



To: IEHP Dual Choice PCPs, Specialists & BH Providers
From: IEHP – Risk Adjustment
Date: July 11, 2022
Subject: **Update: Risk Adjustment Telehealth and Telephone Services**

Inland Empire Health Care (IEHP) would like to advise that CMS has issued an update to the **Risk Adjustment Telehealth and Telephone Services During COVID-19 FAQs**: any service provided through telehealth that is reimbursable under applicable state law and otherwise meets applicable risk adjustment data submission standards, may be submitted for purposes of the HHS-operated risk adjustment program.

Accurate documentation and coding are key to ensuring that all encounters reflect the diagnoses and services rendered. Risk adjustment is determined based on the documentation and coding provided in the medical record. Please be sure billing is accurate and appropriately reflects what is documented in your medical records.

Due to the expansion and encouragement of telehealth and virtual services during the COVID-19 pandemic, **the CPT e-visit codes (98970-98972, 99421-99423) will be valid for diagnosis filtering purposes in risk adjustment** data submissions for the **2020, 2021, and 2022** benefit years for the HHS-operated program.

HHS also considered the treatment of telephone-only services in the HHS-operated risk adjustment program and has designated additional diagnosis codes from **telephone-only service CPT codes (98966-98968, 99441-99443) as valid for risk adjustment** diagnosis filtering purposes in risk adjustment data submissions for the **2020, 2021, and 2022** benefit years for the HHS-operated program, subject to applicable state law requirements.

For services rendered through December 31, 2021 you may **utilize POS 02 or append modifier 95 to the POS where the visit would normally have taken place** per DHCS billing guidelines.

Effective January 1, 2022 appropriate POS codes and are as follows:

- **POS 02: Telehealth Provided Other than in Patient's Home**
Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
- **POS 10: Telehealth Provided in Patient's Home**
Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

For dates of service on or after January 1, 2022 the following modifiers may be used:

- **93** - Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
- **95** - Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Along with the proper use of telehealth CPT, POS codes and modifiers, please continue to follow best practice documentation standards and include the following in your visit notes:

- Per CMS the patient needs to provide verbal consent and agree to scheduling a telehealth appointment. The documentation **must** clearly state that permission was given by the Member.
- The documentation should also clearly state how the encounter was conducted (In person, Audio and Video, or Audio Only).

Example: Patient has given verbal consent to receive Telehealth services. Today's visit performed Face-to-face with real time audio and video through Doxy.Me, while in their home.

E-Visit Codes: Online digital evaluation and management services are non-face-to-face encounters with an established patient and a qualified nonphysician health care professional for evaluation or management of a problem utilizing internet resources. The service includes all communication, prescription, and laboratory orders with permanent storage in the patient's medical record. The service may include more than one provider responding to the same patient and is only reportable once during seven days for the same encounter. Do not report these codes if the online digital E&M service is within seven days of a separately reported E&M visit or within the global period following a procedure. The typical POS may be used for these services except for POS 02. Modifier 93 and 95 are not applicable.

- **98970-98972-** Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days
- **98970** 5-10 minutes
- **98971** 11-20 minutes
- **98972** 21 or more minutes

- **99421-99423-** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days
- **99421** 5-10 minutes
- **99422** 11-20 minutes
- **99422** 21 or more minutes

Telephone Only Codes: A qualified health care professional provides telephone assessment and management services to a patient in a non-face-to-face encounter. These episodes of care may be initiated by an established patient or by the patient's guardian. These codes are not reported if the telephone service results in a decision to see the patient within 24 hours or at the next available urgent visit appointment; instead, the phone encounter is regarded as part of the pre-service work of the subsequent face-to-face encounter. These codes are also not reported if the telephone call is about a service performed and reported by the qualified health care professional that occurred within the past seven days or within the postoperative period of a previously completed procedure. This applies both to unsolicited patient follow-up as well as that requested by the health care professional. POS 02, 10 or the typical POS may be used for these services. Modifier 93 and 95 are not applicable.

- **98966-98968**- 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:
 - **98966** 5-10 minutes of medical discussion
 - **98967** 11-20 minutes of medical discussion
 - **98968** 21-30 minutes of medical discussion
- **99441-99443** 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:
 - **99441** 5-10 minutes of medical discussion
 - **99442** 11-20 minutes of medical discussion
 - **99443** 21-30 minutes of medical discussion

Audio & Video Visits: Synchronous telemedicine services rendered using a **real-time interactive audio and video** telecommunications systems may continue to be billed with E&M codes 99202-99205 or 99211-99215 using POS 02 or 10 and appending modifier 95.

**Other Counseling, Behavioral Health or Other Specialist Services are not POS specific and may be billed appending the appropriate modifier (93 or 95) if performed as a telehealth service.*

For questions regarding these changes please contact **our Risk Adjustment Department at codingquestions@iehp.org** or your Provider Services Representative.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondences

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at: (909) 890-2054 or (866) 223-4347 or email ProviderServices@iehp.org.