# Telehealth Advisory Committee Meeting

November 18, 2025

Facilitators:
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(AHCCCS)

# This Meeting Is Being Recorded

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# Agenda

- Welcome, Reminder of Committee Purpose, & Introductions

- CMS Telehealth Updates

- Telehealth Best Practice/Guideline Updates – facilitator: Manny Romo

- Recommendations of Audio-Only Telehealth Coverage for Commercial Insurers in AZ

- Telehealth Utilization Trends in AHCCCS

- Open Forum

# Purpose of the TAC

- Created by House Bill 2454 in 2021 to:
  - Identify best practices for the provision of telehealth services
  - Monitor the number and type of out-of-state health care providers who have applied for interstate telehealth registration and the number and type whose registration has been approved
- As of 1/1/2022, the TAC shall identify which audio-only telehealth services must be covered by commercial insurers in the state
  - Have maintained alignment with AHCCCS' telehealth codeset
- Expected to meet at least annually with quorom
- TAC to be terminated on 7/1/2029

# Unfilled Roles on the TAC

- Four unfilled positions:
  - Naturopathic Physician
  - Licensed Healthcare Professional Specializing in Treating Industrial Injuries
  - Licensed Healthcare Professional Specializing in Treating Those With Developmental Disabilities
  - Psychologist
- For interested individuals: reach out to the Office of Executive Appointments that makes these appointments at bc@az.gov

# Introductions:

- Name, organization, where you are located

# CMS Telehealth Updates

- Medicare's telehealth COVID-era flexibilities expired on 10/1/2025
  - Certain telehealth services are no longer allowed to be provided to patient in their home or outside rural areas
  - Hospice recertifications again require an in-person (face-to-face) encounter
- Telehealth claims are being paid for behavioral and mental health services
- Clinicians in Medicare Shared Savings Program Accountable Care Organizations (ACOs) retain special telehealth flexibilities, including telehealth services without geographic restrictions

More info: https://www.cms.gov/medicare/coverage/telehealth

# Medicare Telehealth Changes Do Not Impact Medicaid

As of October 1, 2025, many COVID-era telehealth flexibilities for Medicare expired. These changes do not impact Medicaid. We recognize that telehealth is an important option for accessing care, and AHCCCS coverage of telehealth services is not changing. For more information about Medicare telehealth coverage, please see: https://www.cms.gov/medicare/coverage/telehealth

Members who are dually enrolled in Medicare and AHCCCS will be eligible for telehealth services reimbursed by AHCCCS (even if services are no longer covered by Medicare), as long as services comply with AHCCCS telehealth coverage policies described here: https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/

# Telehealth Best Practice/Guideline Updates

## Facilitator: Manny Romo

# Recommended Telehealth Best Practice Guidelines

| General Guidelines | ▼ |
|---|---|
| <u>Behavioral Health</u> | |
| Maternal Health Services | ▼ |
| Burn and Intensive Care | ▼ |
| Dermatology | ▼ |
| Neurology | ▼ |
| Nursing | ▼ |
| Ophthalmology | ▼ |
| Pediatrics | ▼ |
| Rehabilitation | ▼ |

Please send any questions to **telehealth@azahcccs.gov**

# Updating Broken Links

- Practice Parameters for Telehealth Applied Behavioral Analysis: https://www.casproviders.org/standards-and-guidelines#teleheath

# New Best Practices to Consider Including

- Asynchronous Communication (AKA "store and forward"):

  - Provide detailed information, including:

    - When services can be delivered via this modality

    - Providers that will receive payment for services delivered via this modality

    - Forms of asynchronous communication that can be used

    - States that explicitly allow for asynchronous communication often require a narrative description with an image; simple text message does not suffice.

    - Support billable communication between a patient and a provider (e-visits), or between providers (interprofessional consultation)

# New Best Practices to Consider Including Cont'd

- Telehealth for nutritional care and services

- **Access to food.** Through telehealth, nutrition providers can assist patients who have uncertain access to food or those living in food deserts. They can connect them to resources such as: Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Senior Farmers' Market Nutrition Program (SFMNP), as well as food banks and pantries.

