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November 17, 2023

MEMORANDUM

MEMO NO.

QI-2338 [Replaces QI-2306,
QI-2139, QI-2007]
FFS 23-22 [Replaces FFS 23-04,
FFS 21-15, FFS 20-03]
CCS-2311 [Replaces CCS-2302]

TO: QUEST Integration (QI) Health Plans
Health Plans Medicaid Fee-For-Service (FFS) Providers
Community Care Services (CCS)
Federally Qualified Health Centers (FQHC)
Rural Health Centers (RHC)

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: TELEHEALTH IMPLEMENTATION

This memorandum replaces QI 2007/FFS 20-03 issued March 16, 2020; QI-2139/ FFS 21-15 issued December 29, 2021; and QI-2306/CCS-2302/FFS 23-04 issued May 12, 2023.

Services provided by telehealth modality are pursuant to Hawaii Revised Statute §346-59.1 as amended by the 2023 Hawaii legislative session Act 107 (HB907) and the following guidelines.

All providers prescribing controlled substances must be located in the State of Hawai'i.

Until December 31, 2024, Federally Qualified Health Center (FQHC) behavioral health providers may be located at a non-HRSA approved site or satellite within the United States and the United States' territories. If the FQHC provider is prescribing controlled substances, they must be located in the State of Hawai'i.

For policy specific to audio-only real-time communication technology, guidance is in effect until December 31, 2025.

DEFINITIONS:

- ❖ TELEHEALTH VIA AN INTERACTIVE TELECOMMUNICATIONS SYSTEM (TELEHEALTH) [42 CFR section 410.78(a)(3)]:
 - Audio-visual real-time telehealth (AV telehealth): Multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.
 - Audio-only real-time communication technology (Audio-only): For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology.
- ❖ ORIGINATING/SPOKE SITE: The location where the patient is located, whether accompanied or not by a health care provider, at the time services are provided by a health care provider through telehealth, including but not limited to a health care provider's office, hospital, critical access hospital, rural health clinic, federally qualified health center, a patient's home, and other nonmedical environments such as school-based health centers, university-based health centers, or the work location of the patient. The originating site includes a patient's residence. The U.S. Department of Health and Human Services Office for Civil Rights expects that patients should not receive telehealth services in public or semi-public settings, absent patient consent or exigent circumstances.
- ❖ DISTANT/HUB SITE: The location of the enrolled Hawai'i Medicaid provider delivering Medicaid eligible services through telehealth. The U.S. Department of Health and Human Services Office for Civil Rights expects health care providers will implement HIPAA safeguards and conduct telehealth in private settings, such as a doctor in a clinic or office connecting to a patient who is at home or at another clinic.

If a provider does not have the capacity to provide in-person services, they must inform the patient that: the patient has the right to receive in-person services if they prefer; they (the provider) are incapable of providing in-person services; and they (the provider) must inform the patient that their QI MCO can assist with finding a provider who can provide in-person services.

- Non-FQHC Providers:

With one exception, the provider must be located within the United States and the United States' territories is eligible to be a distant site for delivery and payment purposes.

Exception: If prescribing controlled substances, the provider must be located in the State of Hawai'i.

- FQHC Providers:

With exceptions, the FQHC provider must be located at their contracted FQHC's HRSA approved site or satellite.

Exceptions:

- *Until December 31, 2024, FQHC behavioral health providers may be located at a non-HRSA approved site or satellite within the United States and the United States' territories.*
- *If prescribing controlled substances, the provider must be located in the State of Hawai'i.*

- **ELIGIBLE PROVIDERS:** Eligible providers are health care providers who are eligible to bill Hawai'i Medicaid; practicing within their scope; and delivering services which can be appropriately and effectively administered through telehealth.

Additionally, for FQHC providers: Refer to HRS §346-53.64 (5) for the list of providers who may provide PPS services.

