NAVIGATING THE FUTURE: A COMPREHENSIVE TOOLKIT FOR TELEHEALTH REIMBURSEMENT IN THE POST-COVID ERA

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AGENDA

➢ Introduction

➢ Problem Statement

➢ Objectives/Deliverables

➢ Background

➢ Results

➢ Discussion

ACRONYMS & DEFINITIONS

- **Agency for Healthcare Research and Quality** = AHRQ
- **American Medical Association** = AMA
- **Center for Connected Health Policy** = CCHP
- **Current Procedural Terminology** = CPT Code
- **South Carolina Center for Rural and Primary Healthcare** = SCCRPH
- **Healthcare Common Procedure Coding System** = HCPCS Code
- **Health Resources & Services Administration** = HRSA
- **Medically Underserved Areas** = MUA
- **Palmetto Care Connections** = PCC
- **Public Health Emergency** = PHE
- **South Carolina BlueCross BlueShield** = SCBCBS or BCBS
- **South Carolina Center for Rural and Primary Healthcare** = SCCRPH
- **South Carolina Telehealth Alliance** = SCTA

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- **Coverage/Service Parity** = Telehealth services should have the same coverage as in-person services, but payment rates may not be equal.
- **Payment Parity** = Payors must reimburse telehealth services at the same rate as in-person services.
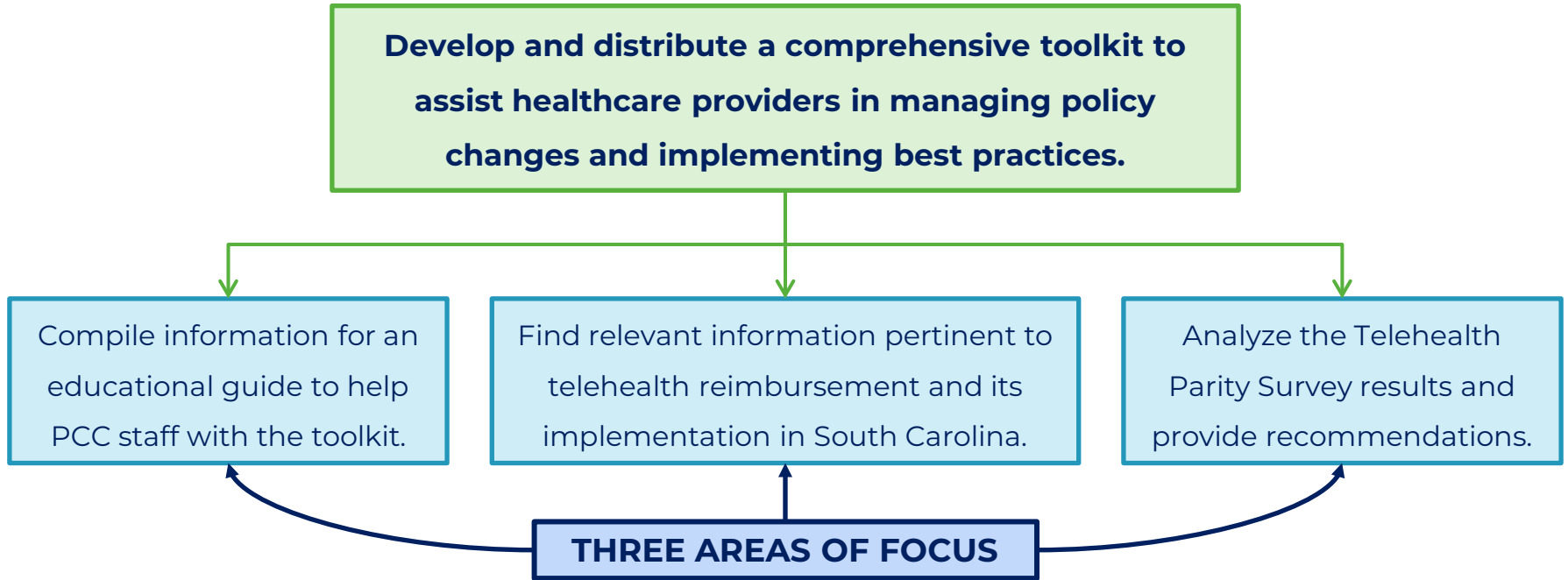
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INTRODUCTION

Palmetto Care Connections (PCC) is a non-profit organization founded in 2010, with a mission to bring technology, broadband, and telehealth solutions to healthcare providers operating in rural and underserved areas of South Carolina. Since 2013, the organization has helped providers save over $111 million in broadband costs.

PROBLEM STATEMENT

Healthcare professionals in South Carolina are facing uncertainty and confusion about the future of telehealth reimbursement. Rapid changes in the healthcare landscape have made it difficult for providers and administration to know what to expect. Inconsistencies and constantly changing telehealth regulations can result in negative consequences and hinder acceptance from healthcare professionals. The repeal of telehealth services may worsen obstacles faced by patients, causing reduced utilization and inferior outcomes. A consistently updated centralized source of information is needed to improve understanding and clarity surrounding telehealth reimbursement in South Carolina.

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OBJECTIVES

Develop and distribute a comprehensive toolkit to assist healthcare providers in managing policy changes and implementing best practices.

Compile information for an educational guide to help PCC staff with the toolkit.

Find relevant information pertinent to telehealth reimbursement and its implementation in South Carolina.

Analyze the Telehealth Parity Survey results and provide recommendations.

THREE AREAS OF FOCUS

DELIVERABLES

PALMETTO CARE CONNECTIONS™

TELEHEALTH PROVIDER MANUAL: POST-COVID ERA IN SOUTH CAROLINA
DIGITALLY FOCUSED. EQUITY DRIVEN.

MARCH 24, 2024

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TELEHEALTH EMPLOYEE MANUAL
DIGITALLY FOCUSED. EQUITY DRIVEN.

APRIL 1, 2024

Telehealth Parity Survey Results Analysis
Characteristics
Confidence
Barriers
Deterents
Reimbursement
Payment
Parity
Other Comments

Includes CPT/HCPCS Codes for telehealth reimbursements and resources for policy revisions, utilization strategies, and implementation procedures.

Contains contact information and sources for telehealth policy updates and literature.

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BACKGROUND

- Telehealth has rapidly evolved due to COVID-19. In the first three months of the pandemic, over 36 million privately paying adults used telehealth.

Telehealth faces obstacles to adoption:

- Technological limitations
- PHE ended on May 11, 2023, and temporary telehealth policies will end on December 31, 2024.
- Stakeholder Resistance

Live Video (Synchronous)

Store-and-Forward (Asynchronous)
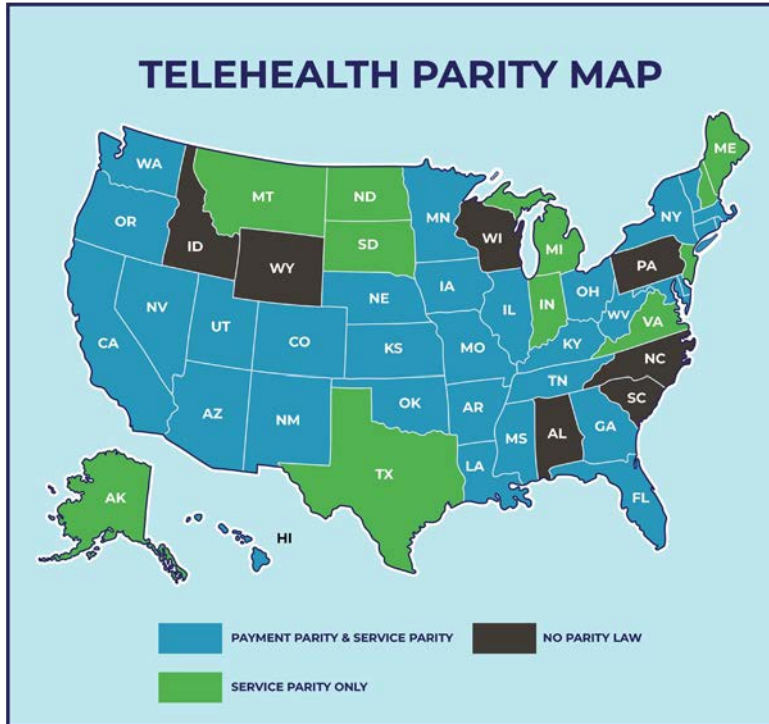
Mobile Health (mHealth)

Remote Patient Monitoring (RPM)

https://medlinkstaffing.com/store-and-forward-in-telehealth-a-model-for-success/ (Store-and-Forward)
https://www.medicaladvantage.com/blog/types-of-telehealth-services/ (RPM)
https://caresimple.com/difference-between-mhealth-and-telehealth/ (mHealth)
https://www.northshore.org/healthy-you/what-telehealth-can-do-for-you/ (Live Video)

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BACKGROUND

TELEHEALTH PARITY MAP

Source: https://chghealthcare.com/blog/telehealth-rules-regulations

SOUTH CAROLINA'S LACK OF PAYMENT PARITY LAWS COULD HARM VULNERABLE COMMUNITIES.

- South Carolina is 1 of 7 States without Telehealth Parity laws.

- Medicaid is evaluating telehealth policies.

- In parity states, non-Hispanic White adults have a 24% higher likelihood of telehealth utilization, while Black adults have a 31% higher likelihood compared to those in non-parity states.

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BACKGROUND

The RHC Program was Created to Improve Rural Physician Services for Medicare and Medicaid Beneficiaries.

- Telehealth helps rural areas by providing healthcare services, reducing transportation issues, improving monitoring and communication, and lowering costs.

- A survey conducted in July 2020 found that 29.9% of rural health centers completed more than 30% of their visits via telehealth.

- Only 12% of doctors work in rural communities, with up to 61% of "health professional shortage areas" in rural regions.
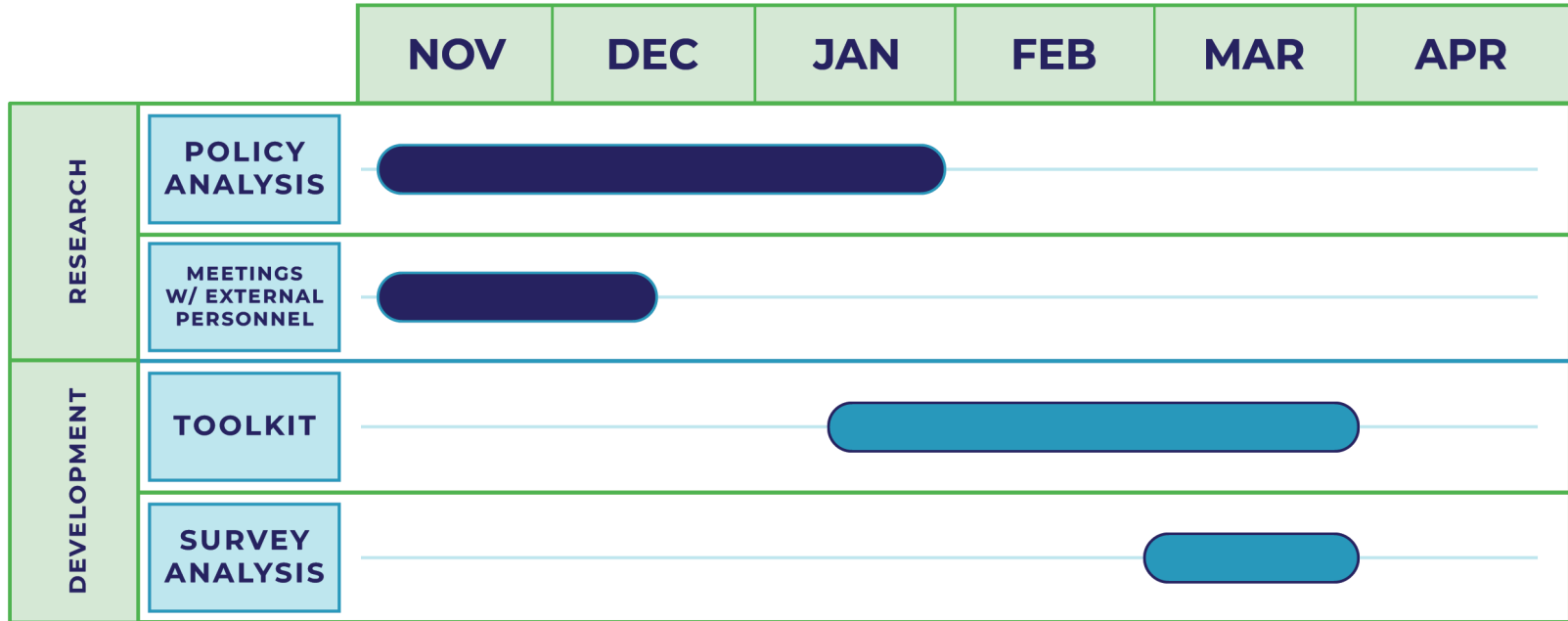
BACKGROUND

What Does This All Mean?

- The Post-Covid Era means regulations have shifted back to "normalcy," and reimbursement policies for telehealth have been scaled back at national and state levels.

- Need to Improve the understanding of telehealth reimbursement and utilization for healthcare providers and administrative staff

Advocacy

- The AMA advocates for some form of telehealth parity for all clinical services.

- Payment fairness and consistency should apply to all service delivery methods, including audio-only, audio-video, and in-person.

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METHODS: TIMELINE

		NOV	DEC	JAN	FEB	MAR	APR
RESEARCH	POLICY ANALYSIS	████	████	██			
	MEETINGS W/ EXTERNAL PERSONNEL	██					
DEVELOPMENT	TOOLKIT			███	███	██	
	SURVEY ANALYSIS					██	

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METHODS

Toolkit Development

- Utilized the Telehealth Payer Scorecard provided by PCC to create a basis

- Compiled each set of codes into the respective Excel tab: Payer Scorecard, Medicaid, Medicare, SCBCBS, UnitedHealthcare

- AMA Model: Types of telehealth services, efficient workflows for clinicians, and key regulations/policies.

CCHP Telehealth is centered around four basic questions:

- What specific services are eligible for reimbursement?

- Who can be reimbursed — for example, physicians, therapists, nurses?

- Where can the patient be when receiving services?

- How is the service being delivered? Which modality is it?

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METHODS

Survey Analysis

- PCC conducted a Telehealth Parity Survey to better understand the state of Telehealth Parity and stakeholders' views in South Carolina.

- The survey involved 324 participants and was aimed at clinical and non-clinical stakeholders.

- The data collected was analyzed by comparing the participants' responses.

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TELEHEALTH PROVIDER MANUAL: POST-COVID ERA IN SOUTH CAROLINA

Utilization Strategies

Types of Services

Live Video (Synchronous)

Live telehealth service is a type of communication that occurs in real-time between a person and a healthcare provider using audiovisual telecommunications technology. This two-way interaction can be used to replace in-person consultations, as well as for diagnostics and treatments.

Store-and-Forward (Asynchronous)

Patients can use a form of telehealth to send medical information from a different location. This enables them to share their details with healthcare providers and specialists without having to attend an in-person appointment. However, South Carolina Medicaid does not reimburse store-and-forward telehealth as the beneficiary must be present and actively participating during the consultation. Instead, the state provides reimbursement for Communication Technology-Based Services (CTBS). CTBS is a health service that uses telehealth technologies and includes remote patient monitoring and interpreting diagnostic tests. Notably, Medicare does not classify CTBS as telehealth services.

Remote Patient Monitoring (RPM)

RPM (Remote Patient Monitoring) is a method that can be used to collect various health data, including vital signs, weight, and blood pressure from the point of care. An individual's personal health and medical information can be gathered at one location and sent to a healthcare provider in a different location through electronic communication technologies for care and support purposes.

Mobile Health (mHealth)

mHealth is the utilization of mobile communication devices such as cell phones, tablet computers, and PDAs has become increasingly prevalent in supporting healthcare and public health practice and education. From sending out targeted text messages to promote healthy behavior to disseminating wide-scale alerts about disease outbreaks, mHealth is a relatively new and rapidly evolving aspect of technology-enabled healthcare. Typically, dedicated apps are downloaded onto patient devices to facilitate mHealth.

