



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

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.
 - o **Exclusions – Public-facing platforms (Tik Tok, twitch, Facebook Live, etc.)**
 - o Visit [HHS.gov](https://www.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:

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



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☐ State Government

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:
 - o A statement that the service was provided using telemedicine or telephonic consultation;
 - o The location of the patient;
 - o The location of the provider; and
 - o The names of all persons participating in the telemedicine service or telephonic consultation and their role in the encounter.
- **Correct Coding:**
 - o 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).**



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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](https://www.cms.gov).

MANDATES: There are multiple applicable mandates.



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Codes

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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90970	Esrd home pt serv p day 20+
96116	Neurobehavioral status exam
96150	Assess hlth/behav init
96151	Assess hlth/behav subseq
96152	Intervene hlth/behav indiv
96153	Intervene hlth/behav group
96154	Interv hlth/behav fam w/pt
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
97804	Medical nutrition group
98966-98968	Nonphysician Telephone Services
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	Qualified nonphysician health care professional 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
99201	Office/outpatient visit new
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit est
99212	Office/outpatient visit est
99213	Office/outpatient visit est
99214	Office/outpatient visit est
99215	Office/outpatient visit est
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq
99354	Prolonged service office
99355	Prolonged service office
99356	Prolonged service inpatient
99357	Prolonged service inpatient
99406	Behav chng smoking 3-10 min
99407	Behav chng smoking > 10 min
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)



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- 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 care 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



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- 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



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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:
 - o **ICD-10 code B97.29**, used as either a primary diagnosis or a secondary diagnosis appended to a respiratory illness (through 03/31/2020)
 - o **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
 - o In such a case, we will hold the member harmless from a financial perspective when using an out-of-network provider

POLICY HISTORY:

Status	Date	Action
New	03/26/2020	New policy