

Physical Health

Codes for telemedicine services in response to COVID-19

Updated October 29, 2020



In response to COVID-19, CareOregon is temporarily adjusting Telemedicine requirements per CMS and OHA guidance. It is imperative during this public health emergency that members avoid travel, when possible, to providers' offices, clinics, hospitals or other health care facilities, where they could risk their own or others' exposure to further illness. Accordingly, providers may deliver services to members via telemedicine modalities, in any geographic area and from a variety of places, including members' homes. With this flexibility, CareOregon members can receive clinically appropriate services without coming into the clinic or office.

Operational definition of telemedicine: The use of telephonic or electronic communications of medical information from one site to another regarding a patient's health status, including but not limited to:

Patient-to-clinician services via:	Clinician-to-clinician consultations via:
<ul style="list-style-type: none">• Telephone• E-visits (asynchronous online services)• Two-way audio-visual (synchronous video)	<ul style="list-style-type: none">• Telephone• Electronic communication (online services)• Asynchronous e-consults (online services)

Guidance for delivering services via telemedicine modalities

1. CareOregon can adjudicate all telemedicine claims that are properly submitted per temporary CMS and OHA guidelines.
 - a. Providers can be reimbursed for services delivered to established and unestablished members.
 - b. Providers will be reimbursed for services provided via telemedicine at the same rate as when such services are provided in-person.
2. Providers are responsible and accountable for appropriate use of CPT and HCPCS codes, diagnosis codes, modifiers and claim form completion that support the provided services.
3. Provider contracts do not need to be updated or amended to allow for reimbursement of telemedicine services.
4. Providers are encouraged to proactively make members aware of the availability of telemedicine visits, following similar processes and guidelines used for contacting members for regular visits. However, the member must request or consent to the visit delivered via telemedicine modality.
5. A claim with the appropriate CPT/HCPCS code and any appropriate modifiers and/or place of service codes for each service, submitted by an authorized provider, is required.
6. Authorized providers include qualified health care professionals and qualified non-physicians (where appropriate).
7. Qualified health care professionals (those who can bill for evaluation and management services) and qualified non-physician health care professionals (those who can bill incident-to) may deliver services via telephone, as medically or clinically appropriate.

Modality: Two-way audio -visual, aka video, visit in real time (synchronous)

1. The services listed in Tables 1 & 2 below can be provided two-way audio – visual please note member coverage.
2. Some these services have been approved by OHA & CMS to be delivered by telephone, when appropriate, as medically or clinically appropriate when audio-visual technology is not available. Providers should use the richest, most secure platform that is available to them and the patient. Telephonic communications can be used only if audio/video communications are not available or are refused by patients.

Medicare Beneficiaries	Medicaid Beneficiaries
CMS has approved codes listed with a “#” next to their description to be delivered via phone if audio-visual is not available.	OHA has approved all the codes listed in the table below to be delivered via phone if audio-visual is not available.

3. A member's medical record must include a note explaining the extenuating circumstances that prevent the member from accessing services in person. When in-person services resume, update the medical record again to reflect that.
4. Documentation must meet the same standards as face-to-face visits.

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Modality: Telephone and online services:

1. The services listed in Tables 3-5 below can be provided by phone or online communication only per code description.

Additional information on modifiers and Place of Service codes:

1. A Place of Service (POS) code is required on professional claims for all services, telemedicine or otherwise.
 - o Members with Primary Medicaid Coverage:
 - Use POS 02 for Telemedicine visits delivered synchronous two-way audio-visual communication.
 - Use the POS of where the rendering provider is located for Telemedicine visits delivered asynchronous telephone or e-visit/online communication.
 - o Members with Primary Medicare Coverage (including duals):
 - Per CMS during the physical health emergency (PHE) use the POS of where the rendering provider is located for all Telemedicine visits delivered via asynchronous or synchronous communication.
2. OHA requests that a 95 modifier be added to all Telemedicine visits delivered synchronous two-way audio-visual communication.
3. [OHA](#) and [CMS](#) asks providers who submit professional (CMS-1500 or 837P) or institutional (UB-04 or 837I) claims add modifiers CR or DR for each service related to COVID-19 prevention, identification, diagnosis or treatment. Please report these codes in addition to any other codes required by your program-specific rules and guidelines for the services billed. OHA has clarified that all routine services rendered via telemedicine to support social distancing and to prevent exposure to COVID-19 should be billed with modifier CR or DR.
 - a. Enter modifier CR (catastrophe/disaster) for professional claims.
 - b. Enter condition code DR (disaster-related) for institutional claims.
4. FOR CRITICAL ACCESS HOSPITALS (CAHs), ALL MEMBERS: Critical access hospitals (CAHs) billing for distant site practitioners under Method II must continue to use the GT modifier on institutional claims, because institutional claims do not use a POS code.
 - The GQ modifier is used to indicate telemedicine services delivered via asynchronous telecommunications systems. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.
 - The GT modifier is used to indicate telemedicine services rendered via synchronous telecommunication. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.

