

Telehealth Billing During the Montana State of Emergency Overview
 Please note: Everything continues to evolve March 2020

Telehealth Visit Type (CPT code)			
Medical		Behavioral Health	
99211	Minimal	90832	Psychotherapy-30 min (time w/ patient: 16-37)
99212	Problem Focused	90834	Psychotherapy-45 min (time w/ patient: 38-52)
99213	Expanded/Low	90837	Psychotherapy-60 min (time w/ patient: 53-67)
99214	Detailed/Moderate	90791	Initial Assessment
99215	Comprehensive/High		
Telephone Evaluation (CPT code)			
Medical		Medical and Behavioral Health	
Physician only		PA, NP and BH providers	
99441	Telephone Evaluation, 5-10 mins	98966	Telephone Evaluation, 5-10 mins
99442	Telephone Evaluation, 11-20 mins	98967	Telephone Evaluation, 11-20 mins
99443	Telephone Evaluation, 21-30 mins	98968	Telephone Evaluation, 21-30 mins
Teledentistry (CPT code)			
D9995	Synchronous; real-time encounters	D9996	Asynchronous; stored and forwarded to dentist for subsequent review
FQHC's will be reimbursed at Medicaid PPS rates for all these codes.			
Modifiers			
Modifier: GT (Provider site) Can be provider's home		Place of Service: 02	
Q3014: Telehealth Originating Site (\$26.65) Originating site provider claims must include a specific diagnosis code provided by the distance provider.		Place of Service: 02	
During this time, providers who have the same tax identification number are eligible for reimbursement as the originating site and the distance provider. Montana Medicaid has lifted the requirement of separate EINs for originating/distant billing providers, as long as they are located in different cities and the claim is submitted on separate claim forms.			

Medicare Virtual Healthcare for Virtual Check-In and Remote Evaluation Services	
Virtual Check-In FQHCs and RHCs are allowed to bill for a Brief Communication Technology-Based Service or a "Virtual CheckIn." These interactions take place over phone or live video and involve a physician or non-physician practitioner having a brief (5 to 10 minutes) check-in with a patient to assess whether the patient needs to come in for an office visit. The virtual check-in must be for a condition not related to an E/M service provided within the previous 7 days and does not lead to an E/M service or procedure within the next 24 hours or soonest available appointment. The rate charged will be the physician fee schedule rate, not the all-inclusive rate (AIR) or prospective payment system (PPS).	G0071
Remote Evaluation Services Similar to the virtual check-in, FQHCs and RHCs will be allowed to bill for asynchronous or store-and-forward, patient-initiated visits when recorded video or images are sent to the FQHC/RHC. The services can only be billed if the condition is not related to a service provided within the previous 7 days and does not lead to a service provided within the next 24 hours or soonest available appointment.	G0071

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Medicaid: Covered Telemedicine/Telehealth Services

All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable so long as a) such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth, b) comport with the guidelines set forth in the applicable Montana Medicaid provider manual, and c) are not a service specifically required to be face-to-face as defined in the applicable Montana Medicaid provider manual.

Allowable Telemedicine/Telehealth Methods and Technologies

There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using: **secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.**

Behavioral Health: Tele-behavior health session or telephone evaluation?

There are now many more opportunities to provide behavior health services through electronic platforms but what are billable services and which codes to use is still evolving. As of 3/25/20 The services we can now bill for generally break down into two categories, phone triage/information services and diagnostic/treatment services. It is useful to think of the newly billable telephone services as a triage function and/or patient information service and the tele-behavior health services as regular services that use to be conducted only by face to face contact.

Tele-behavioral health session: Providing diagnostic and or treatment services. Essentially providing the same professional services through video or phone that would be provided in a face to face visit with a BH provider. An initial phone call from a patient could lead to a tele-BH visit such as someone calling and stating that they are thinking of hurting themselves but most often tele-BH visits will result from non-emergent requests for services or be follow up appointments from a previous face to face visit.

Telephone Behavioral Health evaluation: Behavior health triage, providing patient information **2 examples:**

An adult calls wanting information about behavioral health services and they are connected with a staff member who learns that the patient thinks they are depressed. A brief conversation with the patient finds that they are experiencing some symptoms of depression. The patient agrees to a follow up tele-behavior health visit with a BH provider.

A parent calls with concerns about their 8 year old child being scared about dying from the Covid 19 virus. A staff member provides the parent with information on how to talk to their child about their fears. The parent is also given information about how to obtain additional services if their child presents additional symptoms of anxiety.

Medical Services: Telephone evaluation or telehealth session?

Telehealth session: If providers are delivering the same exact service they would have done in person, but are now using a different delivery method, you would bill that appropriate CPT code and document in the note the modalities used (video, phone, etc). *Telehealth Modifiers still need to be used.*

Telephone Evaluations: If not providing all the components of an office visit must keep in mind these codes are time based. Coding would reflect the time spent educating, managing, and discussing with your patient instead of history/exam/medical decision making like you would for an E&M office visit code.

Please review the CPT descriptions for all these codes and bill the most appropriate CPT code for the service rendered.