- **Individualized care considerations.** While telehealth can expand access to nutrition care, providers should also consider individual patient needs. Virtual visits aid in developing personalized meal plans that integrate each patient's personal preferences and restrictions.

# Recommendations of Audio-Only Telehealth Coverage for Commercial Insurers in AZ

# Remove from Audio-Only Allowance as "Face-to-Face" Required in Code Description

| 97802 | Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
|---|---|
| 97803 | Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
| 97804 | Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes |
| G0270 | Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes |
| 96116 | Neurobehavioral status exam; first hour |
| 96121 | Neurobehavioral status exam; each additional hour |

# Speech & Language Pathology and Occupational Therapy Codes

| | |
|---|---|
| | **Treatment of speech, language, voice communication, and/or auditory processing disorder; individual** |
| | **Treatment of speech, language, voice communication, and/or auditory processing disorder; group, 2 or more individuals** |
| 92521 | Evaluation of speech fluency (e.g. stuttering cluttering) |
| 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 |
| 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 |
| 97130 | As above; each additional 15 minutes |
| 97535 | Self-care/home management training e.g. Activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one on one contact,, each 15 minutes |

# Current CPT and HCPCS Codes Recommended for Audio-Only Telehealth Coverage (Aligned with AHCCCS Coverage)

| CPT/HCPCS CODE | DESCRIPTION |
| --- | --- |
| 90791 | Psychiatric diagnostic evaluation |
| 90792 | Psychiatric diagnostic evaluation with medical services |
| 90832 | Psychotherapy  30 minutes |
| 90833 | Psychotherapy, 30 minutes with patient when performed  with an Evaluation and Management Service.  (List separately in addition to the primary procedure |
| 90834 | Psychotherapy  45 minutes with patient |
| 90836 | Psychotherapy  45 minutes with patient when performed with an evaluation and management service |
| 90837 | Psychotherapy  60 minutes with patient |
| 90838 | Psychotherapy  60 minutes with patient when performed with an evaluation and management service. |
| 90839 | Psychotherapy for crisis; first 60 minutes |
| 90840 | Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service) |
| 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 a multiple-family group) |
| 99494 | Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a month |

# More Behavioral Health Codes

| 96127 | Brief emotional/behavioral assessment (e.g., depression inventory, attention deficit hyperactivity disorder [ADHD] scare) with scoring and documentation, per standardized instrument |
|---|---|
| 96130 | Psychological testing evaluation services by physician or other health care professional, first hour |
| 96131 | Psychological testing evaluation services by physician or other qualified health care professional, each additional hour |
| 96132 | Neuropsychological testing evaluation by physicians or other qualified health care professional; first hour |
| 96133 | as per 96132; each additional hour (List separately in addition to code for primary procedure) |
| 96136 | Psychological or neuropsychological test administration and scoring by physician or qualified health care professional, two or more tests, any method; first 30 minutes |
| 96137 | As per 96136; each additional 30 minutes |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method;  first 30 minutes |
| 96139 | As per 96138;  each additional 30 minutes |
| 96156 | Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making) |
| 96160 | Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument |
| 96161 | 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 |

# Evaluation & Management Codes
## (NEW Per AMA CPT Editorial Panel as of 1/1/25)

| | |
|---|---|
| 98008 | Synchronous audio-only visit for the evaluation and management (E&M) of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. |
| 98009 | Synchronous audio-only visit for the E&M of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. |
| 98010 | Synchronous audio-only visit for the E&M of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. |
| 98011 | Synchronous audio-only visit for the E&M of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. |
| 98012 | Synchronous audio-only visit for the E&M of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded. |
| 98013 | Synchronous audio-only visit for the E&M of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. |
| 98014 | Synchronous audio-only visit for the E&M of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. |
| 98015 | Synchronous audio-only visit for the E&M of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. |

# Evaluation & Management & Other Outpatient Clinic Codes

| 98966 | 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 |
|---|---|
| 98967 | As above; 11-20 minutes of medical discussion |
| 98968 | As above: 21-30 minutes of medical discussion |
| T1015* | FQHC/RHC clinic visit/all-inclusive encounter |

*To qualify as a reimbursable telehealth visit, claims with procedure code T1015 must additionally include another eligible code from the AHCCCS Telehealth Code Set.

