



Policy	REIMB_0032
Effective Date	01/01/2026
Reviewed/Revised Date	11/3/2025
Next Review Date	11/3/2026
Origination Date	09/01/2024
Originated Department	Clinical Operations

Telehealth Services

Audience
Medical Management

Purpose
<p>Medical policies provide general support for applying Mountain Health CO-OP member policy coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health CO-OP medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health CO-OP medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health CO-OP reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

Definition
<ul style="list-style-type: none"> • Telemedicine Medical Service: A healthcare service delivered by a licensed physician or health professional, using telecommunications technology, to a patient at a different physical location. • Telehealth Service: A healthcare service, other than telemedicine medical services, delivered by a licensed health professional to a patient at a different physical location using telecommunications technology. • Interactive Telecommunications System: A system that allows for real-time, two-way communication between the provider and the patient, which may include audio and video or audio-only communication.

Policy/Procedure

This Clinical Payment and Coding outline the guidelines for telehealth services provided to MHC members, effective January 1, 2025. In the event of a conflict between this CDI and any member benefit plan or provider contract, the applicable plan document or provider contract will take precedence.

This policy is subject to change based on updates to federal and state regulations, including the Centers for Medicare & Medicaid Services (CMS) guidelines and the Mountain Health Cooperative Administration. Providers are encouraged to review this policy periodically to ensure compliance with the latest requirements.

Eligible Providers

The following licensed professionals are eligible to render telehealth services:

- Physicians
- Physician Assistants
- Advanced Practice Registered Nurses (APRNs)
- Certain Licensed Behavioral Health Therapists (per CMS)
 - Physicians (including psychiatrists)
 - Psychologists
 - Nurse Practitioners
 - Licensed Marriage and Family Therapists (LMFTs) and
 - Clinical Social workers (CSWs)
- Licensed Dietitians
- Physical Therapists

Delivery Methods

Telehealth services may be delivered through the following methods:

- **Synchronous (Real-Time) Audio-Video:** Live, interactive communication between the provider and patient.
- **Synchronous (Real-Time) Audio-Only:** Live, interactive audio communication between the provider and patient, permitted when video communication is not feasible or declined by the patient. *
- **Asynchronous (Store-and-Forward):** Transmission of medical information to be reviewed later by the provider. *

Reimbursement Guidelines

- **Place of Service (POS) Code:** Telehealth services should be billed with POS code 02 (Telehealth) or 10 (Telehealth provided in the patient's home), as appropriate.
- **Modifiers:**
 - Modifier 95: Used for synchronous telehealth services delivered via real-time interactive audio and video telecommunications systems.
 - Modifier 93: Used for audio-only telehealth services, when applicable.
- **Documentation:**
 - Providers must maintain complete and accurate medical records, including start and end times of the telehealth service.

- Methods of communication used must be documented.
- Compliance with HIPAA and other applicable privacy laws is required.
- **Billing:**
 - Claims should be submitted using valid code combinations from HIPAA-approved code sets.
 - Claims are subject to review, including compliance with coding guidelines and applicable medical policies.

Covered CPT for Telehealth Services and Guidelines

Synchronous Audio-Video (New Patients)

CPT Code	Medical Decision Making (MDM)	Time (Minutes)
98000	Straightforward	15
98001	Low	30
98002	Moderate	45
98003	High	60

Synchronous Audio-Video (Established Patients)

CPT Code	Medical Decision Making (MDM)	Time (Minutes)
98004	Straightforward	10
98005	Low	20
98006	Moderate	30
98007	High	40

Prolonged Services*

- **CPT Code 99417:** Used for prolonged services with or without direct patient contact, requiring documentation of time spent.

