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MEDICAID MEMO

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Coverage of Virtual Check-In and Audio Only Services/Updates to Telehealth Services Supplement

The purpose of this bulletin is to notify all providers and Managed Care Organizations (MCOs) participating in the Virginia Medicaid and FAMIS programs of changes to the Telehealth Supplement. DMAS has: 1) made additions to cover virtual check-in services; 2) made additions to cover audio only services; 3) clarified guidance on originating site billing for telemedicine services; and 4) clarified guidance on select Behavioral Health codes eligible for telemedicine delivery included in the Telehealth Supplement. Coverage of these services by MCOs contracted with Virginia DMAS must be no more restrictive than standards and criteria described in the Telehealth Supplement.

Virtual Check-Ins

Additions to the Telehealth Supplement include defining virtual check-in services, identifying covered codes, specifying reimbursement requirements, and outlining fee-for-service (FFS) billing details. Billing codes covered by this policy, when conditions of coverage are met, and for services with dates of service on and after April 18, 2022, include the following:

- **G2012:** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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
- **G2251:** Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion
- **G2252:** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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; 11-20 minutes of medical discussion
- **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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
- **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7

days nor leading to a service or procedure within the next 24 hours or soonest available appointment

Audio Only Services

Billing codes covered by this policy for services with dates of service on and after April 18, 2022 include the following:

- **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:** … 11-20 minutes of medical discussion
- **99443:** … 19-30 minutes of medical discussion
- **98966:** Telephone assessment and management service provided by a qualified nonphysician 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; 5-10 minutes of medical discussion.
- **98967:** … 11-20 minutes of medical discussion
- **98968:** … 19-30 minutes of medical discussion

As noted in the Telehealth Supplement (Attachment A), all FFS claims for audio only codes should be billed directly to DMAS, including those delivered in the context of mental health and substance use disorder services. Chapter V of the Physician/Practitioner Manual provides detailed billing instructions for submitting claims to DMAS.

Originating Site Billing

The Supplement clarifies guidance on provider-related conditions for billing an originating site fee.

Select Behavioral Health Codes

The following changes were made to Table 2 of the Supplement, which lists Medicaid-covered mental health and substance use disorder services authorized for delivery by telemedicine:

- Addition of psychotherapy for crisis codes 90839 and 90840.
- Addition of the IACCT follow-up assessment code 90889 TS.
- Clarification around the telemedicine-specific service limitations for Mobile Crisis Response and Community Stabilization. Telemedicine assisted assessment is the only service component for these services allowed to be delivered through telemedicine. See Appendix G of the Mental Health Services Manual for details.
- Clarification around the telemedicine-specific service limitations for 23-Hour Crisis Stabilization and Residential Crisis Stabilization Unit services. Psychiatric Evaluation is the only service component for these services allowed to be delivered through telemedicine. Due to this service being paid through a per diem, the telehealth modifier should not be used for psychiatric evaluations performed via telemedicine, however, the method of service delivery should be documented in the medical record (see Appendix G of the Mental Health Services

Manual for details).

- Clarification around the telemedicine-specific service limitations for Applied Behavior Analysis (ABA) assessment codes 97151 and 97152. Initial assessments for ABA must be conducted in-person. Reassessments for ABA may be provided through telemedicine and billed under 97151 and 97152.
- ABA codes 0363T and 0373T were removed as it was deemed that the requirements necessary to bill these codes cannot realistically be met via telemedicine.

Please contact MCOs at the contacts listed below for billing guidance regarding managed care members.

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PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms

Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or Call: 1-800-424-4046
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com