- **ELIGIBLE SERVICES:** Services provided by telehealth must be appropriate for the telehealth modality, clinically appropriate for the patient, rendered in conformance with the full description of the procedure code, and performed by a health care provider eligible to bill Hawai'i Medicaid.

Services provided shall be consistent with all federal and state privacy, security, and confidentiality laws.

- AV telehealth: See ATTACHMENT A - SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed.
- Audio-only: See ATTACHMENT B - REAL-TIME AUDIO-ONLY INTERACTIONS
- FQHCs: See ATTACHMENT C - FQHC-SPECIFIC TELEHEALTH GUIDANCE
- Dental telehealth: Refer to MQD memo FFS 19-01 REIMBURSEMENT FOR PROCEDURES RELATED TO FEE-FOR-SERVICE (FFS) TELEDENTISTRY SERVICES

Additionally, for FQHCs: FQHCs must ensure the provision of relevant wrap-around non-billable services. Efforts shall be made to ensure that patients receive relevant wrap-around services, and this may mean delivering care to the patient’s location as one way to ensure services are received. Wrap-around non-billable services may or may not occur on the same day as services provided through telehealth modality and the eligible FQHC provider delivering services through the telehealth modality must provide clear instructions to the patient on how and when the wrap-around non-billable services will be provided. Wrap-around non-billable services must be documented in the patient’s medical record.

QUESTIONS:

- FFS providers: Contact the Hawai’i Medicaid FFS Call Center (operated by Conduent) at 1-877-439-0803
- QI Providers: Contact your contracted managed care organization (MCO):

Health Plan	Website	Contact Information
AlohaCare	https://www.alohacare.org/	Oahu: 808-973-1650 Toll-free: 1-800-434-1002
HMSA	https://prc.hmsa.com/s/article/Telehealth-Services	Oahu: 808-948-6820 Toll-free: 1-877-304-4672 Email: PSInquiries@hmsa.com

Kaiser Permanente	https://healthy.kaiserpermanente.org/hawaii/community-providers	Customer Service/MCSA Department: 800-966-5955 Fax: 808-432-5300
'Ohana Health Plan	http://www.ohanahealthplan.com	Toll-free: 1-888-846-4262 TTY: 711
UnitedHealthcare Community Plan	https://www.uhcprovider.com/en/resource-library/telehealth.html https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/vv-tmh.html (Behavioral Health specific)	Toll-free: 1-888-980-8728 TTY: 711

- MCOs: Contact MQDCMCS@dhs.hawaii.gov

ATTACHMENTS:

ATTACHMENT A – SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed

ATTACHMENT B – REAL-TIME AUDIO-ONLY INTERACTIONS

ATTACHMENT C – FQHC-SPECIFIC TELEHEALTH GUIDANCE

ATTACHMENT A: SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed

The CPT and HCPCS codes listed in Attachment A are considered prime candidates for telehealth services, although other CPT and HCPCS codes may be billed as well.

MODIFIER CODES:

Always use one of the following when billing:

95	Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System
GQ	Tele-health service rendered via asynchronous telecommunications system
GT	Telehealth service rendered via interactive audio and video telecommunications system

FOR PLACE OF SERVICE AND OTHER BILLING GUIDANCE:

FFS providers: Contact the Hawai'i Medicaid FFS Call Center (operated by Conduent) at 1-877-439-0803.

QI Providers: Contact your contracted managed care organization (MCO):

Health Plan	Website	Contact Information
AlohaCare	https://www.alohacare.org/	Oahu: 808-973-1650 Toll-free: 1-800-434-1002
HMSA	https://prc.hmsa.com/s/article/Telehealth-Services	Oahu: 808-948-6820 Toll-free: 1-877-304-4672 Email: PSInquiries@hmsa.com

Kaiser Permanente	https://healthy.kaiserpermanente.org/hawaii/community-providers	Customer Service/MCSA Department: 800-966-5955 Fax: 808-432-5300
‘Ohana Health Plan	http://www.ohanahealthplan.com	Toll-free: 1-888-846-4262 TTY: 711
UnitedHealthcare Community Plan	https://www.uhcprovider.com/en/resource-library/telehealth.html https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/vv-tmh.html (Behavioral Health specific)	Toll-free: 1-888-980-8728 TTY: 711

Attachment A table	
SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed	
CPT	DESCRIPTION
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service

Attachment A table	
SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed	
CPT	DESCRIPTION
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90951	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 4 or more face-to-face visits by a physician or other qualified health care professional per month
90952	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 2-3 face-to-face visits by a physician or other qualified health care professional per month
90954	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 4 or more face-to-face visits by a physician or other qualified health care professional per month
90955	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 2- 3 face-to-face visits by a physician or other qualified health care professional per month
90957	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 4 or more face-to-face visits by a physician or other qualified health care professional per month
90958	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 2- 3 face-to-face visits by a physician or other qualified health care professional per month
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month

Attachment A table	
SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed	
CPT	DESCRIPTION
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, 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
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
92227	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
92228	Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
93228	External mobile cardiovascular telemetry with electrocardiographic recording
93229	Electrocardiogram (ECG) up to 30 days continuous with transmission of patient triggered events with review and report by health care professional
93268	External patient and, when performed, auto activated electrocardiographic rhythm

Attachment A table	
SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed	
CPT	DESCRIPTION
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional
93298	Interrogation device evaluation(s), (remote) up to 30 days, implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional.
93298	Interrogation device evaluation(s), (remote) up to 30 days, implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
96040	Medical genetics and genetic counseling services

Attachment A table	
SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed	
CPT	DESCRIPTION
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
99201-99205, 99211-99215	Office or other outpatient visit for the evaluation and management
99231	Subsequent hospital care, per day, for the evaluation and management of a patient
99232	Subsequent hospital care, per day, for the evaluation and management of a patient
99233	Subsequent hospital care, per day, for the evaluation and management of a patient
99307	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 10 minutes
99308	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 15 minutes
99309	Subsequent nursing facility care with moderate level of medical decision making, per day, if using time, at least 30 minutes
99310	Subsequent nursing facility care with high level of medical decision making, Per day, if using time, at least 45 minutes
99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

Attachment A table	
SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed	
CPT	DESCRIPTION
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0396	Alcohol and/or Substance (other than tobacco) abuse structured assessment (e.g., Audit, Dast) and brief intervention 15 to 30 minutes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., Audit, Dast), and intervention, greater than 30 minutes
G0406	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Annual depression screening, 15 minutes
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes

Attachment A table	
SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed	
CPT	DESCRIPTION
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0508	Telehealth consultation, initial critical care
G0509	Telehealth consultation, subsequent critical care
D0120	Periodic Oral Evaluation - Established patient
D0145	Oral evaluation for a patient under 3 years of age and counseling with caregiver
D0150	Comprehensive Oral Evaluation - New or Established patient
D0210	Intraoral - Complete series of radiographic images
D0220	Intraoral - Periapical first radiographic image
D0230	Intraoral - Periapical each additional radiographic image
D0240	Occlusal radiographic image
D0270	Bitewing - Single radiographic image
D0272	Bitewings - Two radiographic images
D0274	Bitewings - Four radiographic images
D0330	Panoramic radiographic image

ATTACHMENT B: REAL-TIME AUDIO-ONLY INTERACTIONS

Med-QUEST Division (MQD) continues to support the medically appropriate use of interactive telecommunications system using two-way, real-time audio-only communication technology (audio-only) to increase access to healthcare and promote continuity of care. Therefore, MQD will continue to reimburse select healthcare services delivered through audio-only communication technology. The following guidance is in effect until December 31, 2025, which aligns with the amended Hawaii Revised Statute 346-59.1 as amended by 2023 Hawaii legislative session Act 107 (HB 907).

Hawai'i Revised Statute (HRS) 346-59.1 amended during the 2023 Hawai'i legislative session (Act 107 (HB 907)) updated definitions and reimbursements:

HRS 346-59.1 as amended specifically states:

(b) Reimbursement for services provided through telehealth via an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via in-person contact between a health care provider and a patient; provided that reimbursement for the diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system using two-way, real-time audio-only communication technology shall meet the requirements of title 42 Code of Federal Regulations section 410.78.

The definition for interactive telecommunication system is defined in title 42 Code of Federal Regulations (CFR) section 410.78(a)(3)¹ in accordance with Hawai'i Revised Statute (HRS) 346-59.1 amended during the 2023 Hawai'i legislative session Act 107 (HB907). 42 CFR section 410.78(a)(3) specifically states:

*(3) **Interactive telecommunications system** means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology.*

¹ <https://www.govinfo.gov/content/pkg/CFR-2015-title42-vol2/pdf/CFR-2015-title42-vol2-sec410-78.pdf>

Conditions for reimbursement of interactive telecommunications system using two-way, real-time audio-only communication technology for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient includes the following²:

1. The provider must have the capacity to furnish two-way, audio-video telehealth services;
2. Audio-only mode must be the preference of the patient;
3. The patient's medical record must document the reason for the patient's preference for audio-only mode (examples: broadband access is unsatisfactory, audio-visual technology is not available or is available and the patient does not know how or does not wish to use the technology); and
4. In-person visit requirements with the provider furnishing a service by use of interactive telecommunications system using two-way, real-time audio-only communication technology for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient includes:
 - a) An in-person visit must occur six months prior to the initial audio-only service furnished³;
 - b) After the initial 6 month in-person visit, a minimum of one medically necessary service must be furnished in-person within 12 months and every twelve months thereafter if services continue to be furnished by interactive telecommunications system. If no medically necessary service is required within 12 months of the previous in-person visit, the next medically necessary service must be furnished in-person. The patient's medical record must document the reason why an in-person visit was not furnished within that particular 12-month period.
 - c) The provider furnishing the medically necessary service may be the same provider who furnished services through interactive telecommunications system or may be a provider of the same specialty or subspecialty in the same group practice.

Limitation: A clinical psychologist and a clinical social worker may bill and receive payment for individual psychotherapy via a telecommunications system but may not seek payment for medical evaluation and management services.

Additionally, for FQHCs: FQHCs must ensure the provision of relevant wrap-around non-billable services. Efforts shall be made to ensure that patients receive relevant wrap-

² Elements of the conditions for reimbursement were derived from Medicare rules -

<https://www.govinfo.gov/content/pkg/CFR-2015-title42-vol2/pdf/CFR-2015-title42-vol2-sec410-78.pdf>

³ If additional time is needed by the provider/member (up to 6 months after the initial audio-only visit) to meet the in-person requirement, then the health plan may consider the request on a case by case basis.

around non-billable services, and this may mean delivering care to the patient’s location as one way to ensure services are received. Wrap-around non-billable services may or may not occur on the same day as services provided through telehealth modality and the eligible FQHC provider delivering services through the telehealth modality must provide clear instructions to the patient on how and when the wrap-around non-billable services will be provided. Wrap-around non-billable services must be documented in the patient’s medical record.

BILLING/CODING GUIDELINES:

With some exceptions, codes approved for healthcare services provided through audio-only interaction technology are identified in the attachment B table. The provider using the approved codes through audio-only interaction technology acknowledges that the services are for the diagnosis, evaluation, or treatment of a mental health disorder; the conditions for reimbursement for services provided through audio-only technology listed in Attachment B are met; and the services are recognized as Medicaid-covered services. Approved codes are subject to change.

Attachment B table APPROVED CODES UNTIL 12/31/2025 FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY <i>Approved codes are subject to change</i>	
CPT	DESCRIPTION
90785	PSYCHIATRIC SERVICES COMPLICATED BY COMMUNICATION FACTOR
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES
90832	PSYCHOTHERAPY, 30 MINUTES
90833	PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 30 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
90836	PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 45 MINUTES
90837	PSYCHOTHERAPY, 1 HOUR
90838	PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 1 HOUR
90839	PSYCHOTHERAPY FOR CRISIS, FIRST HOUR
90840	PSYCHOTHERAPY FOR CRISIS, EACH ADDITIONAL 30 MINUTES
90845	PSYCHOANALYSIS
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT, 50 MINUTES
90847	FAMILY PSYCHOTHERAPY WITH PATIENT, 50 MINUTES
90853	GROUP PSYCHOTHERAPY
96116	EXAM OF NEUROBEHAVIORAL STATUS, FIRST HOUR <i>Prior authorization required for 96116</i>

Attachment B table APPROVED CODES UNTIL 12/31/2025 FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY <i>Approved codes are subject to change</i>	
CPT	DESCRIPTION
96121	EXAM OF NEUROBEHAVIORAL STATUS, EACH ADDITIONAL HOUR <i>Prior authorization required for 96121</i>
96127	ASSESSMENT OF EMOTIONAL OR BEHAVIORAL PROBLEMS
96130	EVALUATION OF PSYCHOLOGICAL TEST, FIRST HOUR
96131	EVALUATION OF PSYCHOLOGICAL TEST, EACH ADDITIONAL HOUR
96132	EVALUATION OF NEUROPSYCHOLOGICAL TEST, FIRST HOUR
96133	EVALUATION OF NEUROPSYCHOLOGICAL TEST, EACH ADDITIONAL HOUR
96136	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, FIRST 30 MINUTES
96137	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, EACH ADDITIONAL 30 MINUTES
96138	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, FIRST 30 MINUTES
96139	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, EACH ADDITIONAL 30 MINUTES
96156	ASSESSMENT OF HEALTH BEHAVIOR
96158	TREATMENT OF BEHAVIOR IMPACTING HEALTH, INITIAL 30 MINUTES
96159	TREATMENT OF BEHAVIOR IMPACTING HEALTH, EACH ADDITIONAL 15 MINUTES
96160	ADMINISTRATION AND INTERPRETATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT
96161	ADMINISTRATION AND INTERPRETATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT
96164	TREATMENT OF BEHAVIOR IMPACTING HEALTH IN GROUP SETTING, INITIAL 30 MINUTES
96165	TREATMENT OF BEHAVIOR IMPACTING HEALTH IN GROUP SETTING, EACH ADDITIONAL 30 MINUTES
96167	TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY AND PATIENT, INITIAL 30 MINUTES
96168	TREATMENT OF BEHAVIOR IMPACTING HEALTH WITH FAMILY AND PATIENT, EACH ADDITIONAL 30 MINUTES
98966	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 5-10 MINUTES
98967	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 11-20 MINUTES

Attachment B table APPROVED CODES UNTIL 12/31/2025 FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY <i>Approved codes are subject to change</i>	
CPT	DESCRIPTION
98968	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 21-30 MINUTES
99406	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, 4-10 MINUTES
99407	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, MORE THAN 10 MINUTES
99441	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES
99442	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES
99443	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 21-30 MINUTES
G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) MISUSE STRUCTURED ASSESSMENT
G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) MISUSE STRUCTURED ASSESSMENT
G0406	FOLLOW-UP INPATIENT CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH
G0407	FOLLOW-UP INPATIENT CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH
G0408	FOLLOW-UP INPATIENT CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH
G0425	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 30 MINUTES
G0426	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 50 MINUTES
G0427	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 70 MINUTES
G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT
G0439	ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT
G0442	ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES
G0443	BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES
G0444	ANNUAL DEPRESSION SCREENING, 15 MINUTES

Attachment B table APPROVED CODES UNTIL 12/31/2025 FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY <i>Approved codes are subject to change</i>	
CPT	DESCRIPTION
G0445	HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION; FACE-TO-FACE, INDIVIDUAL, INCLUDES: EDUCATION, SKILLS TRAINING AND GUIDANCE ON HOW TO CHANGE SEXUAL BEHAVIOR; PERFORMED SEMI-ANNUALLY, 30 MINUTES
G0446	ANNUAL, FACE-TO-FACE INTENSIVE BEHAVIORAL THERAPY FOR CARDIOVASCULAR DISEASE, INDIVIDUAL, 15 MINUTES
G0447	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES
G0459	INPATIENT TELEHEALTH PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION WITH NO MORE THAN MINIMAL MEDICAL PSYCHOTHERAPY
G0513	PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY
G0514	PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY
G2086	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING DEVELOPMENT OF THE TREATMENT PLAN, CARE COORDINATION, INDIVIDUAL THERAPY AND GROUP THERAPY AND COUNSELING; AT LEAST 70 MINUTES IN THE FIRST CALENDAR MONTH
G2087	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, INDIVIDUAL THERAPY AND GROUP THERAPY AND COUNSELING; AT LEAST 60 MINUTES IN A SUBSEQUENT CALENDAR MONTH
G2088	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, INDIVIDUAL THERAPY AND GROUP THERAPY AND COUNSELING; EACH ADDITIONAL 30 MINUTES BEYOND THE FIRST 120 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
G2211	VISIT COMPLEXITY INHERENT TO EVALUATION AND MANAGEMENT ASSOCIATED WITH MEDICAL
G2212	PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVICE(S)

Exceptions – The following codes require prior authorization:

96116	EXAM OF NEUROBEHAVIORAL STATUS, FIRST HOUR Prior authorization required for 96116
96121	EXAM OF NEUROBEHAVIORAL STATUS, EACH ADDITIONAL HOUR Prior authorization required for 96121

MODIFIER:

Modifier “FQ-service furnished using audio-only communication technology” must be used when billing for services furnished by real-time audio-only communication technology. Use of the FQ modifier indicates that the service was furnished using audio-only communication technology; the service was for the diagnosis, evaluation, or treatment of a mental health disorder; the service met the conditions for reimbursement as listed in Attachment B; and the service is recognized as a Medicaid-covered service.

FOR PLACE OF SERVICE AND OTHER BILLING GUIDANCE:

- FFS providers: Contact the Hawai’i Medicaid FFS Call Center (operated by Conduent) at 1-877-439-0803.
- QI Providers: Contact your contracted managed care organization (MCO):

Health Plan	Website	Contact Information
AlohaCare	https://www.alohacare.org/	Oahu: 808-973-1650 Toll-free: 1-800-434-1002
HMSA	https://prc.hmsa.com/s/article/Telehealth-Services	Oahu: 808-948-6820 Toll-free: 1-877-304-4672 Email: PSInquiries@hmsa.com
Kaiser Permanente	https://healthy.kaiserpermanente.org/hawaii/community-providers	Customer Service/MCSA Department: 800-966-5955 Fax: 808-432-5300

'Ohana Health Plan	http://www.ohanahealthplan.com	Toll-free: 1-888-846-4262 TTY: 711
UnitedHealthcare Community Plan	https://www.uhcprovider.com/en/resource-library/telehealth.html https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/vv-tmh.html (Behavioral Health specific)	Toll-free: 1-888-980-8728 TTY: 711

ATTACHMENT C: FQHC-SPECIFIC TELEHEALTH GUIDANCE

DEFINITIONS:

- ❖ TELEHEALTH VIA AN INTERACTIVE TELECOMMUNICATIONS SYSTEM (TELEHEALTH) [42 CFR section 410.78(a)(3)]:
 - Audio-visual real-time telehealth (AV telehealth): Multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.
 - Audio-only real-time communication technology (Audio-only): For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology.
- ❖ ORIGINATING/SPOKE SITE: The location where the patient is located, whether accompanied or not by a health care provider, at the time services are provided by a health care provider through telehealth, including but not limited to a health care provider's office, hospital, critical access hospital, rural health clinic, federally qualified health center, a patient's home, and other nonmedical environments such as school-based health centers, university-based health centers, or the work location of the patient. The originating site includes a patient's residence. The U.S. Department of Health and Human Services Office for Civil Rights expects that patients should not receive telehealth services in public or semi-public settings, absent patient consent or exigent circumstances.
- ❖ DISTANT/HUB SITE: The location of the enrolled Hawai'i Medicaid provider delivering Medicaid eligible services through telehealth. The U.S. Department of Health and Human Services Office for Civil Rights expects health care providers will implement HIPAA safeguards and conduct telehealth in private settings, such as a doctor in a clinic or office connecting to a patient who is at home or at another clinic.

With exceptions, the FQHC provider must be located at their contracted FQHC's HRSA approved site or satellite.

Exceptions:

- *Until December 31, 2024, FQHC behavioral health providers may be located at a non-HRSA approved site or satellite within the United States and the United States' territories.*
 - *If the FQHC behavioral health provider does not have the capacity to provide in-person services, they must inform the patient that: the patient has the right to receive in-person services if they prefer; they (the provider) are incapable of providing in-person services; and they (the provider) must inform the patient that their QI MCO can assist with finding a provider who can provide in-person services.*
 - *If prescribing controlled substances, the provider must be located in the State of Hawai'i.*

 - ❖ **ELIGIBLE PROVIDERS:** Eligible providers are health care providers who are eligible to bill Hawai'i Medicaid; practicing within their scope; and delivering services which can be appropriately and effectively administered through telehealth. Refer to HRS §346-53.64 (5) for the list of providers who may provide PPS services.

 - ❖ **ELIGIBLE SERVICES:** Services provided by telehealth must be appropriate for the telehealth modality, clinically appropriate for the patient, rendered in conformance with the full description of the procedure code, and performed by a health care provider eligible to bill Hawai'i Medicaid.
- Services provided shall be consistent with all federal and state privacy, security, and confidentiality laws.
- AV telehealth: See ATTACHMENT A - SUGGESTED TELEHEALTH CODES (NOT FOR AUDIO-ONLY REAL-TIME COMMUNICATION TECHNOLOGY) – Other codes may also be billed.

 - Audio-only: See ATTACHMENT B - REAL-TIME AUDIO-ONLY INTERACTIONS

 - Dental telehealth: Refer to MQD memo FFS 19-01 REIMBURSEMENT FOR PROCEDURES RELATED TO FEE-FOR-SERVICE (FFS) TELEDENTISTRY SERVICES
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- ❖ **FQHC PAYMENT:** The criteria for sites eligible to receive PPS payment is the same for services furnished in-person and by telehealth modality. Services provided through telehealth which are eligible for PPS payment must be for services that are approved within the scope of the specific FQHC's PPS reimbursement rate. The services must be provided at the FQHC's HRSA approved site or satellite.

With exceptions, the FQHC provider must be located at their contracted FQHC's HRSA approved site or satellite.

Exceptions:

- *Until December 31, 2024, FQHC behavioral health providers may be located at a non-HRSA approved site or satellite within the United States and the United States' territories.*
 - *If the FQHC behavioral health provider does not have the capacity to provide in-person services, they must inform the patient that: the patient has the right to receive in-person services if they prefer; they (the provider) are incapable of providing in-person services; and they (the provider) must inform the patient that their QI MCO can assist with finding a provider who can provide in-person services.*
 - *If prescribing controlled substances, the provider must be located in the State of Hawai'i.*

- ❖ *WRAP-AROUND SERVICES:* FQHCs must ensure the provision of relevant wrap-around non-billable services. Efforts shall be made to ensure that patients receive relevant wrap-around non-billable services, and this may mean delivering care to the patient's location as one way to ensure services are received. Wrap-around non-billable services may or may not occur on the same day as services provided through telehealth modality and the eligible FQHC provider delivering services through the telehealth modality must provide clear instructions to the patient on how and when the wrap-around non-billable services will be provided. Wrap-around non-billable services must be documented in the patient's medical record.