# These Codes Were Sunset by AHCCCS on 1/1/25 Since 98008-98015 Were Introduced

| | |
|---|---|
| 99441 | 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 |
| 99442 | As above; 11-20 minutes of medical discussion |
| 99443 | As above; 21-30 minutes of medical discussion |

# HCPCS Behavioral Health Codes

| | |
|---|---|
| H0001 | Alcohol and/or drug assessment |
| H0002 | Behavioral health screening to determine eligibility for admission to treatment program |
| H0004 | Behavioral health counseling and therapy  per 15 minutes |
| H0025 | Behavioral health prevention education service (delivery of services with target population to affect knowledge  attitude and/or behavior) |
| H0031 | Mental health assessment  by non-physician |
| H0034 | Medication training and support  per 15 minutes |
| H0038 | Self-help/peer services  per 15 minutes |
| H2014 | Skills training and development  per 15 minutes |
| H2025 | Ongoing support to maintain employment  per 15 minutes |
| H2027 | Psychoeducational service  per 15 minutes |
| H2033 | Multisystemic therapy for juveniles  per 15 minutes |
| T1016 | Case management, each 15 minutes |

# Other Miscellaneous Codes

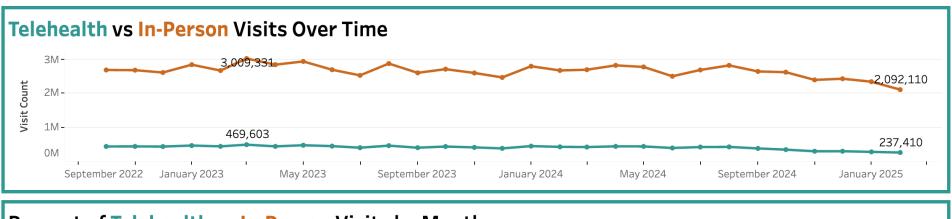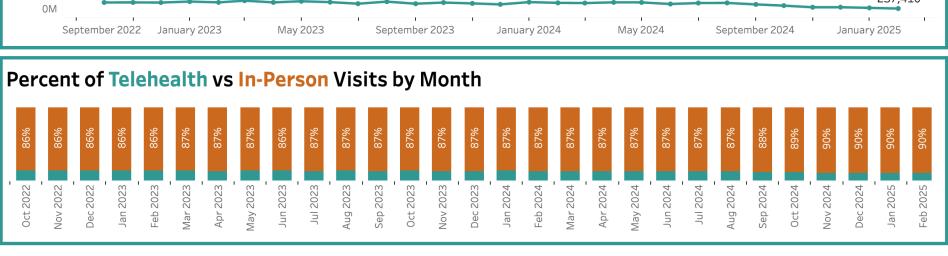| | |
|---|---|
| S5110 | Home care training  family; per 15 minutes |
| T1002 | RN services, up to 15 minutes |
| T1003 | LPN/LVN services, up to 15 minutes |
| 99288 | Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support |

# Review of AHCCCS Telehealth Utilization Trends
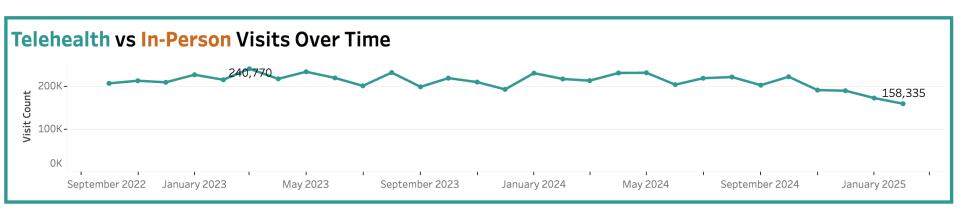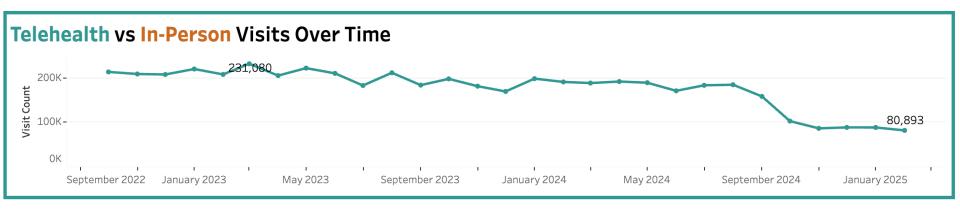
# Audiovisual Telehealth Visits



