# DC MEDICAID CODING FOR TELEMEDICINE AND CORONAVIRUS (COVID-19)

## THIS GUIDE WILL HELP YOU UNDERSTAND:

- What telemedicine is and how it can help your practice respond to coronavirus (COVID-19)
- Which telemedicine services may be reimbursed
- How to bill for telemedicine services
- How to get technical assistance with telemedicine

## WHAT IS TELEMEDICINE?

**Telemedicine** is a mode of care that delivers healthcare services through two-way, real-time interactive video-audio communication for the purpose of evaluation, diagnosis, consultation, or treatment. Eligible services can be delivered via telemedicine when the beneficiary is at an originating site, including home, while an eligible "distant" provider renders and bills for the services.

## WHAT SERVICES DOES DC MEDICAID TELEMEDICINE PAY FOR?

On March 12, 2020, DHCF adopted an emergency and proposed rule that established authority for Medicaid to *pay for telemedicine services delivered in a beneficiary's home*. Please see additional published E&P guidance.

On March 19, 2020, in response to the coronavirus (COVID-19) public health emergency under the Mayor's authority, DHCF *authorized payment for audio-only visits delivered via telephone*, temporarily suspending provisions of the District of Columbia Telehealth Reimbursement Act of 2013 that indicate "services delivered through audio-only telephones…. are not included" in the definition of telehealth.

*Providers must use the "GT" procedure modifier to indicate they have delivered the service via real-time interactive video-audio communication*. A distant site provider must report the National Provider Identifier (NPI) of the originating site provider in the "referring provider" portion of the claim. *If the beneficiary's home is the originating site, the distant provider must bill using the GT modifier and specify the place of service "02."*

# COVID-19 CODES

The Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) have created new HCPCS and CPT codes for COVID-19-related testing. *While lab testing cannot be provided by telemedicine, the orders can be sent and follow up can be conducted via telemedicine. Rapid, point of care testing should be billed under CPT 87635. Please see the following transmittal for additional guidance on Laboratory Billing Codes and Reimbursements for COVID-19 Testing.*

### ICD-10-CM Diagnostic Codes for COVID-19

The following are ICD-10-CM codes that are applicable to COVID-19 testing and treatment:

- **U07.1:** COVID-19 confirmed diagnosis
- **J12.89:** Pneumonia confirmed due to COVID-19
- **J20.8:** Acute bronchitis confirmed as due to COVID-19
- **J80:** Acute respiratory distress syndrome (ARDS) confirmed as due to COVID-19
- **J98.8:** COVID-19-associated respiratory infection, not otherwise specified

To define the specified virus with the above diagnoses, use **B97.29** (other corona virus as the cause of diseases classified elsewhere):

- **Z03.818:** Possible COVID-19 exposure but no positive COVID-19 status
- **Z20.828:** Actual exposure to confirmed COVID-19 carrier but no positive COVID-19 status
- Use appropriate codes for the signs and symptoms, e.g., **R05** (cough), **R06.02** (shortness of breath), or **R50.9** (fever, unspecified)

NOTE: Do NOT use **B34.2** (coronavirus infection, unspecified) because COVID-19 would not be unspecified.

| HCPCS and CPT Codes for COVID-19 | Descriptions |
|---|---|
| U0001 | COVID-19 testing using the CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel |
| U0002 | Validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19) |
| 87635 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique. |
| G2023 | Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source |
| G2024 | Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source |

> *Telemedicine is allowable for Medicaid services that can reasonably be delivered at the standard of care via telemedicine.* Under DHCF's telemedicine rule, Medicaid reimbursement is allowable for four categories of healthcare services: (a) Evaluation and management; (b) Consultation, evaluation and management of a specific healthcare problem requested by an originating site provider; (c) Behavioral healthcare services including, but not limited to, psychiatric evaluation and treatment, psychotherapies, and counseling; and d) speech therapy. **Table 1** lists most, but not all codes on the [DHCF fee schedule](#) that can appropriately be delivered and reimbursed as telemedicine services. Individual MCOs may cover additional services at their discretion.

## TABLE 1: Eligible Services under Telemedicine

| CPT, HCPCS Billing Codes (or subsequent codes) + GT Modifiers* | Brief Service Description |
|---|---|
| 90791-90792 + GT | Psychiatric diagnostic evaluation |
| 90832-90834, 90836-90838 + GT | Individual psychotherapy |
| 90839-90840 + GT | Psychotherapy for crisis |
| 90845 + GT | Psychoanalysis |
| 90846 + GT | Family psychotherapy (without patient present) |
| 90847 + GT | Family psychotherapy (conjoint psychotherapy) (with patient present) |
| 90853 + GT | Group psychotherapy (other than of a multiple-family group) |
| 92507-92508, 92521-92524 + GT | Speech therapy |
| 96151-96155 + GT | Health and behavior assessment |
| 99201-99205, 99211-99215, 99221-99223, 99231-99233, 99304-99306, 99307-99310, 99281-99285 and 99288 + GT | Evaluation and management (office or other outpatient, initial and subsequent hospital care, initial and subsequent physician nursing home care, emergency room outpatient) |
| 99241-99245 99251-99255 + GT | Consultation of an evaluation and management of a specific problem requested by originating site provider |
| H0001 + GT | Behavioral health diagnostic assessment |
| H0002 + GT | Behavioral health screening to determine eligibility for admission to treatment program |
| H0004 + GT | Behavioral health counseling |
| H0007 HF + GT | Crisis Intervention |
| H0016 + GT | Medication Management |
| H0034 + GT | Medication training and support |
| H0036 + GT | Community Support |
| H0039 + GT | Assertive Community Treatment |
| H2011 + GT | Crisis Emergency |
| H2014 + GT | Recovery Support Services |
| H2022 + GT | Community-Based Wrap Around Services |
| H2025 + GT | Supported Employment, Vocational |
| H2033 + GT | Multi-systemic Therapy |
| T1015 SE + GT | Clinic visit/encounter all-inclusive |
| T1017 HF + GT | Clinical Care Coordination |
| T1023 + GT | Screening to determine the appropriateness of a consideration of an individual for participation in a specified program |

*POS code is "02" if the service being delivered is for telemedicine and the beneficiary's home is the originating site.

## Illustrative Examples of Telemedicine Licensure Requirements

**Example 1: Both Providers and Patient Physically Located in DC**

| | Originating Site Provider | Distant Site Provider |
|---|---|---|
| **Physical Location at Time of Service** | DC | DC |
| **Licensure Requirements** | Licensed in DC, by the applicable Board | Licensed in DC, by the applicable Board |

**Example 2: Originating Site Provider and Patient Located in DC; Distant Site Provider in MD**

| | Originating Site Provider | Distant Site Provider |
|---|---|---|
| **Physical Location at Time of Service** | DC | MD |
| **Licensure Requirements** | Licensed in DC, by the applicable Board | Compliant with any applicable telemedicine-related requirements/regulations in MD; and Unless otherwise allowable, licensed in DC, by the applicable Board |

- **Need TA support to implement telemedicine in your practice?** Contact Lee Emeni [lemeni@e-healthdc.org](mailto:lemeni@e-healthdc.org) at eHealth DC or Michael Dark [mdark@zanenetworks.com](mailto:mdark@zanenetworks.com) at Enlightened, Inc for more information. Please note, TA services are not able to cover the cost of purchasing telemedicine technology.

- **Policy questions?** Contact Jordan Kiszla [Jordan.Kiszla@dc.gov](mailto:Jordan.Kiszla@dc.gov) Project Manager at DHCF