



MEMORANDUM

TO: Valued Preferred Administrators Providers

FROM: Preferred Administrators

DATE: May 28, 2021

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 June 30, 2021:

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 June 30, 2021.

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.

Telephone (Audio-Only) Claims Billing Information – Behavioral Health Services

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 June 30, 2021:

Description of Services	Procedure Codes	POS	Modifier
Psychiatric Diagnostic Evaluation	90791, 90792	02	95
Psychotherapy	90832, 90834, 90837, 90846, 90847, 90853		
Peer Specialist Services	H0038		
Screening, Brief Intervention and Referral to Treatment (SBIRT)	H0049, G2011, 99408		
Substance Use Disorder Services	H0001, H0004, H0005		
Mental Health Rehabilitation	H0034, H2011, H2012, 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 June 30, 2021.

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



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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
<https://www.preferredadmin.net/pdf/Pre-AuthFlyerTPA.pdf>