Coding Policy **Policy and Procedure**	
SUBJECT: **TEMPORARY POLICY EMERGENCY PROVISIONS FOR** Telephone Services During COVID-19 Public Health Emergency	DEPARTMENT: **Health Care Services**
ORIGINAL EFFECTIVE DATE: **03/20**	DATE(S) REVIEWED/REVISED: 03/20, 05/20, 06/20, 07/20, 01/21, 05/21, 01/22
APPROVED BY: Coding Policy Review Committee	NUMBER: **MC 92.0.PHE** PAGE: **1 of 4**

NEED AND DURATION OF EMERGENCY PROVISIONS

1. **Need for the temporary Provisions: Emergency provisions for Telephone Services to accommodate COVID-19.**
2. **Documents or source relied upon: CMS Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (PHE).**
3. **Effective Date: March 1, 2020, for Medicare lines of business; March 6, 2020, for all other lines of business**
4. **Termination Date: End of public health emergency or until further notice.**
5. **Reassessment Date determined at Companies' sole discretion: December 31, 2023**

SCOPE:
Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:
Participating Providers
All Lines of Business

POLICY:
Telephone services are non-face-to-face evaluation and management (E/M) services provided by a physician or other qualified health care professional to a patient using the telephone. These codes are used to report episodes of care by the physician or other qualified health care professional initiated by a new or established patient or guardian of a new or established patient. (See "Procedure.")

If the service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the pre-service work of the subsequent E/M service and/or procedure. Likewise, if the telephone service is related to an E/M service performed and reported by the physician or other qualified health care professional within the previous seven days (either provider-requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered part of that previous E/M service or procedure. All CPT guidelines for use of these codes must be followed.

Telephone services may not be billed "incident to." Only providers credentialed with Company may perform these services and must bill Company directly.

PROCEDURE:

CODES ON THIS POLICY MAY BE BILLED FOR BOTH NEW AND ESTABLISHED PATIENTS. IN ADDITION, THE POLICY HAS BEEN TEMPORARILY EXPANDED TO INCLUDE TELEPHONE SERVICES BY QUALIFIED NON-PHYSICIAN PRACTITIONERS WHO ARE CREDENTIALED WITH COMPANY AND WHO ARE BILLING COMPANY DIRECTLY. THIS IS AN EMERGENCY PROVISION SUBJECT TO CANCELLATION AT THE SOLE DISCRETION OF COMPANY.

The physician or other qualified health care professional may report the appropriate code based on the amount of time spent on the visit. All CPT guidelines for use of these codes must be followed:

- **99441:** Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established** patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; **5-10 minutes of medical discussion**

- **99442:** Telephone evaluation and management service (same as above), **11-20 minutes of medical discussion**

- **99443:** Telephone evaluation and management service (same as above), **21-30 minutes of medical discussion**

Note: **Code 99443 is used for visits of 21 minutes or longer. No additional payment is made for visits longer than 30 minutes**.

Effective February 4, 2020, for Medicare lines of business and March 6, 2020, for all other lines of business, through end of PHE or until further notice, CPT codes 98966-98968 may be billed by qualified non-physician health care professionals who are credentialed with PHP and who bill PHP directly. **These codes may not be billed as "incident to" services under a different provider's name.** Codes 98966-98968 are allowed for both new and established patients. All CPT guidelines for use of these codes must be followed.

- **98966**: Telephone assessment and management service provided by a qualified non-physician health care professional to an established** patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

- **98967**: Telephone assessment and management service (same as above); 11-20 minutes of medical discussion
- **98968**: Telephone assessment and management service (same as above); 21-30 minutes of medical discussion

Note: Code 98968 is used for visits of 21 minutes or longer. No additional payment is made for visits longer than 30 minutes.

** Effective for dates of service on or after February 4, 2020, for Medicare lines of business and March 6, 2020, for all other lines of business, through end of PHE or until further notice, services covered by this policy may also be reported for services initiated by a **new patient or guardian of a new patient.**

CPT codes 99441-99443 and 98966-98968 may NOT be used to report non-evaluative telephone services such as communication of test results, scheduling of appointments, or other communication that does not include evaluation and/or assessment. Telephone services are not covered for patients who are hospitalized, including inpatient, outpatient, or observation status.

Documentation for telephone visits should model SOAP charting and must include patient history, provider assessment, treatment plan, and follow-up instructions. Documentation must be adequate so the information provided supports the assessment and plan and must be retained in the patient's medical record and be retrievable.

For services on or after February 4, 2020, for Medicare lines of business and services on or after March 6, 2020, for all other lines of business, through December 31, 2021, providers may use location code "11," "12," or "99" for reporting telephone services. Modifiers GT and 95 are not required but will not affect payment if used.

For dates of service on or after January 1, 2022, providers are required to use either location code 02 or location code 10 for telephone visits, depending on the patient's location when the service is performed. Modifiers GT, 95, 93, and FQ are not required but will not affect payment if used.

- Location code 02: Patient is located in hospital or other facility when receiving health services or health related services through telecommunication technology. Services billed with location code 02 will be paid at the facility rate.
- Location code 10: Patient is located in a private residence (location other than a hospital or other facility) when receiving health services or health related services through telecommunication technology. Services billed with location code 10 will be paid at the non-facility rate.

REFERENCE:

AMA Current Procedural Terminology (CPT)

CMS Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency