



DCMWC Telehealth Bill Processing Quick Reference Guide

Previously, the only edit posted for DCMWC telehealth bills was 90922 - Telehealth Procedures Not Covered. Effective 10/01/22, the WCMBP System will identify and automatically adjudicate telehealth bills according to the policies defined in the DCMWC Telehealth Bill Processing document and post multiple edits. This will aid in the bill resolution process for the DCMWC staff.

DCMWC Telehealth Bill Adjudication

Identifying a Telehealth Bill

The WCMBP System will identify a DCMWC bill as a **Telehealth** bill if:

- Telehealth services are billed in **OWCP-1500** with modifier **GT or GQ or 95**
- Telehealth services are billed on **OWCP-1500** with **Place of Service (POS) 02 (Telehealth-Other than a Patient's Home) or 10 (Telehealth-Patient's Home)**
- Telehealth Originating site fee is billed on **OWCP-04** with **Revenue Code 078X and HCPCS code Q3014** or **OWCP-1500** with **HCPCS code Q3014**

Note: Please refer to the approved DCMWC's Telehealth billing code spreadsheet.

Note: This process remains the same as before except for addition of place of Service 10 (Telehealth- Patient's Home)

Adjudicating a Telehealth Bill

The table below shows telehealth bill adjudication logic and the edits that post during the process.

IF

- The program is **DCMWC**
- Invoice type is **Professional**
- The bill is identified as a **Telehealth bill**
- Procedure Code is not one of the CMS approved Telehealth Procedure Codes, (refer to **Table 1** for a list of CMS-approved Telehealth Procedure Codes)
- Procedure Code is not one of the DCMWC-approved Telehealth Procedure Codes, (refer to **Table 2** for a list of DCMWC-approved Telehealth Procedure Codes)

THEN

- **Edit 60915-** Procedure Code Not Approved For Telehealth posts – this edit was not recommended originally, but DCMWC will keep it on the list





Adjudicating a Telehealth Bill Continued

IF

THEN

- Invoice type is **Professional**
- Procedure Code is Q3014
- Place of Service (POS) is not one of the telehealth approved originating sites (*refer to **Table 3** for a list of approved telehealth originating sites*)

- **Edit 90916-** Originating Site Not Approved For Telehealth posts

- Invoice type is **Institutional**
- RCC is 078X
- Type of bill is not one of the telehealth-approved originating sites for Institutional, (*refer to **Table 4** for a list of approved telehealth originating sites for Institutional*)

- **Edit 90916-** Originating Site Not Approved For Telehealth posts

- Invoice type is **Professional**
- Bill is identified as a **Telehealth** bill
- Place of Service (POS) is not one of the DCMWC approved places of service, (*refer to **Table 5** for a list of approved DCMWC places of service*)

- **Edit 90918-** POS Invalid/Missing For Telehealth posts



Adjudicating a Telehealth Bill - Continued

IF

THEN

- Invoice type is **Professional**
- Place of Service (POS) on any one or more lines is 02 or 10
- POS on any other line billed is **not** 02 or 10

- **Edit 90920** - POS Mismatch For Telehealth Distant Site Services posts

- Program is **DCMWC**
- Invoice type is **Professional**
- Bill is identified as a **Telehealth** bill
- Attachment is not present

- **Edit 90930**- Telehealth Bill Requires Attachment posts

- Program is **DCMWC**
- Invoice type is **Institutional**
- Revenue code is 078X or procedure code is Q3014
- Attachment is not present

- **Edit 90930**- Telehealth Bill Requires Attachment posts



Adjudicating a Telehealth Bill Continued

IF

THEN

- Program is **DCMWC**
- Invoice type is **Professional**
- Bill is identified as **Telehealth** bill
- Attachments are present

- **Edit 90931**- Bill requires Review of Attachment posts

- Program is **DCMWC**
- Invoice type is **Institutional**
- Revenue code is 078X or procedure code is Q3014
- Attachments are present

- **Edit 90931**- Bill requires Review of Attachment posts

- Invoice type is **Professional**
- Bill is identified as **Telehealth** bill
- **Service Facility Location Information** is missing

- **Edit 90933**- Servicing Facility Location Required for Telehealth



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Adjudicating a Telehealth Bill Continued

IF

- Program is **DCMWC**
- Invoice type is **Professional**
- Bill is identified as **Telehealth bill**
- Billing provider type is **not** from DCMWC Telehealth Provider Type list, (refer to **Table 6** for DCMWC Telehealth Provider Type list)

THEN

- **Edit 90973-** Provider Type Not Approved For Telehealth Services posts – this edit was not recommended originally, but DCMWC would like to keep it on the list

Telehealth Bill Pricing

The table below shows how telehealth bills are priced based on bill site. (This is how telehealth bills were priced prior to 10/01/22 as well)

BILL SITE

PRICING

Distant Site Bills (Claimant Services)

Priced based on the Procedure Pricing Factor Code active for the DOS.

