



## INFORMATION NOTICE 21-02

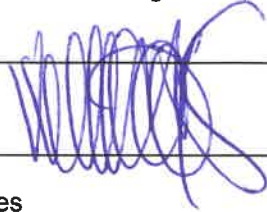
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**Date** November 18, 2021

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**To** Department of Behavioral Health (DBH) Staff, Contract Agencies, and Fee-for-Service (FFS) providers.

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**From** Veronica Kelley, DSW, LCSW, Director 

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**Subject** Flexibilities for Medicare Telehealth Services

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**Purpose** To provide guidance to the DBH workforce, contract agencies and fee-for-service providers of the approved Centers for Medicare and Medicaid Services (CMS) telehealth waivers available during the federally declared COVID-19 Public Health Emergency (PHE) for Medicare telehealth services.

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**Introduction** The Centers for Medicare & Medicaid Services (CMS) issued the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers update on May 24, 2021. Pursuant to the authority granted under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, CMS has waived requirements under §1834(m)(4)(e) of the Social Security Act (SSA); 42 Code of Federal Regulations (CFR) §410.78(b)(2); SSA, § 1834(m)(1); and 42 CFR § 410.78(a)(3). Flexibilities expand the types of health care professionals that can furnish distant site telehealth services, to include all of those eligible to bill Medicare for professional services, including Doctors of Medicine (MD), Doctor of Osteopathic Medicine (DO), Physician Assistants, Nurse Practitioners, Clinical Social Workers, Physical Therapists, Occupational Therapists, and Clinical Psychologists. The interactive telecommunications systems to furnish telehealth services flexibility, to the extent they require use of video technology for certain services, allows the use of audio-only equipment to render services described by the codes for audio-only telephone evaluation, management services, behavioral health counseling and educational services.

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**Effective Date and Duration** Per the Blanket Waiver for Health Care Providers issued by CMS on May 24<sup>th</sup>, 2021, the expansion of providers able to bill for telehealth and approved Audio-Only Telehealth Services for Medicare are retroactive to **March 1, 2020**. The waiver will remain in effect as long as the COVID-19 PHE remains enacted by the federal government.

*Continued on next page*

## INFORMATION NOTICE 21-02, Continued

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### Approved Audio-Only Services and Codes for DBH, Contracted and FFS Providers

The following table outlines the approved list of telehealth services and their corresponding codes, which eligible DBH, contracted and FFS providers are allowed to provide in an audio-only format to Medicare clients during the COVID-19 PHE:

CDI	CPT Code	Type of Service
331	90791	Assessment
364	90792	Diagnostic Interview Eval w/ Medical Services
371	90839	Crisis Intervention, 1 <sup>st</sup> hour
378	90840	Crisis Intervention, each additional 30 mins
351	90853	Group Therapy
321	96130	Psych Testing
326	96116	Neurobehavioral Status Exam
327	96132	Neuropsychological Testing
341	90832	Individual Therapy, 16-37 mins
	90834	Individual Therapy, 38-52 mins
	90837	Individual Therapy, 53-67 mins

### Termination of Waiver

Upon the federal government's termination of the COVID-19 PHE and the end of waiver flexibilities, DBH will update this Information Notice and communicate its termination via electronic communication (WebBlast).

### Reference

- [Covid-19 Emergency Declaration Blanket Waiver for Health Care Providers](#)
- [Coronavirus Aid, Relief, and Economic Security \(CARES\) ACT](#)
- [42 CFR § 410.78, 410.78\(a\)\(3\)](#)
- [Social Security Act §1834](#)
- [List of Telehealth Services | CMS](#)