Emergency waivers and other information

During this public health emergency, the requirement for synchronous audio and video platform to be HIPAA compliant has been waived.

- a. **A message from the Federal Department of Health and Human Services (HHS):** “Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.” For more information: [hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html)

For telehealth claims submitted during this public health emergency, the requirement for a prior established relationship with a particular practitioner previously required for telehealth services has been waived.

- a. **A message from the Federal Department of Health and Human Services (HHS):** “HHS is announcing a policy of enforcement discretion for telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.” For more information: [cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet)

If you have questions about OHA’s fee-for-service coverage of telephone/telemedicine services, contact Provider Services at 800-336-6016 or dmap.providerservices@dhsosha.state.or.us.

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Code	Short descriptor	Medicare Mbrs	Medicaid Mbrs	Code	Short descriptor	Medicare Mbrs	Medicaid Mbrs
77427	Radiation tx management x5	X	X	99212	Office/outpatient visit est	X	X
90785	Psytx complex interactive #	X	X	99213	Office/outpatient visit est	X	X
90791	Psych diagnostic evaluation #	X	X	99214	Office/outpatient visit est	X	X
90792	Psych diag eval w/med srvc #	X	X	99215	Office/outpatient visit est	X	X
90832	Psytx w pt 30 minutes #	X	X	99217	Observation care discharge	X	X
90833	Psytx w pt w e/m 30 min #	X	X	99218	Initial observation care	X	X
90834	Psytx w pt 45 minutes #	X	X	99219	Initial observation care	X	X
90836	Psytx w pt w e/m 45 min #	X	X	99220	Initial observation care	X	X
90837	Psytx w pt 60 minutes #	X	X	99221	Initial hospital care	X	X
90838	Psytx w pt w e/m 60 min #	X	X	99222	Initial hospital care	X	X
90839	Psytx crisis initial 60 min #	X	X	99223	Initial hospital care	X	X
90840	Psytx crisis ea addl 30 min #	X	X	99224	Subsequent observation care	X	X
90845	Psychoanalysis #	X	X	99225	Subsequent observation care	X	X
90846	Family psytx w/o pt 50 min #	X	X	99226	Subsequent observation care	X	X
90847	Family psytx w/pt 50 min #	X	X	99231	Subsequent hospital care	X	X
90853	Group psychotherapy #	X	X	99232	Subsequent hospital care	X	X
90875	Psychophysiological therapy	X	X	99233	Subsequent hospital care	X	X
90951	Esrd serv 4 visits p mo <2yr	X	X	99234	Observ/hosp same date	X	X
90952	Esrd serv 2-3 vsts p mo <2yr	X	X	99235	Observ/hosp same date	X	X
90953	Esrd serv 1 visit p mo <2yrs	X	X	99236	Observ/hosp same date	X	X
90954	Esrd serv 4 vsts p mo 2-11	X	X	99238	Hospital discharge day	X	X
90955	Esrd srv 2-3 vsts p mo 2-11	X	X	99239	Hospital discharge day	X	X
90956	Esrd srv 1 visit p mo 2-11	X	X	99281	Emergency dept visit	X	X
90957	Esrd srv 4 vsts p mo 12-19	X	X	99282	Emergency dept visit	X	X
90958	Esrd srv 2-3 vsts p mo 12-19	X	X	99283	Emergency dept visit	X	X
90959	Esrd serv 1 vst p mo 12-19	X	X	99284	Emergency dept visit	X	X
90960	Esrd srv 4 visits p mo 20+	X	X	99285	Emergency dept visit	X	X
90961	Esrd srv 2-3 vsts p mo 20+	X	X	99291	Critical care first hour	X	X
90962	Esrd serv 1 visit p mo 20+	X	X	99292	Critical care addl 30 min	X	X
90963	Esrd home pt serv p mo <2yrs	X	X	99304	Nursing facility care init	X	X
90964	Esrd home pt serv p mo 2-11	X	X	99305	Nursing facility care init	X	X
90965	Esrd home pt serv p mo 12-19	X	X	99306	Nursing facility care init	X	X
90966	Esrd home pt serv p mo 20+	X	X	99307	Nursing fac care subseq	X	X
90967	Esrd svc pr day pt <2	X	X	99308	Nursing fac care subseq	X	X
90968	Esrd svc pr day pt 2-11	X	X	99309	Nursing fac care subseq	X	X
90969	Esrd svc pr day pt 12-19	X	X	99310	Nursing fac care subseq	X	X
90970	Esrd svc pr day pt 20+	X	X	99315	Nursing fac discharge day	X	X
92002	Eye exam new patient	X	X	99316	Nursing fac discharge day	X	X
92004	Eye exam new patient	X	X	99324	Domicil/r-home visit new pat	X	X
92012	Eye exam establish patient	X	X	99325	Domicil/r-home visit new pat	X	X
92014	Eye exam&tx estab pt 1/>vst	X	X	99326	Domicil/r-home visit new pat	X	X
92507	Speech/hearing therapy #	X	X	99327	Domicil/r-home visit new pat	X	X
92508	Speech/hearing therapy #	X	X	99328	Domicil/r-home visit new pat	X	X
92521	Evaluation of speech fluency #	X	X	99334	Domicil/r-home visit est pat	X	X
92522	Evaluate speech production #	X	X	99335	Domicil/r-home visit est pat	X	X
92523	Speech sound lang comprehen #	X	X	99336	Domicil/r-home visit est pat	X	X

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92524	Behavral qualit analys voice #	X	X	99337	Domicil/r-home visit est pat	X	X
92601	Cochlear implt f/up exam <7	X	X	99341	Home visit new patient	X	X
92602	Reprogram cochlear implt <7	X	X	99342	Home visit new patient	X	X
92603	Cochlear implt f/up exam 7/>	X	X	99343	Home visit new patient	X	X
92604	Reprogram cochlear implt 7/>	X	X	99344	Home visit new patient	X	X
93750	Interrogation vad in person	X		99345	Home visit new patient	X	X
93797	Cardiac rehab	X		99347	Home visit est patient	X	X
93798	Cardiac rehab/monitor	X		99348	Home visit est patient	X	X
94002	Vent mgmt inpat init day	X	X	99349	Home visit est patient	X	X
94003	Vent mgmt inpat subq day	X	X	99350	Home visit est patient	X	X
94004	Vent mgmt nf per day	X	X	99354	Prolong e&m/psyctx serv o/p #	X	X
94005	Home vent mgmt supervision	X	X	99355	Prolong e&m/psyctx serv o/p #	X	X
94664	Evaluate pt use of inhaler	X	X	99356	Prolonged service inpatient #	X	X
95970	Alys npgt w/o prgrmg	X		99357	Prolonged service inpatient #	X	X
95971	Alys smpl sp/pn npgt w/prgrm	X		99406	Behav chng smoking 3-10 min #	X	X
95972	Alys cplx sp/pn npgt w/prgrm	X		99407	Behav chng smoking > 10 min #	X	X
95983	Alys brn npgt prgrmg 15 min	X		99441	Phone e/m phys/qhp 5-10 min #	X	X
95984	Alys brn npgt prgrmg addl 15	X		99442	Phone e/m phys/qhp 11-20 min #	X	X
96110	Developmental screen w/score	X	X	99443	Phone e/m phys/qhp 21-30 min #	X	X
96112	Devel tst phys/qhp 1st hr	X	X	99468	Neonate crit care initial	X	X
96113	Devel tst phys/qhp ea addl	X	X	99469	Neonate crit care subsq	X	X
96116	Nubhvl xm phys/qhp 1st hr #	X	X	99471	Ped critical care initial	X	X
96121	Nubhvl xm phy/qhp ea addl hr #	X	X	99472	Ped critical care subsq	X	X
96127	Brief emotional/behav assmt #	X	X	99473	Self-meas bp pt educaj/train	X	X
96130	Psycl tst eval phys/qhp 1st #	X	X	99475	Ped crit care age 2-5 init	X	X
96131	Psycl tst eval phys/qhp ea #	X	X	99476	Ped crit care age 2-5 subsq	X	X
96132	Nrpsyc tst eval phys/qhp 1st #	X	X	99477	Init day hosp neonate care	X	X
96133	Nrpsyc tst eval phys/qhp ea #	X	X	99478	lc lbw inf < 1500 gm subsq	X	X
96136	Psycl/nrpsyc tst phy/qhp 1st #	X	X	99479	lc lbw inf 1500-2500 g subsq	X	X
96137	Psycl/nrpsyc tst phy/qhp ea #	X	X	99480	lc inf pbw 2501-5000 g subsq	X	X
96138	Psycl/nrpsyc tech 1st #	X	X	99483	Assmt & care pln pt cog imp	X	X
96139	Psycl/nrpsyc tst tech ea #	X	X	99495	Trans care mgmt 14 day disch	X	X
96156	Hlth bhv assmt/reassessment #	X	X	99496	Trans care mgmt 7 day disch	X	X
96158	Hlth bhv ivntj indiv 1st 30 #	X	X	99497	Advncd care plan 30 min #	X	X
96159	Hlth bhv ivntj indiv ea addl #	X	X	99498	Advncd care plan addl 30 min #	X	X
96160	Pt-focused hlth risk assmt #	X	X	99605	MTMS by pharmacist new pt 15 min		X
96161	Caregiver health risk assmt #	X	X	99606	MTMS by pharmacist estab pt 15 min		X
96164	Hlth bhv ivntj grp 1st 30 #	X	X	99607	MTMS by pharmacist addl 15 min		X
96165	Hlth bhv ivntj grp ea addl #	X	X	0373T	Adapt bhv tx ea 15 min	X	X
96167	Hlth bhv ivntj fam 1st 30 #	X	X	S9152	Speech therapy, re-eval	X	X

