603	92604	92607
92608	92609	92610	92625	92626	92627	93750	93797	93798	94002	94003	94004
94005	94625	94626	94664	95970	95971	95972	95983	95984	96105	96110	96112
96113	96116	96121	96125	96127	96130	96131	96132	96133	96136	96137	96138
96139	96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171
97110	97112	97116	97129	97130	97150	97151	97152	97153	97154	97155	97156
97157	97158	97161	97162	97163	97164	97165	97166	97167	97168	97530	97535
97537	97542	97750	97755	97760	97761	97763	97802	97803	97804	98960	98961
98962	98966	98967	98968	99202	99203	99204	99205	99211	99212	99213	99214
99215	99221	99222	99223	99231	99232	99233	99234	99235	99236	99238	99239
99281	99282	99283	99284	99285	99291	99292	99304	99305	99306	99307	99308
99309	99310	99315	99316	99341	99342	99344	99345	99347	99348	99349	99350
99406	99407	99441	99442	99443	99468	99469	99471	99472	99473	99475	99476
99477	99478	99479	99480	99483	99495	99496	99497	99498	G0108	G0109	G0136
G0270	G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0420
G0421	G0422	G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445
G0446	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211
G2212	G3002	G3003	G9685								
Codes Highlighted in Blue Can Be Performed via Audio only											

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: Not Allowable
- **Telephone**: 98966-BH Providers Only
- **Virtual Check-In**: Not Allowable

Telehealth:

Allowable Codes

See table below for allowable telehealth codes

- Health care practitioners providing telehealth services must follow all applicable laws
- Providers must deliver telehealth services safely and effectively
- All treatments or services must be delivered according to current Medicaid service definitions
- All treatments and services must be rendered in a clinically appropriate manner and be medically necessary or related to a treatment plan

Audio Only Services

Telehealth includes audio-only services for the delivery of individual behavioral health services for an established patient, when appropriate, or crisis management and intervention for an established patient as allowed by federal law

Documentation Requirements

- The medical record for telehealth services must follow all applicable laws regarding documentation
- The use of telehealth technology must be documented in the medical record
- Providers are also required to document the reason for the delivery of treatment or services through telehealth
- Providers are required to have mitigation plans in place and to provide an active and ongoing assessment of their ability to meet patients' most immediate and critical treatment needs

Written Information Requirements

Prior to an initial telehealth consultation a provider who delivers a health care service to a patient through telehealth shall ensure that the following written information is provided to the patient:

- A statement that the patient retains the option to refuse the telehealth consultation at any time without affecting the patient's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the patient would otherwise be entitled
- A statement that all existing confidentiality protections shall apply to the telehealth consultation
- A statement that the patient shall have access to all medical information resulting from the telehealth
- consultation as provided by law for patient access to his or her medical records
- A statement that dissemination of any patient identifiable images or information from the telehealth consultation to researchers or other entities shall not occur without the written consent of the patient

Consent Requirements

The patient must sign a statement prior to or during an initial telehealth consultation, or give verbal consent during the telehealth consultation, indicating that the patient understands the written information provided and it has been discussed with the provider or the provider's designee

- The signed statement may be collected by paper or electronic signature and must become part of the patient's medical record
- If the patient gives verbal consent during the initial telehealth consultation, the signed statement must be collected within ten days after such telehealth consultation
- If the patient is a minor or is incapacitated or mentally incompetent, and is unable to sign the statement or give verbal consent, then the statement must be signed, or verbal consent given, by the patient's legally authorized representative

- Does not apply in an emergency situation in which the patient is unable to sign the statement or give verbal consent and the patient's legally authorized representative is unavailable

Modifiers/POS:

- **Place of Service** 02 or 10
- **Modifier** 93 or 10
- **Behavioral Health (BH) Modifiers:** Ensure utilization of appropriate BH modifier (ex. HF, HH, HA, U4, etc) with telehealth modifier

Patient Location

The location of the telehealth service is the physical location of the member. Out-of-state telehealth services are covered if the telehealth services otherwise meet not only the telehealth requirements but also the requirements for payment for services provided outside Nebraska

Provider Type

Providers must be enrolled with Nebraska Medicaid and must be licensed (when required)

Reimbursement

The reimbursement rate for a telehealth consultation must, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person consultation, and the rate shall not depend on the distance between the health care practitioner and the patient

Transmission Fees & Originating Site Fee

NE Medicaid will reimburse practitioners for transmission costs (HCPCS T1014) if services were not provided by an internet service provider. Transmission costs can be billed in minutes with HCPCS code T1014. NE Medicaid will also reimburse originating site facilities an originating site fee (HCPCS Q3014)

References:

State of Nebraska Statutes Relating to Nebraska Telehealth Act
Guidance on Telehealth Provider Bulletin 23-08
Nebraska Medicaid Fee Schedules

MEDICAID ELEGIBLE TELEHEALTH CODES											
Medical Codes Allowable With Modifier 95											
G0513	G0514	90951	90952	90954	90955	90957	90958	90960	90961	90963	90964
90965	90966	90967	90968	90969	90970	92507	92508	92521	92522	92523	92526
92601	92602	92603	92604	92609	93750	93797	93798	95970	95971	95972	95983
95984	96105	96110	96116	96121	96127	96132	96133	96136	96137	96138	96139
97110	97112	97550	97551	97552	97750	97802	97803	97804	99202	99203	99204
99211	99212	99213	99214	99304	99305	99307	99308	99309	99315	99316	99341
99342	99344	99347	99348	99406	99407	99497	99497	99498	99498		
Medical Codes Allowable With Modifier 93 or 95											
96130	96131										
Behavioral Health Codes Allowable With Modifier 95											
90791	90792	90847	90853	96132	96133	96136	96137	96138	96139	99211	99212
99213	99214	99304	99305	99307	99308	99309	H0038	G0038			
Behavioral Health Codes Allowable With Modifier 93 & 95											
90832	90833	90834	90836	90837	90838	90839	90840	90846	96130	96131	
Behavioral Health Codes Allowable With Modifier 93											
98966											

Codes Highlighted in Green For Medicare Crossover Only
Codes Highlighted in Blue restricted to services by licensed Medical Nutritional Therapist
Codes Highlighted in Yellow are available via POS 02 only

Document Prepared By: Hayley Prosser, ruralMED Executive Director of Revenue Cycle Services, hprosser@ruralmed.net