

Superior HealthPlan Telemedicine Quick Reference Chart

	Medicare and Ambetter	Medicaid- Telemedicine	Medicaid - Telehealth	Additional Superior HealthPlan Notes
Distant-Site Providers	Physicians Nurse practitioners Physician assistants Nurse-midwives Clinical nurse specialists Certified registered nurse anesthetists Clinical psychologists and social workers Registered dietitians and nutrition professionals	Physician CNS NP PA CNM FQHCs RHCs	Licensed professional counselor Licensed marriage and family therapist Licensed clinical social worker Psychologist Licensed psychological associate Provisionally licensed psychologist Licensed dietitian FQHCs RHCs	We are working with HHSC and TAHP on evaluating the expansion of telehealth services to additional provider types for Medicaid and CHIP; Occupational, Physical and Speech-Language Therapy Services Delivered Via Telehealth Update: https://www.superiorhealthplan.com/newsroom/ot-pt-st-updated-codes-classifications-for-telehealth.html
Originating Sites	Physician and practitioner offices Hospitals Critical access hospitals (CAHs) Rural health clinics Federal qualified health centers Hospital-based or CAH-based renal dialysis ctrs. Skilled nursing facilities Community mental health centers Mobile stroke units Patient homes	N/A - Does not use "originating site" <input type="checkbox"/> References Patient Site-where the client is physically located (Patient's home is an approved POS)	N/A - Does not use "originating site" <input type="checkbox"/> References "patient site" – where the client is physically located (Patient's home is an approved POS)	
CPT codes for Video Consults	A complete list of all Medicare telehealth services can be found here: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	90791, 90792, 90832-90834, 90836-90838, 90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 99201-99205, 99211-99215, 99241-99245, 99251-99255, 99354-99357, G0406-G0408, G0425-G0427, G0459 -Psychological and Neuropsychological Testing (CPT codes 96130- 96133; CPT codes 96136-96139)	90791, 90792, 90832-90834, 90836-90838, 90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 97802-97804, 99201-99205, 99211-99215, 99241-99245, 99251-99255, S9470 -Psychological and Neuropsychological Testing (CPT codes 96130- 96133; CPT codes 96136-96139)	Add T1015 for FQHCs and RHCs Licensed clinical social worker services, clinical psychologist services, physical therapy services, occupational therapist services, and speech language pathology services can be paid for as telehealth services
CPT codes for Audio ONLY Consults	CMS announced coverage for physician/patient phone calls: Place of service 11 for office 99441 for 5-10 minutes of medical discussion 99442 for 11-20 minutes of medical discussion 99443 for 21-30 minutes of medical discussion	HHSC is authorizing providers to bill codes 99201-99205 and 99211-99215 for telephone (audio-only) medical (physician delivered) evaluation and management services delivered on March 20, 2020, through May 31, 2020. 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.	HHSC does not allow the use of telephone-only delivery of physical therapy (PT), occupational therapy (OT), or speech therapy (ST).	Add T1015 for FQHCs and RHCs
Behavioral Health Services (Audio-Only)		HHSC is authorizing providers to bill the following codes for telephone (audio-only) delivered behavioral health services from March 20, 2020, through May 31, 2020. - Psychiatric Diagnostic Evaluation: 90791, 90792 - Psychotherapy: 90832, 90834, 90837, 90846, 90847, 90853 - Peer Specialist Services: H0038 - Screening, Brief Intervention, and Referral to Treatment (SBIRT): H0049, G2011, 99408 - Substance Use Disorder Services: H0001, H0004, H0005 - Mental Health Rehabilitation: H0034, H2011, H2012, H2014, H2017		
Targeted Case Management		Case management may be delivered through synchronous audio-visual technologies or telephone (audio-only). Providers should bill procedure code T1017 using the 95 modifier to indicate that remote delivery occurred. This direction applies to the following services: • Mental Health Targeted Case Management (MHTCM) • Intellectual or developmental disability (IDD) case management • Targeted Case Management for Early Childhood Intervention (ECI) • Case Management for Blind and Visually Impaired Children (BVIC) • Case Management for Children and Pregnant Women (CPW)		
Modifiers	Modifier -95 should be appended to 99201-99215, but not to phone calls, e-visits or G-codes.	95	95	
POS	On April 3, 2020, CMS clarified that place of service (POS) should be 11 for phone calls, e-visits, G-codes, and 99201-99215 via virtual telemedicine for Medicare Part B, patients.	02	02	FQHCs should bill with POS: 50; RHCs should bill POS 72
Documentation	Must be the same as in-person services	Must be the same as in-person services	Must be the same as in-person services	
Rural Health Clinics (RHC)		To aid rural health clinics (RHCs) in delivering care to individuals in response to COVID-19, RHCs may be reimbursed as telemedicine and telehealth distant site providers statewide for service dates from March 24, 2020 through May 31, 2020. When submitting an encounter for an RHC service delivered through telehealth or telemedicine, the existing RHC procedure codes T1015 and 99381 should be used, with the modifier 95 added to indicate use of the telehealth or telemedicine modality. RHCs should bill POS 72.		
Federally Qualified Health Centers (FQHC)		HHSC will begin reimbursing Federally Qualified Health Centers (FQHCs) as telemedicine (physician-delivered) and telehealth (non-physician-delivered) service distant site providers effective immediately. FQHCs may continue to bill for telemedicine services rendered by affiliates, although an affiliate agreement is not required for an FQHC to be reimbursed as a telemedicine or telehealth distant site provider. FQHCs should bill for telemedicine or telehealth services using the encounter and informational procedure codes outlined in the Texas Medicaid Provider Procedures Manual, Clinic and Other Outpatient Facility Services Handbook, Section 4.1.2. To indicate that remote delivery occurred, FQHCs should use the 95 modifier when submitting claims and encounters. The telemedicine or telehealth service must also meet applicable state statutory and rule scope-of-practice requirements.		
Resource(s)	MLN Telehealth Services Booklet	Medicaid Provider Manual	Medicaid Provider Manual	