The originating site bills (billed procedure code: Q3014)
*Refer to **Table 3** and **4** for DCMWC telehealth-approved originating sites.*

Priced based on the Medicare Telehealth Originating Site Facility Fee.



DCMWC Telehealth Bill Processing Quick Reference Guide

Table 1: CMS Approved Telehealth Procedure Codes

Category of Care	HCPCS/ CPT Codes	Description
Facility-based Care	G0425 - G0427	Telehealth consultations, emergency department or initial inpatient
	G0406 - G0408	Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs
	99231 - 99233	Subsequent hospital care services, 1 telehealth visit every 3-days
	99307 - 99310	Subsequent nursing facility care services, 1 telehealth visit every 30-days
	90951 - 90952 90954 - 90955 90957 - 90958 90960 - 90961 90963 - 90970	End-Stage Renal Disease (ESRD)-related services
	99495- 99496	Transitional Care Management Services
	99497- 99498	Advance Care Planning
	99356- 99357	Prolonged service in the inpatient or observation setting
General Outpatient Care	99201- 99205, 99211- 99215	Office or Outpatient Visits
	G0438- G0439	Annual Wellness Visit
	99354- 99355	Prolonged service in the office or other outpatient setting
	G0508- G0509	Telehealth Consultation, Critical Care
Health and Condition Management	G0420- G0421	Kidney Disease Education Services
	G0108 and G0109	Diabetes Self-management Training Services (DMST)
	96150-96154	Health And Behavior Assessments And Interventions
	G0270 and 97802-97804	Medical Nutrition Therapy
	G0459	Telehealth Pharmacologic Management
	G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making (effective for services furnished on and after January 1, 2018)
	G0506	Comprehensive assessment of and care planning for patients requiring chronic care management (effective for services furnished on and after January 1, 2018)



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Table 1: CMS Approved Telehealth Procedure Codes

Category of Care	HCPCS/ CPT Codes	Description
Behavioral Health	90832 - 90834 90836 - 90838 90846 - 90847	Individual and Family psychotherapy
	90791 - 90792	Psychiatric diagnostic interview
	90845	Psychoanalysis
	96116	Neurobehavioral status examination
	99406 - 99407	Smoking cessation
	G0396 and G0397	Alcohol and/or substance abuse structured assessment and interventions
	G0442- G0443	Alcohol screening and counselling
	G0444	Annual depression screening
	G0445	Behavioral counseling to prevent sexually transmitted diseases
	G0446	Behavioral therapy for cardiovascular disease
	G0447	Behavioral counseling for obesity
	90785	Interactive Complexity Psychiatry Services and Procedures (effective for services furnished on and after January 1, 2018)
	96160- 96161	Health Risk Assessment (effective for services furnished on and after January 1, 2018)
	90839- 90840	Psychotherapy for crisis (effective for services furnished on and after January 1, 2018)
Prolonged Preventive Service	G0513	Prolonged preventive service(s) (beyond the typical service of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (listed separately in addition to code for preventive service)
	G0514	Prolonged preventive service(s) (beyond the typical service of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (listed separately in addition to code for preventive service)



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Table 1: CMS Approved Telehealth Procedure Codes

Category of Care	HCPCS/ CPT Codes	Description
	99091	<p>Remote patient monitoring should be billed no more than once every 30 days.</p> <p>99091 was bundled with other codes previously but will now be revalued and paid separately (as of 2018).</p> <p>May be billed only ONCE per patient during the same service period as CPT codes-</p> <ul style="list-style-type: none"> Chronic Care Management- 99487, 99489, 99490 Transitional Care Management- 99495 and 99496 and Behavioral Health Integration Services- 99492, 99493, 99494, and 99484 <p>Note: For new patients or patients not seen by the billing practitioner within one year prior to billing CPT code 99091, CMS requires initiation of the service during a face-to-face visit with the billing practitioner.</p>