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96168	Hlth bhv ivntj fam ea addl #	X	X	0362T	Bhv id suprt assmt ea 15 min	X	
96168	Hlth bhv ivntj fam ea addl #	X	X	90785	Psytx complex interactive #	X	X
96170	Hlth bhv ivntj fam wo pt 1st	X	X	G0108	Diab manage trn per indiv #	X	X
96171	Hlth bhv ivntj fam w/o pt ea	X	X	G0109	Diab manage trn ind/group #	X	X
97110	Therapeutic exercises	X	X	G0270	Mnt subs tx for change dx #	X	X
97112	Neuromuscular reeducation	X	X	G0296	Visit to determ ldct elig #	X	X
97116	Gait training therapy	X	X	G0396	Alcohol/subs interv 15-30mn #	X	X
97150	Group therapeutic procedures	X	X	G0397	Alcohol/subs interv >30 min #	X	X
97151	Bhv id assmt by phys/qhp	X		G0406	Inpt/tele follow up 15 #	X	X
97152	Bhv id suprt assmt by 1 tech	X		G0407	Inpt/tele follow up 25 #	X	X
97153	Adaptive behavior tx by tech	X	X	G0408	Inpt/tele follow up 35 #	X	X
97154	Grp adapt bhv tx by tech	X	X	G0410	Grp psych partial hosp 45-50	X	x
97155	Adapt behavior tx phys/qhp	X	X	G0420	Ed svc ckd ind per session #	X	X
97156	Fam adapt bhv tx gdn phy/qhp	X	X	G0421	Ed svc ckd grp per session #	X	X
97157	Mult fam adapt bhv tx gdn	X	X	G0422	Intens cardiac rehab w/exerc	X	
97158	Grp adapt bhv tx by phy/qhp	X	X	G0423	Intens cardiac rehab no exer	X	
97161	Pt eval low complex 20 min	X	X	G0424	Pulmonary rehab w exer	X	
97162	Pt eval mod complex 30 min	X	X	G0425	Inpt/ed teleconsult30 #	X	X
97163	Pt eval high complex 45 min	X	X	G0426	Inpt/ed teleconsult50 #	X	X
97164	Pt re-eval est plan care	X	X	G0427	Inpt/ed teleconsult70 #	X	X
97165	Ot eval low complex 30 min	X	X	G0436	Tobacco-use counsel 3-10 min #	X	X
97166	Ot eval mod complex 45 min	X	X	G0437	Tobacco-use counsel>10min #	X	X
97167	Ot eval high complex 60 min	X	X	G0438	Ppps, initial visit #	X	X
97168	Ot re-eval est plan care	X	X	G0439	Ppps, subseq visit #	X	X
97530	Therapeutic activities	X	X	G0442	Annual alcohol screen 15 min #	X	X
97535	Self care mngmt training #	X	X	G0443	Brief alcohol misuse counsel #	X	X
97542	Wheelchair mngmt training	X	X	G0444	Depression screen annual #	X	X
97750	Physical performance test	X	X	G0445	High inten beh couns std 30m #	X	X
97755	Assistive technology assess	X	X	G0446	Intens behave ther cardio dx #	X	X
97760	Orthotic mgmt&traing 1st enc	X	X	G0447	Behavior counsel obesity 15m #	X	X
97761	Prosthetic traing 1st enc	X	X	G0459	Telehealth inpt pharm mgmt #	X	X
97802	Medical nutrition indiv in #	X	X	G0506	Comp asses care plan ccm svc #	X	X
97803	Med nutrition indiv subseq #	X	X	G0508	Crit care telehea consult 60	X	X
97804	Medical nutrition group #	X	X	G0509	Crit care telehea consult 50	X	X
99201	Office/outpatient visit new	X	X	G0513	Prolong prev svcs, first 30m #	X	X
99202	Office/outpatient visit new	X	X	G0514	Prolong prev svcs, addl 30m #	X	X
99203	Office/outpatient visit new	X	X	G2086	Off base opioid tx 70min #	X	X
99204	Office/outpatient visit new	X	X	G2087	Off base opioid tx, 60 m #	X	X
99205	Office/outpatient visit new	X	X	G2088	Off base opioid tx, add30 #	X	X
99211	Office/outpatient visit est	X	X	G9685	Acute nursing facility care	X	X

