2021 Ohio Rural Health Conference Session August 12 10:30 AM
“COVID-19 Emergency Authorization Providing Telemedicine in Rural Homes”
One Research and Development

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Presentation Discussion Topics

Topic 1: Ohio Medicaid COVID-19 Telemedicine Authorizations

Topic 2: Federal Medicare COVID-19 Telemedicine Authorizations

Topic 3: Ohio Home Health Telemedicine Authorizations

Topic 4: Ohio Behavioral Health Telemedicine Authorizations

Topic 5: Home and Community Based Services Waivers

Topic 6: Telemedicine Medical Devices- Eko Stethoscope

Topic 7: Telemedicine Medical Devices- Spirometry

Topic 8: Telemedicine Medical Devices- Otoscopes

Topic 9: Telemedicine Medical Devices- Telemedicine Carts

Topic 10: Medicaid and Medicare Telemedicine Billing

TeleMed1 COVID-19

TeleMed ICU

Home Telemedicine

Intensive Care Units

Discussion Topic 1: Ohio Medicaid Telemedicine Authorizations

On January 31,2020 Health and Human Services Director Secretary Alex M. Azar ll declared a public health emergency for the United States to aid the nations healthcare community in responding to COVID-19.

Beginning of the COVID-19 Emergency Authorizations

On March 09, 2020, the Ohio Department of Health reported 3 people tested positive for COVID-19 in the state of Ohio. In response to this information Governor DeWine signed Executive Order 2020-01D declaring a state of emergency.

On March 19, 2020, Governor DeWine ordered the procedures prescribed by Section 119.03 of the Ohio Revised Code (ORC) be suspended so that the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (MHAS) be permitted to adopt section 5160-1-21 to provide telemedicine Services effective immediately.

Discussion Topic 2: Federal Medicare COVID-19 Telemedicine Authorizations

- **Medicare payment policies during COVID-19**
- The Centers for Medicare & Medicaid Services has expanded coverage for telehealth services and providers during the COVID-19 public health emergency.
- **Telehealth policy changes**
- The federal government announced a series of policy changes that broaden Medicare coverage for telehealth during the COVID-19 public health emergency. Some important changes to Medicare telehealth coverage and reimbursement during this period include:
- **Location:** No geographic restrictions for patients or providers
- **Eligible providers:** All health care providers who are eligible to bill Medicare can bill for telehealth services, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- **Eligible services:** See this list of telehealth services from the Centers for Medicare & Medicaid Services
- **Cost-sharing:** Providers can reduce or waive patient cost-sharing (copayments and deductibles) for telehealth visits
- **Licensing:** Providers can furnish services outside their state of enrollment. For questions about new enrollment flexibilities, or to enroll for temporary billing privileges, use this list of Medicare Administrative Contractors (MACs) to call the hotline for your area
- **Modality:** Some telehealth services only require a telephone

- ***Discussion Topic 3: Ohio Home Health Telemedicine Authorizations***
- **COVID-19 EMERGENCY TELEHEALTH RULES SUMMARY OF UPDATED GUIDANCE July 17, 2020**

- In our continued response to the COVID-19 pandemic, the Ohio Department of Medicaid (ODM) adopted new emergency rule 5160-1-18, "Telehealth." This rule combines all the flexibilities of the previous emergency telehealth policies and continues to provide the same flexibilities for providers and Medicaid covered individuals in need of care.

- ***This policy continues to include:***
- ✓ Additional covered telehealth services: Limited oral evaluation provided by a dentist, Hospice home care and long-term care. Direct skilled nursing services in the home health or hospice setting Services of home health or hospice aides. Additional occupational therapy, physical therapy, speech language pathology, and audiology services. End stage renal disease (ESRD) related services. Originating site fee for the practitioner site

- ✓ Additional covered rendering practitioner types: Dentists. Registered Nurses (RN) and Licensed Practical Nurses (LPN) working in a hospice or home health setting. Licensed and credentialed health professionals working in a hospital or nursing facility setting (see FAQ question 14 for additional information) Home health and hospice aides

- ✓ Additional covered billing provider types: Professional dental groups and ***Home health*** and hospice agencies

- ✓ The definition of telehealth now includes additional forms of communication during a state of emergency. This includes telephone calls, fax, email, and other communication methods that do not have audio and video elements.

- ✓ Medicaid covered individuals can access telehealth services wherever they are located. This includes homes, schools, temporary housing, hospitals, nursing facilities, group homes, and any other location, except for a prison or correctional facility.

- ✓ Eligible providers can deliver telehealth services from any location, including their own home offices and other non-institutional settings. ✓ Individuals with Medicaid can access telehealth services without having to be established with a provider. This means providers can see new and existing patients for all telehealth services.

- ✓ Medicaid is covering new types of rendering practitioners and billing providers for the services they deliver through telehealth.

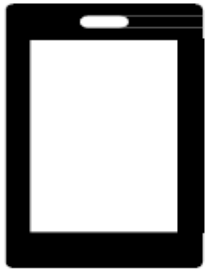
Delivering Behavioral Health Services via Telehealth: Keeping Clients and Providers Connected

Ohio

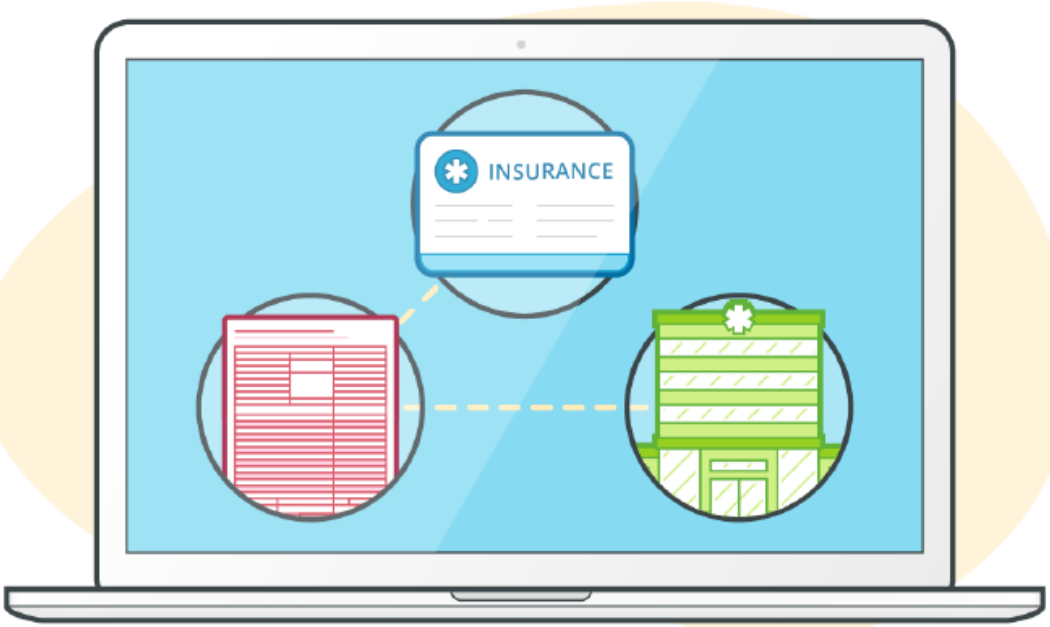
Allowable Telehealth Delivery Methods

- Up until now, OhioMHAS Certified Community Behavioral Health Centers (CBHCs) were only allowed to use real-time, interactive videoconferencing to provide a limited number of services.

- Now, and until the emergency is ended, CBHCs have the option of utilizing existing and additional modes of communication to deliver an expanded list of services.



Billing Instructions for Medicaid Services Via Telehealth



Medicaid Services List 1: Already Allowed by Videoconference – Identified With GT modifier In Medicaid BH Provider Manual

Places of Service For Medicaid Telehealth

1. Place of service on the Medicaid claim may reflect EITHER
   - Where practitioner is located OR
   - Where recipient is located
2. Use ONLY the places of service in the Medicaid behavioral health provider manual for the service being rendered
   - Remember that POS 99 is available for many procedure codes
3. DO NOT use place of service 02
   - POS 02 is not programmed in Medicaid claims systems, except for Medic crossover claims
   - If POS 02 is used the claims will deny

Ohio

List 1: Services Already Allowed by Videoconference – GT Modifier

Service	Code
E/M New Patient	99201 99202 99203 99204 99205
E/M Established Patient	99211 99212 99213 99214 99215

Service	Code
Prolonged Visit	99354
Prolonged Visit – Each Additional 30 Minutes	99355

Service	Code
Psychiatric Diagnostic Evaluation	90791
Psychiatric Diagnostic Evaluation with Medical	90792
SUD Assessment	H0001

Service	Code
Individual Psychotherapy	90832 90834 90837
Individual Psychotherapy w/ E/M Service	90833 90836 90838
SUD Individual Counseling	H0004

Service	Code
Family Psychotherapy w/o patient	90846
Family psychotherapy (conjoint, w/ patient present)	90847
Multiple-family group psychotherapy	90849
Group Psychotherapy	90853
SUD Group Counseling	H0005

Service	Code
Psychological Testing Administration	96136 96137
Psychological Testing Evaluation	96130 96131
Developmental Testing	96112 96113

Service	Code
Neurobehavioral Status Exam	96116 96121
Neuropsychological Testing Administration	96136 96137
Neuropsychological Testing Evaluation	96132 96133

Service	Code
Smoking and Tobacco Use Cessation	99406 99407

Service	Code
Community Psychiatric Supportive Treatment	H0036

Service	Code
SUD Case Management	H0006

Medicaid Services List 2:

Services Newly Available Via Telehealth

List 2: Services NEWLY Available via Telehealth

Service	Code
Psychotherapy for Crisis	90839 90840 90832 KX

Service	Code
Individual Therapeutic Behavioral Services	H2019
Psychosocial Rehabilitation	H2017

Service	Code
MH LPN Nursing	H2017
MH RN Nursing	H2019
SUD LPN Nursing	T1003
SUD RN Nursing	T1002

Service	Code
Screening, Brief Intervention and Referral to Treatment	G0396 G0397

Service	Code
Assertive Community Treatment	H0040
Intensive Home-Based Treatment	H2015

*(*Updated Mar. 31st)*

Service	Code
SUD Peer Recovery Support	H0038

Service	Code
SUD Intensive Outpatient & Partial Hospitalization	H0015

Service	Code
SUD Residential Treatment	H2034 H2036

Service	Code
Specialized Recovery Services	H2023 H2025 T1016

Service	Code
Therapeutic Behavioral Services Group – Hourly	H2012
Therapeutic Behavioral Services Group – Per Diem	H2020