Table 2: DCMWC Approved Telehealth Procedure Codes

Procedure Code	Description
94005	Home vent mgmt. supervision
94664	Evaluate pt. use of inhaler
96160	Pt-Focused Health risk adjustment
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
97804	Medical nutrition group
99091	Collet/Review data from pt
99202-99205	Office/outpatient visit new
99211-99215	Office/outpatient visit est
99217	Observation care discharge
99218-99220	Initial observation care
99221-99223	Initial hospital care
99231-99233	Subsequent Hospital Care
99234-99236	Observ/hosp same date
99238-99239	Hospital discharge day
99241-99245	Office Consultation
99251-99255	Inpatient Consultation
99304-99306	Nursing Facility Care Init
99307-99310	Nursing Fac Care Subseq
99315-99316	Nursing fac discharge day
99324-99328	Domicil/r-home visit new pat
99334-99337	Domicil/r-home visit est pat
99341-99345	Home visit new patient



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Table 2: DCMWC Approved Telehealth Procedure Codes

99347-99350	Home Visit Est Patient
99354-99355	Prolong E&M/Psyctx Serv O/P
99356-99357	Prolonged Service Inpatient
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
99487	CPLX Chrnc Care 1 st 60 min
99489	CPLX Chrnc Care each add 30 min
99490	Chrnc Care Mgmt. Svs 1 st 20 Min
99495	Trans Care Mgmt. 14-day Disch
99496	Trans Care Mgmt. 7-day Disch
99497	Advncd Care Plan 30-Min
99498	Advncd Care Plan Addl 30-Min
G0270	Mnt Subs Tx For Change Dx
G0296	Visit to Determ LDCt Elig
G0406	Inpt/tele follow up 15
G0407	Inpt/tele follow up 25
G0408	Inpt/tele follow up 35
G0425	Inpt/Ed Tele Consult 30
G0426	Inpt/Ed Tele Consult 50
G0427	Inpt/Ed Tele Consult 70
G0438	Ppps Initial visit
G0439	Ppps Subseq visit
G0459	Telehealth Inpt Pharm Mgmt
G0506	Comp Assess Care Plan CCM Svs
G0508	Crit Care Telehea Consult 60
G0509	Crit Care Telehea Consult 50
G0513	Prolong Prev svcs, first 30 min
G0514	Prolong Prev svcs, addl 30 min
G2010	Remot Image submit by pt
G2012	Brief Check in by md/qhp
G2025	Dis site tele svcs rhc/fqhc
Q3014	Telehealth Facility Fee



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Table 3: Telehealth Originating Sites (OWCP-1500)

Originating Sites	Place of Service (POS)	Allowed/ Not Allowed
Office of a physician or practitioner	11	Allowed
Acute Care Hospital	21, 22, 23	Allowed
Critical Access Hospital (CAHs)	21, 22, 23	Allowed
Rural Health Clinic (RHC)	72	Allowed
Federally Qualified Health Center (FQHC)	50	Allowed
Hospital-Based or CAH-Based Dialysis Center (including satellites)	65	Allowed
Skilled Nursing Facility (SNF)	31, 32	Allowed
Community Mental Health Center (CMHC)	53	Allowed
Beneficiary's home	10	Allowed
Independent renal dialysis facility	N/A	Not Allowed
Sites within an MSA or not within a HPSA	N/A	Not Allowed

Table 4: Telehealth Originating Sites (OWCP-04)

Originating Sites	Originating Site Payment	Type of Bill	Revenue Code
Outpatient hospital	Outside of Outpatient Prospective Payment System (OPPS)	13X	078X
Inpatient hospital	Outside Diagnosis-related group (DRG) -	12X	078X
Critical Access Hospital (CAH)	Separate from cost based (80% of originating site facility fee)	12X	078X
FQHC or RHC	Separate from Prospective Payment System (PPS) -	71X	078X



Table 5: DCMWC Approved Telehealth Place of Service

Provider Type Code	Description
02	Telehealth provided other than in patient's home
10	Telehealth provided in patient's home
11	Office of a physician or health care provider
12	Home
21	Inpatient hospital acute and/or critical care
22	Outpatient hospital acute and/or critical care
23	Emergency room acute and/or critical care
50	Federally qualified health center
72	Rural health clinic

Table 6: DCMWC Telehealth Provider Types

Provider Type Code	Description
01	Acute Care Hospitals
25	Physician (MD) & Physician (DO)
30	Advanced Registered Nurse Practitioner (ARNP)
29	Physician Assistant
34	Licensed Midwife
77	Social Worker