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TELEHEALTH PROVIDER MANUAL: POST-COVID ERA IN SOUTH CAROLINA

Implementation Guide

Steps to Implement Telehealth Services

Seven-Step Guide to Implement and Optimize Telehealth in Your Practice:

1) Create a Strategic Plan
2) Decide Which Types of Telehealth Services to Offer
3) Choose the Best Telehealth Platform for Your Practice
4) Understand Relevant Telehealth Laws and Policies
5) Develop Team-Based Telehealth Workflows
6) Conduct a telehealth visit
7) Assess and Optimize

1. Create a Strategic Plan

As a small practice, particularly serving rural and low-income communities, it is imperative to develop a strategic plan. The success of your implementation will require an understanding of both the clinical and non-clinical aspects of care delivery. When developing your strategic plan, here is a list of stakeholders that should be in the process (if applicable):

- Providers
- Administrative Managers
- Clinical Support Staff (Nurses, Medical Assistants, etc.)
- IT Staff
- Billing, Legal, Compliance Staff
- Risk Management
- Registration Staff
- Marketing

It is crucial to focus on critical components of telehealth operations when developing your strategic plan. The support of staff tasked with the transformation can determine the difference between success and failure.

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PALMETTO CARE CONNECTIONS — TELEHEALTH STRATEGIC PLANNING CHECKLIST

Identify a clinician champion
Name(s): _____

Identify an administrative champion
Name(s): _____

☐	Determine the objectives for incorporating telehealth into your practice.	☐ Improve access ☐ Maintain continuity of care ☐ Increase market share ☐ Improve outcomes ☐ Reduce infectious disease exposures ☐ Other: _____
☐	Decide on the kinds of services to provide (refer to STEP 2).	☐ Live Video (Synchronous) ☐ Store-and-Forward (Asynchronous) ☐ Remote patient monitoring (RPM)
☐	Determine the locations where telehealth will be utilized by doctors.	☐ Home ☐ Office or clinic ☐ Distant sites or facilities (FQHC and RHC providers are eligible to serve as consulting site)
☐	Think about the locations where telehealth could be utilized by patients.	☐ Home ☐ School ☐ Nursing or long-term care facilities ☐ In the state where physician practices ☐ Outside of the state where physician practices (separate licensing may be required)
☐	Identify a potential telehealth platform (Refer to STEP 3)	☐ Electronic health record (EHR)-integrated platform ☐ Stand-alone platform
☐	Decide on the team-based telehealth model (refer to STEP 4).	☐ Synchronous real-time support ☐ Asynchronous support

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Last Updated: 1/22/2024	SC Payer Telehealth Coverage Scorecard			
Coverage Priority	Medicare (incl. FFS, MAPD)	SC Medicaid	BCBS SC (incl. BlueChoice HealthPlan of SC)	UnitedHealth
Priority 1: Removal of originating Site Restrictions	🟢	🟢	🟢	🟢
Priority 2: Provider Types (Overall Score)	🟢	🟡	🟡	🟢
2a: Mental Health	🟢	🟡	🟡	🟢
2b: Registered Dieticians	🟢	🟡	🔴	🟢
2c: Speech Therapists	🟢	🟡	🟡	🟢
2d: Occupational Therapists	🟢	🟡	🟡	🟢
2e: Physical Therapists	🟢	🟡	🟡	🟢
2f: Audiologists	🟢	🔴	🔴	🔴
Priority 3: FQHCs and RHCs as distant sites	🟢	🟡	🟢	🟢
Priority 4: Virtual check-ins	🟢	🟡	🔴	🟢
Priority 5: Audio-only telehealth	🟢	🟡	🔴	🟡
Priority 6: Chronic care RPM	🟢	🔴	🔴	🟢
Priority 7: Interprofessional internet consultation (eConsult)	🟢	🟡	🔴	🟢
Priority 8: Behavioral Health Integration (including CoCM)	🟢	🔴	🔴	🔴

Key:
Green - Service or provider type are always allowable, or allowable through 12/31/2024
Yellow - Service or provider type is allowable during and beyond emergency period, but expires before 12/31/24, or, only certain services or provider types are allowed (not fully allowable)
Red - Provider type or service is not covered

Telehealth Payer Scorecard

Procedure Code	Procedure Short Description	Provider Type Allowed
	FQHC and RHC providers are eligible to serve as consulting site (also called distant site) providers for telehealth services under current Medicaid Policy.	
90791	PSYCH DIAGNOSTIC EVALUATION	Nurse Midwife
		Ambulance
		Nurse Practitioner
		PA (Physician Assistant)
		SCDMH
		Provider Type Allowed
		General Practice
		Radiology
		Physician PRTF
		Affordable Care Act
		Neonatology
		OB (Obstetrics/Gynecology)
90792	PSYCH DIAG EVAL W/MED SRVCS	PA (Physician Assistant)
		SCDMH
		Provider Type Allowed
		Nurse Midwife
		Nurse Practitioner
		General Practice
		Radiology
		Physician PRTF
		Affordable Care Act
		Neonatology
		OB (Obstetrics/Gynecology)
90832	PSYTX W PT 30 MINUTES	Nurse Midwife
		Nurse Practitioner
		SCDMH
		PA (Physician Assistant)
		General Practice
		Radiology
		Physician PRTF
		Affordable Care Act
		Neonatology
		OB (Obstetrics/Gynecology)

| | Payer Scorecard | Medicaid - UPDATED 1-8-24 | Medicare - UPDATED 1-8-24 | BCBS - |

Medicaid Reimbursement

Payment available for all health care professionals who are eligible to bill Medicare for professional services
The COVID-19 PHE ended on May 11, 2023. However, these flexibilities have been extended through December 31, 2024.

Procedure Code (HCPCS)	Procedure Short Description	Can Audio-Only Interaction Meet the Requirements?
0362T	Bhv id suprt assmt ea 15 min	No
0373T	Adapt bhv tx ea 15 min	No
0591T	Hlth&wb coaching indiv 1st	Yes
0592T	Hlth&wb coaching indiv f-up	Yes
0593T	Hlth&wb coaching indiv group	Yes
77427	Radiation tx management x5	No
90785	Psytx complex interactive	Yes
90791	Psych diagnostic evaluation	Yes
90792	Psych diag eval w/med srvcs	Yes
90832	Psytx w pt 30 minutes	Yes
90833	Psytx w pt w e/m 30 min	Yes
90834	Psytx w pt 45 minutes	Yes
90836	Psytx w pt w e/m 45 min	Yes
90837	Psytx w pt 60 minutes	Yes
90838	Psytx w pt w e/m 60 min	Yes
90839	Psytx crisis initial 60 min	Yes
90840	Psytx crisis ea addl 30 min	Yes
90845	Psychoanalysis	Yes
90846	Family psytx w/o pt 50 min	Yes
90847	Family psytx w/pt 50 min	Yes
90853	Group psychotherapy	Yes
90875	Psychophysiological therapy	No
90901	Biofeedback train any meth	No
90951	Esrd serv 4 visits p mo <2yr	No
90952	Esrd serv 2-3 vsts p mo <2yr	No
90953	Esrd serv 1 visit p mo <2yrs	No
90954	Esrd serv 4 vsts p mo 2-11	No
90955	Esrd srv 2-3 vsts p mo 2-11	No
90956	Esrd srv 1 visit p mo 2-11	No
90957	Esrd srv 4 vsts p mo 12-19	No
90958	Esrd srv 2-3 vsts p mo 12-19	No
90959	Esrd serv 1 vst p mo 12-19	No
90960	Esrd srv 4 visits p mo 20+	No

| | Payer Scorecard | Medicaid - UPDATED 1-8-24 | Medicare - UPDATED 1-8-24 | BCBS - UP |

Medicare Reimbursement

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KEY RESULTS

Telehealth Parity Survey Results Analysis
Characteristics
Confidence
Barriers
Deterents
Reimbursement
Payment
Parity
Other Comments

Confidence:

How confident are you in your understanding of telehealth coverage policies in South Carolina?

Barriers:

Select the top 3 barriers to providing telehealth in your practice.

Reimbursement:

The complexity of telehealth billing and reimbursement hinders my practice from utilizing telehealth services.

Parity:

To the best of your ability, please indicate which of the following SC legal statutes regarding telehealth coverage and payment you understand to be true.

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KEY RESULTS: CONFIDENCE

- **Clinical** (**73.7%**) and **Non-Clinical** (**63.2%**) stakeholders lack confidence in understanding telehealth coverage.
- Lack of readily available educational materials tailored to South Carolinians could be a factor.
- Complexity of reimbursement procedures might also contribute to the **lack of confidence** among stakeholders.
- The highlighted values indicate that there much is desired to improve stakeholder confidence.

How confident are you in your understanding of telehealth coverage policies in South Carolina?	Clinical		Non-Clinical	
	n	**%**	**n**	**%**
Not at all confident	61	21.5%	7	18.4%
Slightly confident	72	25.4%	9	23.7%
Moderately confident	78	26.8%	8	21.1%
Confident	56	19.7%	10	26.3%
Very Confident	19	6.7%	4	10.5%
Total	286	100%	38	100.0%

KEY RESULTS: BARRIERS

Select the top 3 barriers to providing telehealth in your practice	n	%
Technical Difficulties	137	16.7%
Patient digital literacy challenges	129	15.8%
Inadequate reimbursement	112	13.7%
Coding or billing complexities/time	100	12.2%
Staying up to date with current regulations	93	11.4%
Workflow Inefficiencies	81	9.9%
Denials from insurance	65	7.9%
None	32	3.9%
Other	25	3.1%
Out-of-pocket costs for the patient	23	2.8%
Low/Lack of facility fee payment	22	2.7%
Total	819	100%

ADDITIONAL BARRIER COMMENTS

- Provider comments highlighted that in rural areas, some patients can't access the video ≈ Poor broadband coverage.
- Audio visits should be covered.
- Due to inadequate investment in infrastructure and older patients' lack of digital skills, accessing digital devices can be challenging.

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KEY RESULTS: PAYMENT

How does reimbursement for video visits into a patient's home compare to reimbursement for in-person services at your practice	Medicaid		Medicare		Commercial	
	n	%	n	%	n	%
Paid at the same rate as in-person visits	89	37.6%	61	31.8%	79	30.2%
Paid at a higher rate than in-person visits	13	5.5%	11	5.7%	20	7.6%
Paid at a lower rate than in-person visits	100	42.2%	81	42.2%	114	43.5%
Not reimbursed	35	14.8%	39	20.3%	49	18.7%
Total	237	100%	192	100%	262	100%

- With the end of Public Health Emergency policies, **Medicare will no longer reimburse telemedicine appointments at the same rate as in-person visits**.
- Telemedicine visits will be reimbursed at the facility rate, which is established by CMS.
- Highlights a concerning reality that many healthcare providers may not be aware of currently.
- If government officials do not take action to establish permanent parity both on a national level and within South Carolina, this trend may impact utilization.

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KEY RESULTS: PARITY

To the best of your ability, please indicate which of the following SC legal statutes regarding telehealth coverage and payment you understand to be true:	n	%
Unsure	162	47.1%
SC has no parity law (insurers may choose which services are covered via telehealth, and may provide different reimbursement rates for telehealth vs. in-person services)	96	27.9%
SC has a coverage parity law (insurers must cover services that are allowable in-person via telehealth, but not necessarily at the same rate)	65	18.9%
SC has both coverage and payment parity (insurers must cover and reimburse in the same way for telehealth services as they do in-person services)	14	4.1%
SC has a payment parity law (insurers must reimburse for services via telehealth at the same rate they cover those same services for in-person)	7	2.0%
Total	344	100.0%

- **72.1%** of the respondents were uncertain or believed that some form of parity laws were in place in South Carolina.
- Currently, South Carolina does not have any parity laws in place.
- This emphasizes the **need for a centralized source of information** to provide proper education and address this lack of understanding among stakeholders.

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KEY RESULTS: REIMBURSEMENT

- **49.4%** of the respondents agreed that the **complexity** of telehealth billing and reimbursement **hinders** the utilization of telehealth services in practice.
- Lack of proper incentives from payers and government officials results in a lack of interest in offering modalities that could improve access to care.
- Utilization of telehealth services can increase if payers and government officials invest properly and reimburse at the same rate.

The complexity of telehealth billing and reimbursement hinders my practice from utilizing telehealth services.	n	%
Strongly disagree	18	5.6%
Disagree	40	12.4%
Neither disagree or agree	105	32.6%
Agree	115	35.7%
Strongly agree	44	13.7%
Total	322	100%

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KEY RESULTS: ADDITIONAL PERSPECTIVES

- Stakeholders **highlighted the need for education and training on telehealth technology.**
- Healthcare providers and patients should receive more education and training on effectively using telehealth platforms.
- Healthcare providers should be adequately compensated for the time and expertise required for telehealth visits.
- Concerns were raised about the quality of care provided through telehealth.
- Any policies or reimbursement structures should consider the quality of care and appropriateness of telehealth for different medical conditions.

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DISCUSSION

Limitations:

- Timeliness of legal and regulatory updates

- (Survey): General age demographic of the patients served

- Compare the opinions of providers with those of administrators

Future Work Needed:

- Evaluate the effectiveness of the Toolkit after launching by conducting a survey and updating it based on the results.

- Case studies can demonstrate the impact of parity laws on healthcare quality, access, and cost-effectiveness.

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CONCLUSION

The need for a centralized source of information on Telehealth is long overdue. The creation of the Telehealth Toolkit and Employee Manual has established a foundation of knowledge to ensure stakeholders are well-informed while navigating the complexities of Telehealth in South Carolina. Although the future of telehealth reimbursement and policies is uncertain, the organization's introduction of these tools will help Providers and Administration to worry much less.

Approved Clinicians who may bill for a covered telehealth services are listed below:

Physician, Nurse practitioner, Physician assistant, Clinical nurse specialist ,Clinical psychologist

Clinical social worker, Licensed professional counselor, Licensed marriage and family therapist

Physical therapist, Occupational therapist, Speech therapist

Procedure Code	Procedure Short Description
90832-90838	Psychotherapy services
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90853	Group psychotherapy (other than of a multiple-family group)
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92523	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)
92524	Behavioral and qualitative analysis of voice and resonance
96040, S0265	Genetic counseling
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report.
96116	Neurobehavioral status exam
96156	Health behavior assessment or reassessment
96158	Health and behavior intervention, initial 30 minutes; individual
96159	Health and behavior intervention, each 15 minutes; individual
96164	Health and behavior intervention, initial 30 minutes; group
96165	Health and behavior intervention, each 15 minutes; group
96167	Health and behavior intervention, initial 30 minutes; family plus patient
96168	Health and behavior intervention, each 15 minutes; family plus patient
96170	Health and behavior intervention, initial 30 minutes; family without patient
96171	Health and behavior intervention, each 15 minutes; family without patient
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes.

| ▷ | Payer Scorecard | Medicaid - UPDATED 1-8-24 | Medicare - UPDATED 1-8-24 | BCBS - UPDATED 1-8-24 |

BlueCross BlueShield Reimbursement

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As described by CMS, the types of care providers eligible to deliver Telehealth services include, for example: Physician, Nurse practitioner, Physician assistant, Nurse-midwife, Clinical nurse specialist, Registered dietitian or nutrition professional, Clinical psychologist, Clinical social worker, Certified Registered Nurse Anesthetist

PALMETTO CARE CONNECTIONS™

Procedure Code	Procedure Short Description
0362T	Bhv id suprt assmt ea 15 min
0373T	Adapt bhv tx ea 15 min
77427	Radiation tx management x5
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvcs
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
90863	Pharmacologic Management after therapy
90875	Psychophysiological therapy
90901	Biofeedback train any meth
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+

▷	Payer Scorecard	Medicaid - UPDATED 1-8-24	Medicare - UPDATED 1-8-24	BCBS - UPDATED 1-8-24	United HC - UPDATED 1-8-24

UnitedHealthcare Reimbursement

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