

MEMORANDUM

то:	Valued Preferred Administrators Providers	
FROM:	Preferred Administrators	
DATE:	June 30, 2022	
RE:	COVID – 19: Telemedicine, Telehealth & Telephone Services	

Telemedicine and Telehealth Services

Providers in the Preferred Administrators Network can provide telehealth and telemedicine for certain medical and behavioral health services to promote continuity of care for our members. These virtual services allow providers to continue treatment by utilizing telecommunications technology and are considered as an in-office visit.

Prior authorization is still required for services listed on the Preferred Administrators Prior Authorization Flyer even if conducted via telemedicine and telehealth.

Copays, deductibles and coinsurance are not applicable to telemedicine and telehealth services for Preferred Administrators members.

Telephone (Audio-Only) Claims Billing Information – Medical Services

Providers may bill the following codes for telephone (audio only) medical (physician delivered) evaluation and management services delivered on March 20, 2020 through August 31, 2022:

Description of Services	Procedure Codes	POS	Modifier
Evaluation and Management (E/M)	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	02	95

Key Details: To promote continuity of care during the COVID-19 (coronavirus) response, Preferred Administrators is authorizing providers to bill these codes for telephone (audio-only) medical (physician delivered) evaluation and management services for dates of service between March 20, 2020 through August 31, 2022.

Providers should continue to use the 95 modifier to indicate that remote delivery has occurred.

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Telephonic evaluation and management services are not to be billed if clinical decision-making dictates a need to see the member 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.

<u>Telephone (Audio-Only) Claims Billing Information – Behavioral Health</u> <u>Services</u>

Telehealth/Telemedicine behavioral services require a prior authorization with the exception of first evaluations and re-evaluations.

Providers may bill to receive reimbursement for the following behavioral health services delivered by telephone (audio only) for dates of service March 20, 2020 through August 31, 2022:

Description of Services	Procedure Codes	POS	Modifier
Psychiatric Diagnostic	90791, 90792		
Evaluation	50751, 50752		
	90832, 90834, 90837,		
Psychotherapy	90846, 90847, 90853	02	95
Peer Specialist Services	H0038		
Screening, Brief			
Intervention and	110040 62011 00400		
Referral to Treatment	H0049, G2011, 99408		
(SBIRT)			
Substance Use Disorder	110001 110004 110005		
Services	H0001, H0004, H0005		
Mental Health	H0034, H2011, H2012,		
Rehabilitation	H2014, H2017		

Key Details:

Preferred Administrators is permitting the use of these codes for reimbursement of telephone (audio-only) delivered behavioral health services from March 20, 2020, through August 31, 2022.



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FIRSTCall Medical Advice Infoline

As an added support to Preferred Administrators members during this time, please note members may call our 24-hour FirstCall Medical Advice Infoline to speak to professionals regarding health questions.

FirstCall Medical Advice Infoline 1-844-549-2826

Please contact our Provider Relations Department at 915-532-3778 for any questions regarding this information.

Preferred Administrators will provide updates as new information is received.

Resources:

CMS Telehealth Toolkit for General Practitioners https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

Preferred Administrators Prior Authorization Flyer http://www.preferredadmin.net/pdf/Pre-AuthFlyerTPA.pdf