

April 16, 2020

Subject: Behavioral Health Telemedicine and Telephonic Billing Guidelines

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) strive to increase access to care for members during the current health crisis. Presbyterian recognizes that the Coronavirus outbreak poses obstacles to traditional healthcare. During this challenging time, Presbyterian providers have the option to conduct telephonic and telemedicine visits with members to reduce the risk of exposure to the Coronavirus. The information below describes the difference between telephonic and telemedicine visits and how providers can bill for these services.

Difference Between Telephonic and Telemedicine Visits

Telephonic visits are conducted over the phone without any visual aids. Telemedicine visits are conducted using audio and visual components, and they required to use platforms that are compliant with Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology and Clinical Health (HITECH) Act.

For the duration of the current health emergency, the HIPAA-compliant platform requirement has been temporarily lifted to help providers best serve members and patients. Presbyterian is permitting all credentialed and contracted providers to conduct telemedicine video visits for all routine services regardless of their telemedicine attestation. Providers are still required to render services and bill within their scope of licensure. Covered services depend on the member's benefits.

Skype, FaceTime, Google Hangouts, Zoom, Facebook Messenger video chat, and other platforms are permitted to conduct telemedicine sessions at this time. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks and providers should enable all encryption and privacy modes when using such applications. Presbyterian continues to encourage providers to conduct full HIPAA-compliant telemedicine video visits as often as possible. If providers would like to add telemedicine to their contract after the health emergency ends, then they can contact their contract representative for assistance. Please note that telemedicine visits must be billed with modifier GT. The following tables provide a list of codes for telephonic visits for Centennial Care and Commercial/Medicare business lines.

Centennial Care

Providers can bill for telephonic visits using the same codes and rates that are currently established for such services for all the codes listed in the following table.

Behavioral Health Telephonic Visits – Authorized Codes for Centennial Care			
90832	90833	90834	90836
90837	90838	90839	90840
90846	90847	90849	H0049
H0050	G0175	S0220	G0444

G0443	G0406	G0407	G0408
H0015	H0025	H0031	H0038
H0039	H2000	H2011	H2015
H2033	T1001	T1007	90785
90791	90792	99201	99202
99203	99204	99205	99211
99212	99213	99214	99215
99217	99218	99219	99220
90853	90863	99241	99242
99243	99244	99245	99406
99407	S0201	H2010	H2014
H2017	Rev code 0513	Rev code 0912	

Applied Behavior Analysis Telephonic Codes

Applied Behavior Analysis Telephonic Visit Authorized Codes			
T1026	97151	97152	0362T
97153	97155	97156	0373T

Commercial/Medicare

Providers can bill for telephonic visits using the same codes and rates that are currently established for such services for all the following codes:

Behavioral Health Telephonic Visits – Authorized Codes for Commercial/Medicare			
90832	90833	90834	90836
90837	90838	90839	90840
90846	90847	90849	99406
H0015	H0031	90785	99407
90791	90792	99201	99202
99203	99204	99205	99211
99212	99213	99214	99215
99217	99218	99219	99220
90853	90863	99241	99242
99243	99244	99245	

Applied Behavior Analysis Codes:

Applied Behavior Analysis Telephonic Visit Authorized Codes – Commercial Only*			
T1026	97151	97152	0362T
97153	97155	97156	0373T
H0031**	H0032**	H2019**	

* Providers need to verify benefits for each member. The telephonic codes **do not** apply to Administrative Services Only (ASO) accounts.

**** Please use best clinical discretion for delivery of these services telephonically.**

Telephonic services are paid as if members received services on-site and in person. This will remain an option for providers for the duration of the emergency declaration and applies to the initiation of care and treatment of established members. Initiation of care can be for any reason, including members who self-refer.

Presbyterian requires providers to bill for Behavioral Health telephonic visits using Location Code 02 – Telephonic Visit on the claim form. If Location Code 02 – Telephonic Visit is on the claim form, then the services are billable to Presbyterian and are paid at the normal rate for the service. All other normal modifiers should be included on the claim, if otherwise required. The originating site Healthcare Common Procedure Coding System (HCPCS) code Q3014 is not billable for these services because the normal office visit payment is made instead.

Presbyterian will consider Behavioral Health telephonic visits as equivalent to in-person visits through the duration of the emergency declaration. In accordance with the existing policy, providers are expected to maintain all appropriate medical records. Any medical records that require physical presence (e.g., height, weight, etc.) need to be noted in the record as “excused per state declaration re: COVID-19.”

Behavioral Health telephonic visits must be synchronous, meaning it must consist of live-voice conversations with the member. Asynchronous or “store and forward” visits are not payable under this provision. In addition, Behavioral Health telephonic visits must occur during normal business hours, as if the provider’s office was open and the member was able to attend the visit in person. Services also must be rendered by a provider who is contracted with Presbyterian and within the provider’s normally allowed scope of practice.

Telehealth Billing for Federally Qualified Health Centers, Rural Health Centers, Hospital-based Rural Health Centers and Indian Health Services

The Human Services Department added revenue code 0780 for providers at federally qualified health centers, rural health centers, hospital-based rural health centers, and Indian Health Services to use when telehealth or telephonic services are rendered. Presbyterian will reimburse code 0780 at the provider’s current encounter rate. Providers will need to continue to use the current rules for billing more than one encounter on the same date of service.

Presbyterian will continue to provide updates throughout the current health crisis. If providers have any questions, they can email Presbyterian’s Behavioral Health department at **phpccbh@magellanhealth.com**, or they may contact their provider relationship executive. Providers can find their assigned provider relationship executive’s contact information using the Presbyterian Provider Network Contact Guide at **<https://www.phs.org/providers/contact-us/Pages/default.aspx>**.

Thank you for partnering with Presbyterian to ensure improve the health and well-being of patient, members and communities we serve.