

December 1, 2021

The Honorable Douglas A. Ducey  
Governor of Arizona  
1700 W. Washington  
Phoenix, Arizona 85007

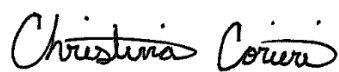
The Honorable Karen Fann  
Arizona State Senate  
1700 West Washington  
Phoenix, Arizona 85007

The Honorable Russell Bowers  
Speaker of the House  
Arizona House of Representatives  
1700 West Washington  
Phoenix, Arizona 85007

Dear Governor Ducey, Senate President Fann, and House Speaker Bowers,

Pursuant to A.R.S. §36-3607, please find enclosed the Telehealth Advisory Committee's Recommendation Report regarding the specific health care services that are appropriate to provide through an audio-only telehealth format as a substitute for an in-person or audio-visual telehealth encounter.

Please do not hesitate to contact us if we can answer any questions or provide additional information.  
Sincerely,



Christina Corieri, Telehealth Advisory Committee Co-Chair



Sara Salek, M.D., Telehealth Advisory Committee Co-Chair



# **Telehealth Advisory Committee Audio Only Procedure Code Recommendations**

**December 2021**

## **Background**

By December 1, 2021, the Telehealth Advisory Committee is required to submit a report with recommendations regarding the specific health care services that are appropriate to provide through an audio-only telehealth format as a substitute for an in-person or audio-visual telehealth encounter.

The Telehealth Advisory Committee<sup>1</sup> began meeting in July 2021 in accordance with A.R.S §36-3607. In order to further evaluate the health care services that are appropriately provided through an audio-only format from clinical and operational perspectives, the Committee authorized an Audio-only Behavioral Health Subcommittee and an Audio-only Physical Health Subcommittee to provide recommendations to the Committee.

## **Audio-Only Telehealth Recommendations**

The Audio-Only Behavioral Health Subcommittee meetings were held on August 25 and September 30, 2021, and the Audio-Only Physical Health Subcommittee meetings were held on Thursday, August 26, and September 30, 2021. The composition of the subcommittees were made up of the Committee Co-Chair, Committee members who volunteered to participate, and AHCCCS support staff, which included a certified medical coder.

Both audio-only subcommittees reviewed the Arizona Health Care Cost Containment (AHCCCS) Healthcare Common Procedural Coding System (HCPCS) temporary audio-only coverage<sup>2</sup> during the pandemic to arrive at recommendations for audio-only coverage starting on January 1, 2022, by health insurers impacted by House Bill (HB) 2454. The subcommittees utilized the following criteria in their evaluation: 1. The availability of peer-reviewed published literature specific to the service code being evaluated; 2. The clinical appropriateness of audio-only service delivery; 3. The American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) code descriptions, including if a face-to-face or in-person component was required; and 4. Access to care resulting from limited technological access including broadband access.

The AHCCCS temporary audio-only code set is composed of 94 total HCPCS codes, with 40 specific to behavioral health, 63 specific to physical health, and nine which could be used for either physical or behavioral health service delivery. Of the 94 HCPCS codes on the temporary audio-only code set, the subcommittees recommended 24 total codes for audio-only coverage utilizing the criteria above. Combined with the AHCCCS audio-only telehealth coverage available prior to the pandemic, the combined health care services recommended for audio-only coverage beginning on January 1, 2022, is composed of 37 specific codes (Table I). Additionally, the subcommittees determined that there are 7 specific HCPCS codes (Table II) for which identified subcommittee members would submit requests to the AMA for removal of the in-person or face-to-face requirement to permit use for audio-only service delivery in the future.

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<sup>1</sup> <https://www.azahcccs.gov/AHCCCS/CommitteesAndWorkgroups/telehealthadvisorycommittee.html>

<sup>2</sup> [https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/TelehealthCodeSet\\_COVID.xlsx](https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/TelehealthCodeSet_COVID.xlsx)

The Telehealth Advisory Committee met on October 7 and voted unanimously in favor of the recommendations made by the subcommittees to adopt the 37 specific service codes for audio-only coverage beginning January 1, 2022, by health insurers impacted by HB2454. The Telehealth Advisory Committee will continue to evaluate the need for revisions to this audio-only coverage determination, including reviewing codes permitted for reimbursement via the audio-only modality by the CMS for their January 1, 2022, coding updates as well as reviewing peer-reviewed journal articles to inform best practice guidelines in the future.

