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MEMORANDUM

MEMO NO.

QI-2013
FFS 20-06

TO: QUEST Integration (QI) Health Plans
Federally Qualified Health Centers/Rural Health Clinics

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: TELEHEALTH GUIDANCE FOR PUBLIC HEALTH EMERGENCY - TELEPHONIC
SERVICES AND SERVICES BILLABLE BY QUALIFIED NON-PHYSICIAN HEALTH CARE
PROFESSIONALS

The Med-QUEST Division (MQD) has received numerous inquiries regarding the provision of medical services using telehealth especially related to services provided during the Public Health Emergency (PHE) for the COVID-19 pandemic. The Division has issued two Provider Memoranda (QI-2008/FFS-2003 and QI-2010/FFS-2005) and will continue to provide guidance as needed given the changing dynamics of the PHE. MQD continues to look at how we can be more flexible to meet the needs of Hawaii providers and Medicaid beneficiaries while ensuring quality of care.

In addition to traditional telehealth modalities (synchronous, audio-visual and asynchronous), the MQD understands the extraordinary circumstances we are all under in which traditional telehealth modalities of audio and visual do not apply.

In keeping with recent CMS guidelines, MQD will allow telephonic (audio-only) “visits”, in addition to other telehealth modalities, to provide medically necessary health care services [e.g., medical, behavioral health, substance abuse disorders, occupational therapy (OT), physical therapy (PT), speech therapy (ST)] during the PHE period. In alignment with CMS guidelines (CMS-1744-IFC), these will be retroactive to March 1, 2020. The codes below are not exclusive and may include other procedures that can be provided via telehealth as designated by a QI health plan. FQHCs/RHCs will be able to receive PPS reimbursement as long as conditions below are met.

MQD will allow telephonic visits following Medicare guidelines. However, in delivering services via telephone all providers shall meet the existing provider qualifications to perform the service, as well as any other state-established criteria for furnishing services through telehealth delivery methods.

For all telephonic visits rendered to new and established patients, the visit (audio-visual or telephone) shall meet all requirements of the billed CPT/HCPCS code/description and meet the following requirements:

- The call must be medically appropriate.
- Service must be clinically appropriate to be delivered via telephone and does not require the physical presence of the patient.
- Date and length of call must be documented.
- Circumstances that prevented the visit from being face-to-face (patient is quarantined, state or federal guidelines that direct individuals to remain in their home, patient lives in remote area that does not have access to internet, does not have access to telephone that has audio-visual functions or is unable to utilize those functions, etc.) must be documented.
- Provider must meet and document the same face-to-face visit components in the patient’s medical record and include but are not limited to:
 - Detailed patient history,
 - Complete description of what benefit or service was provided,
 - Assessment of the issues raised by the patient,
 - Medical decision/treatment plan that includes any tests, follow-up or treatments and/or prescriptions.
- If the provider believes that the service cannot be delivered by telephone and the patient needs a face-to-face visit with the provider or another provider, the call is not reimbursable.

To qualify for PPS, FQHCs/RHCs need to assure that relevant wrap-around services are provided for any patient served telephonically. These wrap-around services must be documented in the patient’s medical record the same as in a face-to-face visit. The wrap-around services may or may not occur on the same day as the eligible provider call but needs to be part of the

discussion on the call with clear instructions on how or when the wrap-around service will be provided.

Billing Guidance for Eligible Practitioners:

For dates of service on or after March 1, 2020, the following telephonic visit codes will be allowed by Hawaii Medicaid during the emergency period. The provider shall be a provider type that is recognized by Hawaii Medicaid eligible to be eligible to bill for services. Please refer to the Health Plan Manual for eligible provider types. The covered codes include:

Codes	Provider Type
99441 Telephone E&M by MD 5-10m 99442 Telephone E&M by MD 11-20m 99443 Telephone E&M by MD 21-30m	<ul style="list-style-type: none"> • Physician; and • Other qualified health care professional who may report evaluation and management services.
98966 Telephone assess and mgt by qual nonphysician 5-10m 98967 Telephone assess and mgt by qual nonphysician 11-20m 98968 Telephone assess and mgt by qual nonphysician 21-30m	<ul style="list-style-type: none"> • Non-physician health care professionals (e.g., psychologist, licensed clinical social worker, occupational therapist, physical therapist, speech therapist); • Intended for use by practitioners who cannot separately bill E&M services; and • When the visit pertains to a service that falls within the benefit category of those practitioners.

During the PHE, CMS also expanded the use of telehealth services to qualified non-physician health care practitioners such as psychologists, licensed clinical social workers, PT, OT, and ST but limited the services that may be billed by these provider types to three (3) E-visit services only, which are listed below. An E-visit requires the provider to render the service through a patient portal.

- **G2061 Qualified non-physician online assessment, established patient 5-10m**
- **G2062 Qualified non-physician online assessment, established patient 11-20m**
- **G2063 Qualified non-physician online assessment, established patient 21m or more**

Place of Service:

Use the Place of Service (POS) equal to what it would have been in the absence of the PHE (where the member is located) in line with Medicare guidance.

Modifiers:

Use of modifier '95' should be used with the POS to indicate services were delivered via telehealth modality (that includes telephonic). G2010 and G2012 for virtual check-ins do not require modifiers for services furnished via telephonic and therefore not required.

Reimbursement:

- A clinically necessary telephone visit will be reimbursed at the same rate as a face-to-face visit.
- If the provider believes that the service cannot be delivered by telephone and the patient needs a face-to-face visit with the provider or another provider, then the call is not reimbursable.

In addition to the codes provided in this memorandum, QI health plans may cover other codes that Centers for Medicare & Medicaid Services (CMS) issues for Medicare/Medicaid for telehealth services, including flexibilities for originating sites and distant site practitioners. Health plans shall include any additional guidance related to billing of telehealth on their websites.

We appreciate your patience and dedication to serving Hawaii's Medicaid population.