Additional Covered Telehealth Services

90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx w pt 30 minutes
90833	Psytx w pt w e/m 30 min
90834	Psytx w pt 45 minutes
90836	Psytx w pt w e/m 45 min
90837	Psytx w pt 60 minutes
90838	Psytx w pt w e/m 60 min

90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min
90845	Psychoanalysis
90846	Family psytx w/o pt 50 min
90847	Family psytx w/pt 50 min
90853	Group psychotherapy
90875	Psychophysiological therapy
90951	Esrd serv 4 visits p mo <2yr
90952	Esrd serv 2-3 vsts p mo <2yr
90953	Esrd serv 1 visit p mo <2yrs
90954	Esrd serv 4 vsts p mo 2-11
90955	Esrd srv 2-3 vsts p mo 2-11
90956	Esrd srv 1 visit p mo 2-11
90957	Esrd srv 4 vsts p mo 12-19
90958	Esrd srv 2-3 vsts p mo 12-19
90959	Esrd serv 1 vst p mo 12-19
90960	Esrd srv 4 visits p mo 20+
90961	Esrd srv 2-3 vsts p mo 20+
90962	Esrd serv 1 visit p mo 20+
90963	Esrd home pt serv p mo <2yrs
90964	Esrd home pt serv p mo 2-11
90965	Esrd home pt serv p mo 12-19
90966	Esrd home pt serv p mo 20+
90967	Esrd svc pr day pt <2
90968	Esrd svc pr day pt 2-11
90969	Esrd svc pr day pt 12-19
90970	Esrd svc pr day pt 20+
92507	Speech/hearing therapy
92508	Speech/hearing therapy
92521	Evaluation of speech fluency
92522	Evaluate speech production
92523	Speech sound lang comprehen
92524	Behavral qualit analys voice
92526	Oral function therapy
92550	Tympanometry & reflex thresh
92552	Pure tone audiometry air
92553	Audiometry air & bone
92555	Speech threshold audiometry
92556	Speech audiometry complete
92557	Comprehensive hearing test
92563	Tone decay hearing test
92565	Stenger test pure tone

92567	Tympanometry
92568	Acoustic refl threshold tst
92570	Acoustic immitance testing
92587	Evoked auditory test limited
92588	Evoked auditory tst complete
92601	Cochlear implt f/up exam <7
92602	Reprogram cochlear implt <7
92603	Cochlear implt f/up exam 7/>
92604	Reprogram cochlear implt 7/>
92607	Ex for speech device rx 1hr
92608	Ex for speech device rx addl
92609	Use of speech device service
92610	Evaluate swallowing function
92625	Tinnitus assessment
92626	Eval aud funcj 1st hour
92627	Eval aud funcj ea addl 15
93750	Interrogation vad in person
93797	Cardiac rehab
93798	Cardiac rehab/monitor
94002	Vent mgmt inpat init day
94003	Vent mgmt inpat subq day
94004	Vent mgmt nf per day
94005	Home vent mgmt supervision
94625	Phy/qhp op pulm rhb w/o mntr
94626	Phy/qhp op pulm rhb w/ mntr
94664	Evaluate pt use of inhaler
95970	Alys npgt w/o prgrmg
95971	Alys smpl sp/pn npgt w/prgrm
95972	Alys cplx sp/pn npgt w/prgrm
95983	Alys brn npgt prgrmg 15 min
95984	Alys brn npgt prgrmg addl 15
96105	Assessment of aphasia
96110	Developmental screen w/score
96112	Devel tst phys/qhp 1st hr
96113	Devel tst phys/qhp ea addl
96116	Nubhvl xm phys/qhp 1st hr
96121	Nubhvl xm phy/qhp ea addl hr
96125	Cognitive test by hc pro
96127	Brief emotional/behav assmt
96130	Psycl tst eval phys/qhp 1st
96131	Psycl tst eval phys/qhp ea
96132	Neuropsychological testing evaluation services phys/QHP 1 ST HOUR

