

### General Information

This document provides interim provider billing guidelines to supplement the Community Health Options (Health Options) Telemedicine / Telehealth Services Reimbursement Policy during the COVID-19 (novel coronavirus) public health emergency in Maine, declared on March 12, 2020.

### Provider Billing Guidelines

Health Options will allow and reimburse clinically appropriate services when performed by telehealth. All codes are subject to regular claim editing policies, Member benefits or certificate of coverage, eligibility, and prior authorization requirements. The inclusion of any code below does not guarantee coverage.

Health Options does not reimburse for separately billed services considered incidental to services included in this policy.

Telemedicine/telehealth services are reported with place of service 02 (telehealth).

Modifiers: use appropriate modifiers for the services being billed and include the applicable telemedicine/telehealth modifier. Telemedicine/telehealth modifiers include:

- GT: via interactive audio and video telecommunications system
- 95: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system
- GQ: via asynchronous telecommunications system
- G0: telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

Behavioral health services that are COVID-19 related in nature should include modifier CR, in addition to any other noted modifier(s) to indicate telehealth related.

### Provider Coding Considerations

Codes for clinically appropriate services that may be performed by telehealth, by practitioners qualified to deliver them:

Code	Short Description
77427	Radiation treatment management services
90785	Interactive complexity (in addition to code for primary procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with E&M service
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with E&M service
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with E&M service
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes
90845	Psychoanalysis

90846	Family psychotherapy (without patient), 50 minutes
90847	Family psychotherapy (with patient present), 50 minutes
90853	Group psychotherapy
90951-90970	ESRD services
92507	Speech/hearing therapy
92521	Evaluation of speech fluency
92522-92523	Evaluation of speech sound production
92524	Behavioral and qualitative analysis of voice and resonance
92507	Individual treatment – speech, language, voice, communication and/or auditory processing disorder
96116	Neurobehavioral status exam
96130-96133	Psychological/neuropsychological testing evaluation services
96136-96139	Psychological/neuropsychological test administration
96156	Health behavior assessment or re-assessment
96158	Health behavior intervention, initial 30 minutes
96159	Health behavior intervention, each additional 15 minutes
96160	Patient focused health risk assessment
96161	Caregiver focused health risk assessment
96164	Health behavior intervention, group (2+), initial 30 minutes
96165	Health behavior intervention, group (2+), each additional 15 minutes
96167	Health behavior intervention, family w/patient present, initial 30 minutes
96168	Health behavior intervention, family w/patient present, each additional 15 minutes
97110	Therapeutic exercises, each 15 minutes
97112	Neuromuscular reeducation, each 15 minutes
97116	Gait training, each 15 minutes
97161-97163	Physical therapy evaluation
97164	Physical therapy re-evaluation
97165-97167	Occupational therapy evaluation
97168	Occupational therapy re-evaluation
97530	Therapeutic activities, each 15 minutes
97535	Self-care/home management training, each 15 minutes
97750	Physical performance test or measurement, each 15 minutes
97755	Assistive technology assessment, each 15 minutes
97760	Orthotics management and training, each 15 minutes
97761	Prosthetics training, each 15 minutes
97802	Medical nutrition therapy, initial assessment and intervention, each 15 minutes
97803	Medical nutrition therapy, re-assessment and intervention, each 15 minutes
97804	Medical nutrition therapy, group, each 30 minutes
98966	Telephone assessment & management service, 5-10 minutes of medical discussion
98967	Telephone assessment & management service, 11-20 minutes of medical discussion
98968	Telephone assessment & management service, 21-30 minutes of medical discussion
99091	Collection and interpretation of physiologic data, minimum 30 minutes of time, each 30 days
99201-99205	Office/outpatient visit, new patient
99211-99215	Office/outpatient visit, established patient
99217-99220	Observation care
99224-99226	Observation care
99234-99236	Observation care
99221-99223	Initial hospital care
99231-99233	Subsequent hospital care
99238-99239	Hospital discharge day management

99241-99245	Office consultation
99251-99255	Inpatient hospital consultation
99281-99285	Emergency department visits
99291-99292	Critical care services
99304-99306	Initial nursing facility care
99307-99310	Subsequent nursing facility care
99315-99316	Nursing facility discharge day management
99341-99345	Home visit, new patient
99347-99350	Home visit, established patient
99354-99357	Prolonged services
99406-99407	Smoking and tobacco cessation counseling
99441-99443	Telephone E&M service by physician or other health care professional (time based)
99457-99458	Remote physiologic monitoring treatment management services (time based)
99468-99469	Initial and subsequent inpatient neonatal critical care
99471-99472	Initial and subsequent inpatient pediatric critical care
99473-99474	Self-measured blood pressure services
99475-99476	Initial and subsequent inpatient pediatric critical care
99477-99480	Initial and subsequent intensive care services
99483	Assessment and care planning for patients with cognitive impairment
99493-99494	Psychiatric collaborative care management services
99495-99496	Transitional care management services
99497-99498	Advance care planning services
G0108	Diabetes outpatient self-management training, individual, per 30 minutes
G0109	Diabetes outpatient self-management training, group, per 30 minutes
G0270	Medical nutrition therapy, subsequent treatment for change in diagnosis, each 15 minutes
G0296	Counseling visit to discuss need for lung cancer screening using LDCT
G0396	Alcohol and/or substance abuse structured assessment, 15-30 minutes
G0397	Alcohol and/or substance abuse structured assessment, 30+ minutes
G0406	Follow-up inpatient consultation, limited, typically 15 minutes
G0407	Follow-up inpatient consultation, intermediate, typically 25 minutes
G0408	Follow-up inpatient consultation, complex, typically 35 minutes
G0420	Face-to-face educational service related to care of chronic kidney disease, individual, per 1 hour
G0421	Fact-to-face educational service related to care of chronic kidney disease, group, per 1 hour
G0425	Telehealth consultation, emergency dept or initial inpatient, typically 30 minutes
G0426	Telehealth consultation, emergency dept or initial inpatient, typically 50 minutes
G0427	Telehealth consultation, emergency dept or initial inpatient, typically 70 minutes or more
G0438	Annual wellness visit, includes PPS, initial visit
G0439	Annual wellness visit, includes PPS, subsequent visit
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Annual depression screening, 15 minutes
G0445	Semiannual high intensity behavioral counseling to prevent STIs
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0459	Inpatient telehealth pharmacologic management
G2010	Remote evaluation of recorded video and/or images, established patient, interpretation and follow-up

G2012	Brief communication technology-based service, 5-10 minutes
G2061-G2063	Qualified nonphysician health care professional online assessment and management service for established patient, time based per 7 days
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes

### Other Considerations

Covered Persons are not responsible for non-reimbursed charges associated with this policy.

### Document Publication History

4/1/2020 Initial publication

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This policy provides information on Community Health Options' claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures, and claims editing logic. Community Health Options reserves the right to amend a payment policy at its discretion. Policies are enforced unless underpinning direction stated otherwise.