Table 1 - Health Care Services Recommended for Audio-only coverage

<b>Code Type</b>	<b>Code</b>	<b>Description</b>
Behavioral Health	<b>96130</b>	Psychological testing evaluation by qualified health care professional first 60 minutes
Behavioral Health	<b>96131</b>	Psychological testing evaluation by qualified health care professional additional 60 minutes
Behavioral Health	<b>96132</b>	Neuropsychological testing evaluation by qualified health care professional, first 60 minutes
Behavioral Health	<b>96133</b>	Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes
Behavioral Health	<b>96136</b>	Psychological or neuropsychological test administration and scoring by qualified health care professional first 30 minutes
Behavioral Health	<b>96137</b>	Psychological or neuropsychological test administration and scoring by qualified health care professional additional 30 minutes
Behavioral Health	<b>96138</b>	Psychological or neuropsychological test administration and scoring by technician first 30 minutes
Behavioral Health	<b>96139</b>	Psychological or neuropsychological test administration and scoring by technician additional 30 minutes
Behavioral Health	<b>96127</b>	Brief emotional/behavioral assessment
Behavioral Health	<b>96156</b>	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)
Behavioral Health	<b>97129</b>	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
Behavioral Health	<b>97130</b>	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; each additional 15 minutes (List separately in addition to code for primary procedure)
Behavioral Health	<b>H0001</b>	Alcohol and/or drug assessment
Behavioral Health	<b>H0002</b>	Behavioral health screening to determine eligibility for admission to treatment program
Behavioral Health	<b>H0004</b>	Behavioral health counseling and therapy per 15 minutes

Behavioral Health	<b>H0031</b>	Mental health assessment by non-physician
Behavioral Health	<b>H0034</b>	Medication training and support per 15 minutes
Behavioral Health	<b>H2027</b>	Psychoeducational service per 15 minutes
Behavioral Health	<b>H2033</b>	Multisystemic therapy for juveniles per 15 minutes
Behavioral Health/Physical Health	<b>96160</b>	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
Behavioral Health/Physical Health	<b>96161</b>	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
Behavioral Health/Physical Health	<b>T1002</b>	RN services, up to 15 minutes
Behavioral Health/Physical Health	<b>T1003</b>	LPN/LVN services, up to 15 minutes
Behavioral Health/Physical Health	<b>T1015</b>	Clinic visit/encounter all-inclusive
Permanent Telephonic Code Set	<b>98966</b>	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
Permanent Telephonic Code Set	<b>98967</b>	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Permanent Telephonic Code Set	<b>98968</b>	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
Permanent Telephonic Code Set	<b>99288</b>	Physician direction of emergency advanced life support paramedic services

Permanent Telephonic Code Set	<b>99441</b>	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
Permanent Telephonic Code Set	<b>99442</b>	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Permanent Telephonic Code Set	<b>99443</b>	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
Permanent Telephonic Code Set	<b>H0025</b>	Behavioral health prevention education service (delivery of services with target population to affect knowledge attitude and/or behavior)
Permanent Telephonic Code Set	<b>H0038</b>	Self-help/peer services per 15 minutes
Permanent Telephonic Code Set	<b>H2014</b>	Skills training and development per 15 minutes
Permanent Telephonic Code Set	<b>H2025</b>	Ongoing support to maintain employment per 15 minutes
Permanent Telephonic Code Set	<b>S5110</b>	Home care training family; per 15 minutes
Permanent Telephonic Code Set	<b>T1016</b>	Case management each 15 minutes



Table II - American Medical Association (AMA) Code Submission Requests

<b>Code</b>	<b>Code Description</b>
<b>99211</b>	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
<b>99212</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
<b>99213</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
<b>99214</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
<b>99215</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.
<b>97803</b>	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
<b>97802</b>	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes