FIRST CARE

OVERVIEW
SWHP or FirstCare contracted providers March 6, 2020 until further notification by the Health Plan as deemed by Regulatory Entities
Medicaid Star and CHIP Plans: March 20, 2020 through April 30, 2020

Please refer below to FirstCare’s Medical Coverage Policy for COVID-19 Telehealth and Telemedicine
  Commercial Plans: Page 3
  Medicaid Star and CHIP Plans: Page 3
  Medicare Advantage: Page 4
  Telemedicine Billing: Pages 5-8
  Lab Codes: Page 8
  ICD 10 Code: Page 8
  Billing Reference: Page 9-10

Important note:
Scott and White Health Plan (SWHP), and all wholly owned subsidiaries including FirstCare Health Plans (FirstCare), monitors policy changes from the Centers for Medicare & Medicaid Services (CMS), the federal government and the Texas State Legislature pertaining to the Coronavirus (COVID-19). Please check this site frequently as any new guidance or information will be updated as it becomes available.

SERVICE: COVID-19 Telehealth and Telemedicine

PRIOR AUTHORIZATION: Not applicable.

POLICY: Effective March 6, 2020, SWHP has expanded telehealth and telemedicine services and reimbursement for ALL contracted providers across ALL lines of business including Commercial and Government Programs (i.e. Medicare Advantage, DSNP, Medicaid STAR and CHIP).

Providers Impacted:
- All SWHP or FirstCare contracted medical, behavioral, and mental health providers – All eligible in-network medical providers who have the ability and desire to connect with their patients through synchronous virtual care (live video-conferencing) or asynchronous care (non-video care such as online or telephonic) to perform Telemedicine (Physician Delivered) or Telehealth (NON-Physician delivered) are permitted to do so.
  - Exclusions – Public-facing platforms (Tik Tok, twitch, Facebook Live, etc.)
  - Visit HHS.gov for more information on allowed/excluded platforms
- Member cost-sharing (copay) is waived for Telehealth/Telemedicine visits.
- Member cost-sharing (copay) is waived for COVID-19 testing.

Exclusions:
- Regulator Limitations
  - CMS - Medicare and Exchange
  - Health and Human Services Commission – Medicaid and CHIP
  - TDI - Commercial

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Timeframe:
- This expanded provider telehealth and telemedicine access is effective immediately, for Dates of Service (DOS) March 6, 2020 forward, until further notification by the Health Plan as deemed by Regulatory Entities.

Member Eligibility:
- This policy change applies to Members whose benefit plans cover telehealth and telemedicine services.

Reimbursement and Correct Coding:
- Scott and White Health Plan will compensate providers at 100% of the allowable amount as specified in the provider’s agreement or fee schedule for telehealth or telemedicine services without Member share of cost reduction to the provider’s payment.
- This applies for all diagnoses and is not specific to a COVID-19 diagnosis for all telehealth or telemedicine services during the specified period (Codes below)
- This is intended to accommodate “social distancing” for Members who require medical care.
- Medical, Behavioral, and Mental Health Providers: For the time period specified above, services listed in the (Codes below) are covered and reimbursable under this policy.
- Documentation requirements for a telehealth/telemedicine services are the same as those required for any face-to-face encounter, with the addition of the following:
  - A statement that the service was provided using telemedicine or telephonic consultation;
  - The location of the patient;
  - The location of the provider; and
  - The names of all persons participating in the telemedicine service or telephonic consultation and their role in the encounter.

Correct Coding:
- Commercial Plans (including Self Insured Groups and High Deductible Plans)
  - Effective dates of service (DOS) March 6, 2020 forward, until further notification by the Health Plan as deemed by Regulatory Entities.
  - Any originating site requirements that may apply are waived for telehealth and telemedicine services provided via a real-time audio and/or video communication system and are reimbursable.
  - Place of Service for telehealth / telemedicine services: “02” home.
  - SWHP will reimburse telehealth and telemedicine services, which are recognized by CMS and appended with modifiers GT or GQ and (2) recognized by the AMA included in Appendix P of CPT and appended with modifier 95.
  - Face-to-Face visits for non-COVID-19 related diagnosis will continue to have a Member share of cost assessed, and the Member is responsible to pay the provider their share of cost.
  - Refer to COVID-19 Billing Reference below for specific ICD-10 Diagnosis coding requirement related to Face-to-Face COVID-19 visits (Non-telehealth /telemedicine delivery).
MEDICAL COVERAGE POLICY

