

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03

To: All Providers Participating in the Medicaid Program
From: Matthew Ahern, Interim Director *MLA*
Date: December 29, 2023
Re: Guidance on Telehealth after December 31, 2023

This provider bulletin is being issued to provide updated guidance about telehealth coverage to Nebraska Medicaid providers. Telehealth is helpful for many members to access needed services. There are codes for telehealth coverage that expire on December 31, 2023. Therefore, this bulletin provides updated guidance about telehealth coverage after December 31, 2023.

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Guiding Principles for Telehealth

Though Nebraska Medicaid has been a leader in the availability of telehealth coverage for many years, the PHE expanded the use of telehealth significantly. The knowledge and experience gained throughout the pandemic inform the principles of this updated telehealth guidance. Ensuring patient safety, accessibility of services, and clinically appropriate care are the key priorities.

Follow Applicable Laws

- Health care practitioners providing telehealth services must follow all applicable laws.
- Providers must be enrolled with Nebraska Medicaid and must be licensed and/or certified (when required).
- Providers must deliver telehealth services safely and effectively.
- All treatments or services must be delivered according to current Medicaid service definitions.
- All treatments and services must be rendered in a clinically appropriate manner and be medically necessary or related to a treatment plan.

Keep Required Documentation

- The medical record for telehealth services must follow all applicable laws regarding documentation. The use of telehealth technology must be documented in the medical record. Providers are also required to document the reason for the delivery of treatment or services through telehealth.
- Providers are required to have mitigation plans in place and to provide an active and ongoing assessment of their ability to meet patients' most immediate and critical treatment needs.
- Claims for services provided via telehealth must include the specific telehealth modifiers and place-of-service codes outlined in the fee schedules.

Location of Services

- The location of the telehealth service is the physical location of the member. Out-of-state telehealth services are covered if the telehealth services otherwise meet not only the telehealth requirements but also the requirements for payment for services provided outside Nebraska.

These Services will No Longer be Available through Telehealth after December 31, 2023.

Providers will have until April 1, 2024, to make accommodations to deliver the following services face-to-face.

Code	Modifier	Description
90953		End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90956		End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90959		End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90962		End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month
94002		Ventilation assistance and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
94003		Ventilation assistance and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
94004		Ventilation assistance and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day
94625		Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94625	59	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94625	80	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94626		Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)
94626	59	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)
94626	80	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)
94664		Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler, or IPPB device

These Services will Continue to be Covered through Telehealth without an End Date

Code	Telehealth Modifier	Place of Service	Description
97151	95	02/10	Behavior identification assessment administered by a Physician or other health care professional, one patient, each 15 minutes
97155	95	02/10	Adaptive behavior treatment by protocol, administered by a Physician or other qualified healthcare professional, which may include simultaneous direction of a tech, and one patient, each 15 minutes
97156	95	02/10	Family adaptive behavior treatment guidance, administered by a Physician or other qualified healthcare professional (with or without the patient present), with a guardian or caregiver every 15 minutes
97161	95	02/10	Physical therapy evaluation: low complexity
97162	95	02/10	Physical therapy evaluation: moderate complexity
97164	95	02/10	Re-evaluation of physical therapy established plan of care
97165	95	02/10	Occupational therapy evaluation, low complexity
97166	95	02/10	Occupational therapy evaluation, moderate complexity
97168	95	02/10	Re-evaluation of occupational therapy established plan of care
92521	95	02/10	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	95	02/10	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92523	95	02/10	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive, and expressive language)
99211	95	02/10	Established patient Evaluation/Management – office or outpatient visit
99212	95	02/10	Established patient Evaluation/Management – office or outpatient visit (focused)
99213	95	02/10	Established patient Evaluation/Management – office or outpatient visit (low complexity)
99214	95	02/10	Established patient Evaluation/Management – office or outpatient visit (moderate complexity)
99304	95	02/10	Nursing facility consultation, low complexity (25 minutes)
99305	95	02/10	Nursing facility consultation, moderate complexity (35 minutes)
99307	95	02/10	Evaluation Management Nursing Facility 10 minutes
99308	95	02/10	Evaluation Management Nursing Facility 20 minutes
99309	95	02/10	Evaluation Management Nursing Facility 25 minutes

New Allowances for Telehealth starting January 1, 2024.

Code	Modifier	Telehealth Modifier	Place of Service	Description
Physical Therapy/Occupational Therapy				
97110		95	02/10	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength, endurance, and flexibility
97112		95	02/10	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular and/or proprioception for sitting and/or standing activities.
97116		95	02/10	Gait Training (includes stair climbing)
97530		95	02/10	Therapeutic activities to improve function, with one-on-one contact between patient and provider, every 15 minutes.
97750		95	02/10	Physical performance test or measurement (e.g., Musculoskeletal, with a written report, every 15 minutes.
Speech Therapy				
92524		95	02/10	Behavioral and qualitative analysis of voice and resonance
92526		95	02/10	Treatment of swallowing dysfunction and/or oral feeding function
Drug, Alcohol, and Behavioral Health Services				
H0001		95	02/10	Substance Use Assessment
H0001	52	95	02/10	Substance Use Assessment - Addendum

Billing Telehealth

To bill for services administered through telehealth, please use the following place of service codes and modifiers. Failure to use the place of service codes and modifiers for services provided via telehealth may lead to refunds or further sanctions.

Place of Service codes:

- Place of Service 02 – use when telehealth is administered while the patient is in a location besides their home.
- Place of Service 10 – use when telehealth is administered while the patient is in their home.

Modifiers:

- Multiple modifiers can be added to a single CPT code. The payment modifier goes first, followed by any informational modifiers. The telehealth modifier is an informational modifier and should be placed after any payment modifier.
 - 93 - synchronous telemedicine service rendered via telephone or other real-time interactive audio-only.
 - 95 - telehealth services are provided in real-time with an audio-visual component

Information on telehealth codes will be included in our fee schedules. For more information on Medicaid rates and fee schedules please visit our website: <https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>

To stay up to date about new guidance regarding the public health emergency, subscribe to Nebraska Medicaid's new page <https://dhhs.ne.gov/Pages/Medicaid-PHE.aspx>.

Provider Bulletins, such as this one, are posted on the DHHS website at <https://dhhs.ne.gov/pages/MedicaidProvider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.