Additional services CareOregon has temporarily approved during the public health emergency

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Table 2 CareOregon COVID 19 PHE Additional Approved Services			
Code	Short descriptor	Medicare Mbrs	Medicaid Mbrs
59400	Standard doula benefit with support at vaginal delivery		X
59510	Standard doula benefit with support at cesarean delivery		X
59610	Standard doula benefit with support at VBAC delivery		X
59618	Standard doula benefit with support at attempted VBAC/cesarean delivery		X
59899	Doula support visit (up to 2 prenatal and 2 postpartum visits)		X
59409	Doula services day of delivery only – Vaginal delivery		X
59514	Doula services day of delivery only – Cesarean delivery		X
59612	Doula services day of delivery only – VBAC delivery		X
59620	Doula services day of delivery only – Attempted VBAC/cesarean delivery		X
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN		X
99402	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN		X
99403	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 45 MIN		X
99404	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN		X
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN		X
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN		X
99411	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 30 M		X
99412	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 60 M		X
G0396	ALCOHOL &/SUBSTANCE ABUSE ASSESSMENT 15-30 MIN		X
G0397	ALCOHOL &/SUBSTANCE ABUSE ASSESSMENT >30 MIN		X
G9001	COORDINATED CARE FEE INITIAL RATE		X
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC		X
G9011	COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 5		X
S9436	CHILDBIRTH PREP/LAMAZE CLASS NON-MD PER SESS		X
S9437	CHILDBRTH REFRESH CLASSES NON-PHYSICIAN PER SESS		X
S9438	CESAREAN BIRTH CLASSES NON-PHYSICIAN PER		X
S9439	VBAC CLASSES NON-PHYSICIAN PER SESSION		X
S9442	BIRTHING CLASSES NON-PHYSICIAN PROVIDER-SESSION		X

*Please remember that all codes are still subject to modifiers required for payment before the COVID 19 PHE. For example, but not limited to Doula services listed above require a U9 modifier for payment.