**Corresponding MITS BITS will be posted to BH.Medicaid.Ohio.gov*

Topic 5: Home and Community Based Services Waivers

Unduplicated Capacity (SFY 21)	33,409	9,800	35,919	5,391	27,200	19,200	2,103
Unduplicated enrollment for SFY21	**32,360**	**7,272**	**20,851**	**3,216**	24,088	15,426	2,095
Avg. Individual Waiver Costs 372 Report (SFY 19)	**Managed Care Waiver**	$16,165	$10,141	$10,753	$63,660	$11,365	$12,859
1. What are the eligibility requirements?	1. Eligiblefor MedicareParts and fullbenefits underMedicaid; age 18+; must be enrolled in the MyCare demonstration; Intermediate or Skilled LOC; Require NF or hospital in the absence of MyCare waiver; require at least one waiver service monthly; not reside in NF or ICF-IID.	1. Specific Financial Criteria, Nursing Facility Level of Care, Age 59 or younger	1. Specific Financial Criteria, NursingFacility Level of Care, Ages 60+	1. Specific Financial Criteria, Nursing Facility Level of Care, age 21 or older	1. Specific Financial Criteria;ICF/IID Level of Care; AllAges	1. Specific Financial Criteria;ICF/IID Level of Care; All Ages	1. Specific Financial Criteria; ICF/IID Level of Care, All Ages *Participant-directed model *Cost limitations for the SELF waiver are $30,000/year for children (defined as under age 22) and $45,000/year for adults
2. What services are available?	• Adult day health • Alternative meals • Assisted living service • Choices home careattendant • Community Integration • Community Transition • Enhanced community living • Home care attendant • Home delivered meals • Home maintenance and chore • Homemaker • Home Modification • Home medicalequipment supplemental adaptive and assistive devices • Nutritional consultation • Out-of-home respite • Personal care aide • Personal emergency response system • Social work counseling • Waiver nursing • Waiver transportation	• Adult day health • Community Integration • Community Transition • Emergency response • Home care attendant • Home delivered meals • Home maintenance and chore • Home modification • Out-of-home respite • Personal care aide • Supplementaladaptive and assistive devices • Supplemental transportation • Waiver nursing	• Adult day health • Alternative meal service • Choices home care attendant • Community Integration • Community transition • Enhanced community living • Home care attendant • Home delivered meals • Home maintenance and chore • Home modification • Homemaker • Home medical equipment and supplies • Non-medical transportation • Nutritional consultation • Out of Home Respite • Personal Care • Personal Emergency Response System • Social work and counseling • Non-emergency medical Transportation • Waiver Nursing	• Assisted living services • Community transition	• Adult day support • Assistive Technology • Career planning • Community Transition • Environmental accessibility adaptations • Group employment support • Homemaker/personal care • Home-delivered meals • Individual employment support • Interpreter • Money management • Non-medical transportation • Nutrition • Participant-Directed homemaker/personal care • Remote Supports • Respite (residential and community) • Shared living • Specialized medical equipment and supplies • Social work • Transportation • Vocational habilitation • Wavier nursing delegation • Waiver nursing	• Adult day supports • Assistive Technology • Career planning • Environmental accessibility adaptations • Group employment support • Homemaker/personal care • Home-Delivered Meals • Individual employment support • Informal respite • Money management • Non-medical transportation • Participant-Directed homemaker/personal care • Remote Supports • Respite (residential and community) • Specialized medical equipment and supplies • Transportation • Vocational habilitation • Wavier nursing delegation	• Adult day supports • Assistive Technology • Career planning • Clinical/therapeutic intervention • Functional behavioralassessment • Group employment support • Individual employment support • Non-medical transportation • Participant-Directed homemaker/personal care • Participant-directedgoodsand services • Participant/family stability assistance • Remote Supports • Respite (residential and community) • Support brokerage • Transportation • Vocational habilitation • Waiver nursing delegation
3. How and where do I request a waiver?	3. Eligible individuals currently on one of the 3 ODA or ODM NF-based waivers will be transitioned to the MyCare waiver automatically.MyCare memberswhotransition to MyCare who are not transitioning from an ODA or ODM waiver should ask their MyCare Plan CareManager or Service Coordinator. An ODM form must be submitted.	3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS). Requests can also be made by calling Ohio Benefits Long Term Services and Supports (OBLTSS) at (844) 644-6582.	3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local CountyDepartment of Job and Family Services (CDJFS) or at the regional PAA Office. Requests can also be made by calling Ohio Benefits Long Term Services and Supports (OBLTSS) at (844) 644-6582.	3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS) or at the regional PAA office. Requests can also be made by calling Ohio Benefits Long Term Services and Supports (OBLTSS) at (844) 644-6582.	3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS) or at the local county board of DD.	3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local CDJFS or at the local county boardof DD.	3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local CDJFS or at the local county board of DD.
4. Who administers the waiver?	4. The Ohio Department of Medicaid (ODM) administers this waiver. ODM contracts with MyCare Managed Care Plans.	4. The Ohio Department of Medicaid (ODM)administers this waiver program. ODM contracts with Case Management Agencies to provide administrative casemanagement services.	4. ODA operates this waiver program as outlined in the interagency agreement with ODM, which has overall responsibility for the program. PASSPORT Administrative Agencies (PAAs) provide Administrative case management services.	4. ODA operates this waiver program as outlined in the interagencyagreement with ODM, which has overall responsibility for the program. PASSPORT Administrative Agencies (PAAs) provide Administrativecase management services.	4. DODD operates this waiver program as outlined in the interagency agreement with ODM, whichhas overall responsibility forthe program. County boards of developmental disabilities provide administrative case managementservices.	4. DODD operates this waiver program as outlined in the interagency agreement with ODM, whichhas overall responsibilityforthe program. County boards of developmental disabilities provide administrative case management services.	4. DODD operates this waiver program as outlined in the interagency agreement with ODM, which has overall responsibility for the program. County boards of developmental disabilities provide administrative case management services.