96133	Neuropsychological testing evaluation services phys/QHP ea add. HOUR
96136	Neuropsychological testing evaluation services/score phy/QHP 1 st 30min
96137	Neuropsychological testing evaluation services/score phy/QHP ea add. 30min
96138	Neuropsychological testing evaluation services TECH 1 st 30 min
96139	Neuropsychological testing evaluation services TECH ea add. 30min
96156	Hlth bhv assmt/reassessment
96158	Hlth bhv ivntj indiv 1st 30
96159	Hlth bhv ivntj indiv ea addl
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt
96164	Hlth bhv ivntj grp 1st 30
96165	Hlth bhv ivntj grp ea addl
96167	Hlth bhv ivntj fam 1st 30
96168	Hlth bhv ivntj fam ea addl
96170	Hlth bhv ivntj fam wo pt 1st
96171	Hlth bhv ivntj fam w/o pt ea
96202	Hlth bhv intj ind 1st 30
96203	Hlth bhv ivntj ind ea addl
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97116	Gait training therapy
97129	Ther ivntj 1st 15 min
97130	Ther ivntj ea addl 15 min
97150	Group therapeutic procedures
97151	Bhv id assmt by phys/qhp
97152	Bhv id suprt assmt by 1 tech
97153	Adaptive behavior tx by tech
97154	Grp adapt bhv tx by tech
97155	Adapt behavior tx phys/qhp
97156	Fam adapt bhv tx gdn phy/qhp
97157	Mult fam adapt bhv tx gdn
97158	Grp adapt bhv tx by phy/qhp
97161	Pt eval low complex 20 min
97162	Pt eval mod complex 30 min
97163	Pt eval high complex 45 min
97164	Pt re-eval est plan care
97165	Ot eval low complex 30 min
97166	Ot eval mod complex 45 min
97167	Ot eval high complex 60 min
97168	Ot re-eval est plan care
97530	Therapeutic activities
97535	Self-care management training

97542	Wheelchair management training
97552	Group caregiver training
97750	Physical performance test
97755	Assistive technology assessment
97760	Orthotic mgmt&traing 1st enc
97761	Prosthetic traing 1st enc
97763	Orthc/prostc mgmt sbsq enc
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
97804	Medical nutrition group
98960	Self-mgmt educ & train 1 pt
98961	Self-mgmt educ/train 2-4 pt
98962	Self-mgmt educ/train 5-8 pt
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit est
99212	Office/outpatient visit est
99213	Office/outpatient visit est
99214	Office/outpatient visit est
99215	Office/outpatient visit est
99221	Initial hospital care
99222	Initial hospital care
99223	Initial hospital care
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99234	Observ/hosp same date
99235	Observ/hosp same date
99236	Observ/hosp same date
99238	Hospital discharge day
99239	Hospital discharge day
99281	Emergency dept visit
99282	Emergency dept visit
99283	Emergency dept visit
99284	Emergency dept visit
99285	Emergency dept visit
99291	Critical care first hour
99292	Critical care addl 30 min
99304	Nursing facility care init
99305	Nursing facility care init

99306	Nursing facility care init
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq
99315	Nursing fac discharge day
99316	Nursing fac discharge day
99406	Behavior change smoking 3-10 min
99407	Behavior change smoking > 10 min
99441	Phone e/m phys/qhp 5-10 min
99442	Phone e/m phys/qhp 11-20 min
99443	Phone e/m phys/qhp 21-30 min
99468	Neonate crit care initial
99469	Neonate crit care subsq
99471	Ped critical care initial
99472	Ped critical care subsq
99475	Ped crit care age 2-5 init
99476	Ped crit care age 2-5 subsq
99477	Init day hosp neonate care

Non-Covered Services

The following telehealth services are not covered unless otherwise specified in the members' benefit plan:

- Telehealth services that are used to treat chronic pain with scheduled drugs.
- Telehealth services provided via text-only email, fax transmission, or synchronous audio-only telephone consultation.
- Fees for Electronic health record documentation
- Claims for services that are typically not separately reimbursed from higher-level services (phone calls, answering questions, documentation)

References

1. <https://www.cms.gov/medicare/coverage/telehealth/list-services>
2. <https://telehealth.hhs.gov/providers/telehealth-policy>
3. <https://telehealth.hhs.gov/providers/telehealth-policy/prescribing-controlled-substances-via-telehealth>
4. <https://www.acponline.org/practice-career/business-resources/telehealth-guidance-and-resources/remote-patient-monitoring-billing-coding-and-regulations-information>
5. Telehealth References: Mont Code Ann. §33-22-138, Idaho Code Ann. §§ 54-5701 through 5713

Vendors	
<ul style="list-style-type: none"> HPS 	

Review/Revision/Approval History	
Date	Description
1/1/2025	Adopted
11/3/2025	Updated CPT Codes, new policy number

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