CPT and HCPCS codes for authorized providers for telephone and online visits

Table 3 Qualified health care professionals – Those who can bill for E&M services			
Code	Description	CMS	OHA
99441	Telephone evaluation and management service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	X	X
99442	Telephone evaluation and management service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.	X	X

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Code	Description	CMS	OHA
99443	Telephone evaluation and management service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	X	X
G2012	Brief communication technology-based service, e.g., virtual check-in [by phone or audio/video connection] 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 service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	X	X
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.	X	
99421	Online digital evaluation and management service, for an established patient for up to seven days, cumulative time during the seven days 5-10 minutes.	X	X
99422	Online digital evaluation and management service, for an established patient for up to seven days, cumulative time during the seven days 11-20 minutes.	X	X
99423	Online digital evaluation and management service, for an established patient for up to seven days, cumulative time during the seven days 21 or more minutes.	X	X
Preventive medicine visits (when appropriate and possible without physical exam)			
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)		X
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)		X
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)		X
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)		X
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years		X
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years		X
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older		X

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Table 3 Qualified health care professionals – Those who can bill for E&M services

Code	Description	CMS	OHA
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)		X
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)		X
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)		X
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)		X
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years		X

Table 4 Qualified non-physicians – Those who bill incident to

Code	Description	CMS	OHA
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	X	X
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.	X	X
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	X	X
98970	Online digital E/M service, for an established patient for up to seven days, cumulative time during the seven days 5-10 minutes.		X
98971	Online digital E/M service, for an established patient for up to seven days, cumulative time during the seven days 11-20 minutes.		X
98972	Online digital E/M service, for an established patient for up to seven days, cumulative time during the seven days 21 minutes or more.		X
G2061	Qualified non-physician health care professional online assessment and management service, for an established patient for up to seven days, cumulative time during the 7 days 5-10 minutes.	X	

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Table 4 Qualified non-physicians – Those who bill incident to

Code	Description	CMS	OHA
G2062	Qualified non-physician health care professional online assessment and management service, for an established patient for up to seven days, cumulative time during the 7 days 11-20 minutes.	X	
G2063	Qualified non-physician health care professional online assessment and management service, for an established patient for up to seven days, cumulative time during the 7 days 21 or more minutes.	X	

Table 5 Clinician-to-clinician consultations

Code	Description	CMS	OHA
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.		X
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.		X
99446	Interprofessional telephone/internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional, and involves 5 to 10 minutes of medical consultative discussion and review.		X
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional, and involves 11 to 20 minutes of medical consultative discussion and review.		X
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional, and involves 21 to 30 minutes of medical consultative discussion and review.		X
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional, and involves 31 minutes or more of medical consultative discussion and review.		X

Summary of updates to this guidance document

Date	Updates
4/10/20	<ol style="list-style-type: none"> Rearranged "Guidance for delivering services via telemedicine modalities" for readability. Merged CMS and OHA approved Telephone services into one table that denotes if Medicare (CMS) or Medicaid (OHA) covers the services. Ensured that all OHA and CMS codes that we know of are on the lists. Added Preventative Codes via phone for Medicaid members. Merged CMS and OHA approved Telehealth (audio & visual) services into one table that denotes if Medicare (CMS) or Medicaid (OHA) covers the services. Added CMS expanded Physical Health Emergency (PHE) list of non-traditional telehealth services with modifier 95 and POS guidance for these codes. Moved Telehealth (video/audio) modality section before Telephone and other online services. Added OHA guidance on which modality to use to provide member richest most secure platform that they have available. Updated "Additional information on modifiers and POS" section to include most recent information from CMS and OHA on POS and modifiers.
4/16/20	<ol style="list-style-type: none"> Updated codes that CMS allows for phone services 99441-99443 & 98966-98968.
4/27/20	<ol style="list-style-type: none"> Merged PHE table with main CMS and OHA covered services table. Updated covered services table with PT, OT and ST codes OHA released on 4/21. Added new table of CareOregon approved services outside of the HERC and CMS lists.
5/13/20	<ol style="list-style-type: none"> Updated Telemedicine modalities for consistency with other CareOregon Telemedicine documents. Added disclaimer for continued need for non-COVID related modifiers for payment.

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Summary of updates to this guidance document	
Date	Updates
	<ol style="list-style-type: none">3. Updated guidance and codes that CMS is allowing over the phone only for Medicare beneficiaries.4. Added Table references numbers for code sets.5. Reorganized document so all code tables are at the end of the document.6. Moved information that is applicable to both synchronous and asynchronous visits to the start of the document.
6/11/20	<ol style="list-style-type: none">1. Updates to acceptable codes via two way audio and visual for OHP members.2. Clarified expectations for when to use the CR modifier to be aligned with OHA's guidance.