Waiver Program Control#	MyCare Ohio OH1035.	Ohio Home Care Waiver 0337
Unduplicated Capacity (SFY 21)	33,409	9,800
Unduplicated enrollment for SFY21	32,360	7,272
Avg. Individual Waiver Costs 372 Report (SFY 19)	Managed Care Waiver	$16,165
1. What are the eligibility requirements?	1. Eligiblefor MedicareParts and fullbenefits underMedicaid; age 18+; must be enrolled in the MyCare demonstration; Intermediate or Skilled LOC; Require NF or hospital in the absence of MyCare waiver; require at least one waiver service monthly; not reside in NF or ICF-IID.	1. Specific Financial Criteria, Nursing Facility Level of Care, Age 59 or younger
2. What services are available?	• Adult day health • Alternative meals • Assisted living service • Choices home careattendant • Community Integration • Community Transition • Enhanced community living • Home care attendant • Home delivered meals • Home maintenance and chore • Homemaker • Home Modification • Home medicalequipment supplemental adaptive and assistive devices • Nutritional consultation • Out-of-home respite • Personal care aide • Personal emergency response system • Social work counseling • Waiver nursing • Waiver transportation	• Adult day health • Community Integration • Community Transition • Emergency response • Home care attendant • Home delivered meals • Home maintenance and chore • Home modification • Out-of-home respite • Personal care aide • Supplementaladaptive and assistive devices • Supplemental transportation • Waiver nursing

Topic 5: Home and Community Based Servicers Waivers

Medicaid Waiver Comparison Chart – Enrollment figures for May 2021, SFY 2021

PASSPORT Waiver 0198	Assisted Living Waiver 0446	Individual Options Waiver 0231
35,919	5,391	27,200
20,851	3,216	24,088
$10,141	$10,753	$63,660
1. Specific Financial Criteria, Nursing Facility Level of Care, Ages 60+	1. Specific Financial Criteria, Nursing Facility Level of Care, age 21 or older	1. Specific Financial Criteria; ICF/IID Level of Care; All Ages
• Adult day health • Alternative meal service • Choices home care attendant • Community integration • Community transition • Enhanced community living • Home care attendant • Home delivered meals • Home maintenance and chore • Home modification • Homemaker • Home medical equipment and supplies • Non-medical transportation • Nutritional consultation • Out of Home Respite • Personal Care • Personal Emergency Response System • Social work and counseling • Non-emergency medical Transportation • Waiver Nursing	• Assisted living services • Community transition	• Adult day support • Assistive Technology • Career planning • Community Transition • Environmental accessibility adaptations • Group employment support • Homemaker/personal care • Home-delivered meals • Individual employment support • Interpreter • Money management • Non-medical transportation • Nutrition • Participant-Directed homemaker/personal care • Remote Supports • Respite (residential and community) • Shared living • Specialized medical equipment and supplies • Social work • Transportation • Vocational habilitation • Wavier nursing delegation • Waiver nursing

Topic 5: Home and Community Based Services Waivers

Level One Waiver 0380	**S.E.L.F.** 0877
19,200	2,103
15,426	2,095
$11,365	$12,859
1. Specific Financial Criteria;ICF/IID Level of Care; All Ages	1. Specific Financial Criteria; ICF/IID Level of Care, All Ages *Participant--directed model *Cost limitations for the SELF waiver are $30,000/year for children (defined as under age 22) and $45,000/year for adults
• Adult day supports • Assistive Technology • Career planning • Environmental accessibility adaptations • Group employment support • Homemaker/personal care • Home-Delivered Meals • Individual employment support • Informal respite • Money management • Non-medical transportation • Participant-Directed homemaker/personal care • Remote Supports • Respite (residential and community) • Specialized medical equipment and supplies • Transportation • Vocational habilitation • Wavier nursing delegation	• Adult day supports • Assistive Technology • Career planning • Clinical/therapeutic intervention • Functional behavioral assessment • Group employment support • Individual employment support • Non-medical transportation • Participant-Directed homemaker/personal care • Participant-directed goods and services • Participant/family stability assistance • Remote Supports • Respite (residential and community) • Support brokerage • Transportation • Vocational habilitation • Waiver nursing delegation