SERVICE: COVID-19 Telehealth and Telemedicine

Policy Number: 262

Effective Date: 03/06/2020

Last Review: 03/26/2020

Next Review Date: As necessary

o Medicaid STAR & CHIP Plans
  ❖ As directed by HHSC.
  ❖ Telephonic (audio-only) medical (physician-delivered) evaluation and management services are eligible for reimbursement for dates of services from March 20, 2020 through April 30, 2020.
  ❖ Place of Service for telephonic/telehealth/telemedicine services: “02” home.
  ❖ SWHP will reimburse telephonic, telehealth, and telemedicine services, which are recognized by HHSC and appended with modifier 95.
  ❖ Refer to COVID-19 Billing Reference below for specific ICD-10 Diagnosis coding requirement related to Face-to-Face COVID-19 visits (Non-telephonic/telehealth/telemedicine delivery).
  ❖ 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.
  ❖ Specific Codes payable as telephonic, telehealth or telemedicine under Texas Medicaid and CHIP programs can be found at http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx.

o Medicare Advantage including Dual Eligible Special Needs Plans
  ❖ Effective dates of service (DOS) March 6, 2020 forward, until further notification by the Health Plan as deemed by Regulatory Entities.
  ❖ Any originating site requirements that may apply under Original Medicare are waived for telehealth and telemedicine services provided via a real-time audio and/or video communication system and are reimbursable.
  ❖ Place of Service for telehealth / telemedicine services: “02” home
  ❖ SWHP will reimburse telehealth and telemedicine services, which are recognized by CMS and appended with modifiers 95, GT or GQ (refer to COVID-19 Billing Reference below for definition of modifiers).
  ❖ Face-to-Face visits for non-COVID-19 related diagnosis will continue to have a Member share of cost assessed, and the Member is responsible to pay the provider their share of cost.
  ❖ Refer to COVID-19 Billing Reference below for specific ICD-10 Diagnosis coding requirement related to Face-to-Face COVID-19 visits (Non-telehealth /telemedicine delivery).
  ❖ Specific Codes payable as telehealth or telemedicine under Medicare Advantage can be found at CMS.gov.

MANDATES: There are multiple applicable mandates.
Important Note

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

Telemedicine Codes

Note:
- All Telemedicine services need billed with Place of Service “02”
- Appropriate use of code in accordance to Regulator’s Direction and AMA Coding Guidelines for Telemedicine / Telehealth
- Appropriate Modifier (“95”, “GQ” or “GT”) must be used according to Regulator’s Direction and AMA Coding Guidelines for Telemedicine / Telehealth

90785  Psytx complex interactive
90791  Psych diagnostic evaluation
90792  Psych diag eval w/med srvcs
90832  Psytx pt&/family 30 minutes
90833  Psytx pt&/fam w/e&m 30 min
90834  Psytx pt&/family 45 minutes
90836  Psytx pt&/fam w/e&m 45 min
90837  Psytx pt&/family 60 minutes
90838  Psytx pt&/fam w/e&m 60 min
90839  Psytx crisis initial 60 min
90840  Psytx crisis ea addl 30 min
90845  Psychoanalysis
90846  Family psytx w/o patient
90847  Family psytx w/patient
90951  Esrd serv 4 visits p mo <2yr
90952  Esrd serv 2-3 vsts p mo <2yr
90954  Esrd serv 4 vsts p mo 2-11
90955  Esrd srv 2-3 vsts p mo 2-11
90957  Esrd srv 4 vsts p mo 12-19
90958  Esrd srv 2-3 vsts p mo 12-19
90960  Esrd srv 4 visits p mo 20+
90961  Esrd srv 2-3 vsts p mo 20+
90963  Esrd home pt serv p mo <2yrs
90964  Esrd home pt serv p mo 2-11
90965  Esrd home pt serv p mo 12-19
90966  Esrd home pt serv p mo 20+
90967  Esrd home pt serv p day <2
90968  Esrd home pt serv p day 2-11
90969  Esrd home pt serv p day 12-19
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<tr>
<td>90970</td>
<td>Esrd home pt serv p day 20+</td>
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<tr>
<td>96116</td>
<td>Neurobehavioral status exam</td>
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<tr>
<td>96150</td>
<td>Assess hlth/behave init</td>
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<td>96151</td>
<td>Assess hlth/behave subseq</td>
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<tr>
<td>96152</td>
<td>Intervene hlth/behave indiv</td>
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<td>96153</td>
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<td>96154</td>
<td>Interv hlth/behav fam w/pt</td>
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<tr>
<td>96160</td>
<td>Pt-focused hlth risk assmt</td>
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<td>Caregiver health risk assmt</td>
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<td>Medical nutrition group</td>
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<td>98966-98968</td>
<td>Nonphysician Telephone Services</td>
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<td>98970</td>
<td>Qualified nonphysician health care professional online digital evaluation</td>
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<td>99201</td>
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<td>Behav chng smoking &gt; 10 min</td>
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| 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 (eVisit)
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 (eVisit)

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 (eVisit)