TeleMed1 Home Mobile Intensive Care Unit

TeleMed ICU™ Real-Time Care

Real-time 24x7 Video Remote Patient Monitoring Underlying Health Conditions

- **Blood Pressure**
- **Cardiology/ECG**
- **Temperature**
- **Pulse Oximetry**
- **Glucose**
- **Weight Scale**

- **Telepharmacy**
- **Remote Labs**
- **Remote Blood Draws**
- **Remote X-ray**
- **Home Health Aide**

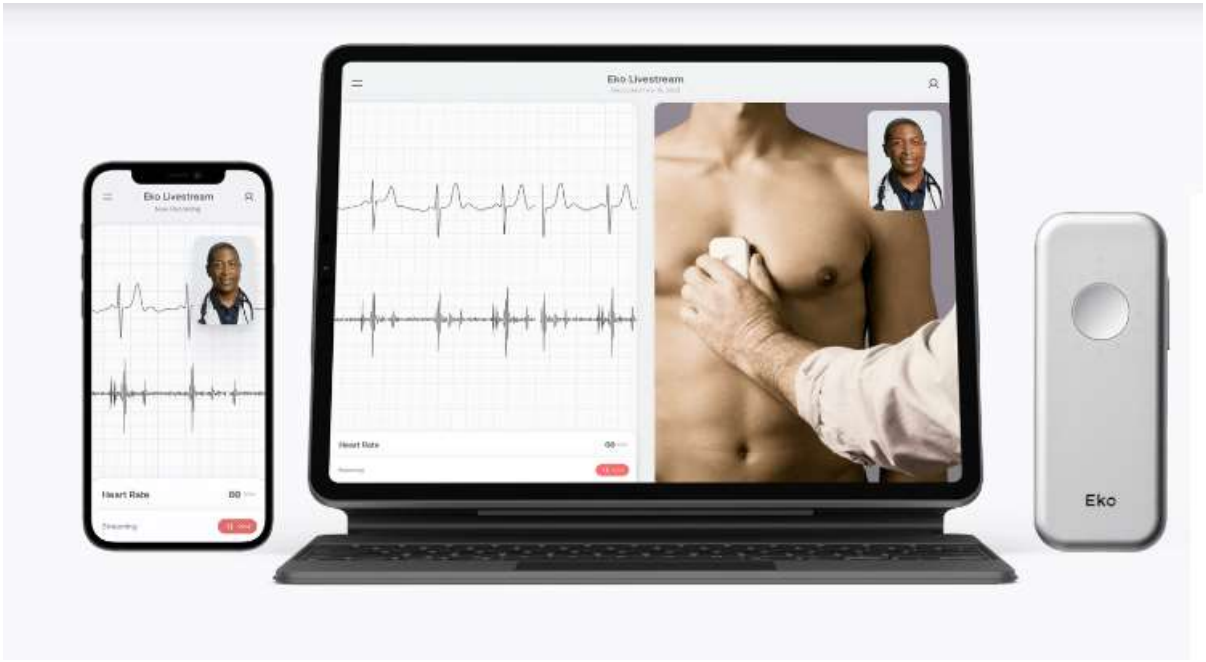
Remote Physician Consultations

Live Video Monitoring

COVID-19 Quarantine Health Consultations

Discussion Topic 6: Eko Stethoscopes

Eko Stethoscopes for Telemedicine



Discussion Topic 7: Medical Devices Spirometry

- ***Discussion Topic 8: Medical Devices - Otoscopes***

Available on the Telemedicine cart

Discussion Topic 9: Telemedicine Carts

One Research and Development

Home Mobile Telemedicine Intensive Care Unit "TeleMed ICU

Discussion Topic 10: Medicare and Medicaid Telemedicine Billing

Home Health Services, RN Assessment and RN Consultation

Home health services, the RN assessment service and the RN consultation service can telehealth when clinically appropriate. These services should be billed using the proce below. The value "02" should be used to indicate telehealth as the "Place of Service" c services provided using telehealth.

- G0156 Home Health Aide
- G0299 Home Health Nursing – RN
- G0300 Home Health Nursing – LPN
- T1001 RN Assessment
- T1001 w/U9 Modifier – RN Consultation
- G0151 Physical Therapy
- G0152 Occupational Therapy
- G0153 Speech-Language Pathology

incur for those services on the Medicaid NF cost report using the following cost center codes:

- **DIRECT CARE COSTS**
  - 6110 – RN Charge Nurse
  - 6115 – LPN Charge Nurse
  - 6120 – Registered Nurse
  - 6125 – Licensed Practical Nurse
  - 6210 – Consulting and Management Fees
  - 6401 – Registered Nurse Purchased Nursing
  - 6411 – Licensed Practical Nurse Purchased Nursing
  - 6600 – Physical Therapist
  - 6610 – Occupational Therapist
  - 6620 – Speech Therapist
  - 6630 – Audiologist

- **ANCILLARY/SUPPORT COSTS**
  - 7000 – Dietitian
  - 7231 – Psychologist
  - 7251 – Social Work/Counseling
  - 7261 – Social Services/Pastoral Care
  - 7302 – Medical Minor Equipment Non-Billable to Medicare

- **CAPITAL COSTS**

Patient Location Modifiers

applicable to OhioMHAS certified behavioral health agencies)

Modifier*	Description
U1	Patient home or place of residence at the time of service (includes homeless shelter, residential facility other than a nursing facility, temporary housing, etc.)
U2	School
U3	Inpatient Hospital
U4	Outpatient Hospital
U5	Nursing Facility
U6	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

t site is not one of these locations, a modifier identifying patient location is not required

Long Term Services and Supports: Hospice, Private Duty Nursing, State Plan Home Health	
Procedure Code	**Description**
T2042	Hospice routine home care; per diem
T2043	Hospice continuous home care; per hour
T2046	Hospice long-term care, room and board only; per diem
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes
T1001	RN Assessment Services prior to the provision of home health, private duty nursing, waiver nursing, personal care aide and home choice services, per initial base, and each 15-minute increment
T1001 U9	RN Consultation
G0151	Physical Therapy
G0152	Occupational Therapy
G0153	Speech-language Pathology

90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service
90846	Family psychotherapy without patient present (added 11/15/2020)
90847	Family psychotherapy with patient present (added 11/15/2020)
90849	Multiple-family group psychotherapy (added 11/15/2020)
90853	Group psychotherapy (added 11/15/2020)
99201	Office or other outpatient visit for the evaluation and management of a new patient; Straightforward medical decision making. Typically, 10 minutes.
99202	Office or other outpatient visit for the evaluation and management of a new patient; Straightforward medical decision making. Typically, 20 minutes.
99203	Office or other outpatient visit for the evaluation and management of a new patient; Medical decision making of low complexity. Typically, 30 minutes.

CPT	Long Descriptor	Source
77427	Radiation treatment management, 5 treatments	CMS*
90785	Interactive complexity (List separately in addition to the code for primary procedure)	CMS
90791	Psychiatric diagnostic evaluation	CPT/CMS
90792	Psychiatric diagnostic evaluation with medical services	CPT/CMS
90832	Psychotherapy, 30 minutes with patient	CPT/CMS
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	CPT/CMS
90834	Psychotherapy, 45 minutes with patient	CPT/CMS
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	CPT/CMS
90837	Psychotherapy, 60 minutes with patient	CPT/CMS
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	CPT/CMS
90839	Psychotherapy for crisis; first 60 minutes	CMS
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	CMS
90845	Psychoanalysis	CPT/CMS
90846	Family psychotherapy (without the patient present), 50 minutes	CPT/CMS
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	CPT/CMS
90853	Group psychotherapy (other than of a multiple-family group)	CMS*
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	CPT

Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	CMS*
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CMS*
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CMS*
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CMS*
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	CMS*

Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	CMS*
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	CMS*
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	CMS*
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more	CMS*
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	CMS*
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	CPT
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	Private Payor Plan*
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	CMS*
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	CMS*
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	CMS*
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	CPT/CMS
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	CMS*
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	CMS*