99441 - 99443 Telephone Calls for Patient Management

99446-99452 Online and Telephone Consultative Services

99495  Trans care mgmt 14 day disch
99496  Trans care mgmt 7 day disch
99497  Advncd care plan 30 min
99498  Advncd are plan addl 30 min
G0108  Diab manage trn per indiv
G0109  Diab manage trn ind/group
G0270  Mnt subs tx for change dx
G0296  Visit to determ ldct elig
G0396  Alcohol/subs interv 15-30mn
G0397  Alcohol/subs interv >30 min
G0406  Inpt/tele follow up 15
G0407  Inpt/tele follow up 25
G0408  Inpt/tele follow up 35
G0420  Ed svc ckd ind per session
G0421  Ed svc ckd grp per session
G0425  Inpt/ed teleconsult30
G0426  Inpt/ed teleconsult50
G0427  npt/ed teleconsult70
G0436  Tobacco-use counsel 3-10 min
G0437  Tobacco-use counsel>10min
G0438  Ppps, initial visit
G0439  Ppps, subseq visit
G0442  Annual alcohol screen 15 min
G0443  Brief alcohol misuse counsel
G0444  Depression screen annual
G0445  High inten beh couns std 30m
G0446  Intens behave ther cardio dx
G0447  Behavior counsel obesity 15m
G0459  Telehealth inpt pharm mgmt
G0506  Comp asses care plan ccm svc
G0508  Crit care telehea consult 60
G0509  Crit care telehea consult 50
G0513  Prolong prev svcs, first 30m
G0514  Prolong prev svcs, addl 30m
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
**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 serv

**G2061**  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**  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**  Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days, 21+ minutes

**G2086**  Off base opioid tx first m

**G2087**  Off base opioid tx, sub m

**G2088**  Off opioid tx month add 30

**Lab Codes:**

- U0001 - 2019 Novel Coronavirus (2019-NCOV) Real Time RT-PCR Diagnostic Test Panel, CDC testing laboratories
- U0002 - 2019 Novel Coronavirus (2019-NCOV) Real Time RT-PCR Diagnostic Test Panel, non-CDC testing laboratories
- 87635 - Infectious agent detection by nucleic acid; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (New Coronavirus disease [COVID-19]), amplified probe technique

**ICD10 codes:**

- U07.1 - NCOV Acute Respiratory Disease effective DOS on or after 4/1/2020
COVID-19 Billing Reference

COVID-19 Laboratory Diagnostic Testing
- Scott and White Health Plan will pay 100% of the allowed amount for medically necessary microbiological testing (CPT code 87635), which includes CDC testing (HCPCS U0001) and non-CDC testing (HCPCS U0002). Note: The AMA CPT Editorial Panel approved the new, specific CPT code 87635.
- Scott and White Health Plan will cover these costs in full without member cost sharing.
- For members on closed network plans, we will cover these costs fully at in-network providers and with out-of-network providers if a member has trouble accessing such services in-network.

COVID-19 Treatment (Confirmed Positive Diagnosis)
- Scott and White Health Plan will reimburse providers for treatment according to covered benefits in our plans for those members positively diagnosed with COVID-19.
- Scott and White Health Plan will waive any co-payment for members (CHIP and Medicare).
- Scott and White Health Plan will confirm a positive diagnosis with the presence of the following diagnosis codes:
  - ICD-10 code B97.29, used as either a primary diagnosis or a secondary diagnosis appended to a respiratory illness (through 03/31/2020)
  - ICD-10 code U07.1 – COVID-19, used on or after 04/01/2020 dates of service as designated by CDC.
- For members on closed network plans, we will pay allowed amounts at in-network providers and with out-of-network providers if a member has trouble accessing such services in-network.

COVID-19 Treatment (Initially Suspected, But Without Confirmed Positive Diagnosis)
- Scott and White Health Plan will reimburse providers for treatment according to covered benefits in our plans for those without a positive diagnosis of COVID-19.
- Scott and White Health Plan will waive any co-payment(s) for members (CHIP and Medicare).
- Scott and White Health Plan will confirm a non-positive diagnosis with the absence of ICD-10 code B97.29, used as either a primary diagnosis or a secondary diagnosis appended to a respiratory illness.
- Scott and White Health Plan will affirm a non-positive diagnosis with the absence of ICD-10 code U07.1 – COVID-19, used on or after 04/01/2020.
- Scott and White Health Plan may further confirm a non-positive diagnosis with the presence of ICD-10 code Z03.818, which denotes a ruled-out COVID-19 diagnosis.
- Scott and White Health Plan may further confirm a non-positive diagnosis with the presence of ICD-10 code Z20.828, which denotes exposure but no confirmed COVID-19 diagnosis.
- For members on closed network plans, we will pay allowed amounts at in-network providers and with out-of-network providers if a member has trouble accessing such services in-network.
  - In such a case, we will hold the member harmless from a financial perspective when using an out-of-network provider.

POLICY HISTORY:

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