## Telehealth vs In-Person Visits Over Time

(Telehealth line values: 240,770 ... 158,335)

# Audio-Only Telehealth Visits



## Telehealth vs In-Person Visits Over Time

(Telehealth line values: 231,080 ... 80,893)
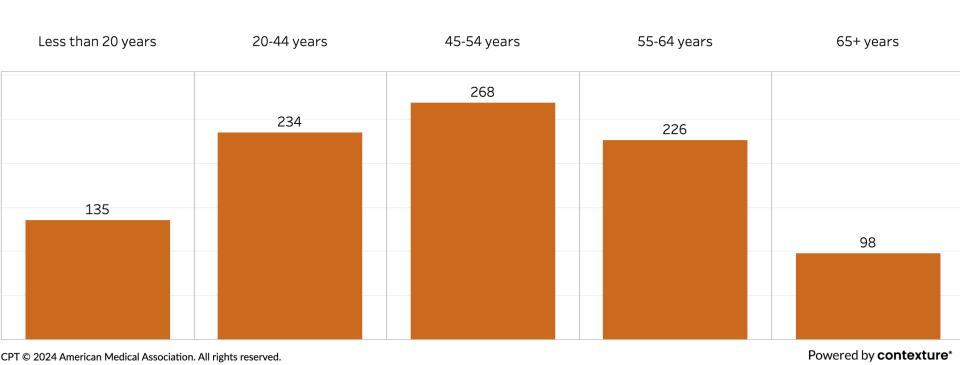
# AHCCCS Total Telehealth Visits per 1,000 Member Months by ADHS Age Group

Select a Metric, Demographic Category, and Line of Business to switch visualization display.

| Less than 20 years | 20-44 years | 45-54 years | 55-64 years | 65+ years |
|---|---|---|---|---|
| 135 | 234 | 268 | 226 | 98 |

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Data from Oct 2022-Feb 2025

# AHCCCS Total Telehealth Visits per 1,000 Member Months by Member County

Select a Metric, Demographic Category, and Line of Business to switch visualization display.

Mohave 151

Coconino 131

Navajo 77

Apache 52

Yavapai 176

La Paz 70

Gila 222

Maricopa 209

Pinal 176

Greenlee 116

Pima 215

Cochise 200
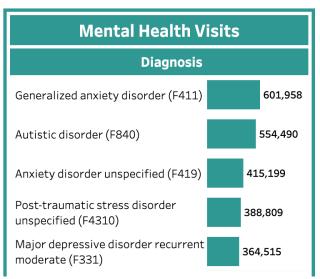
Notes: Numbers too small in Yuma, Santa Cruz, and Graham counties to display.
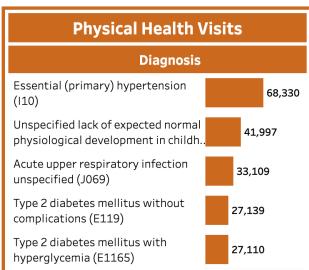
Data from Oct 2022-Sept 2024
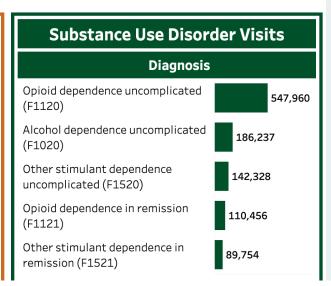
# Top 5 Primary Diagnoses for Telehealth Visits
## from October 2022 - February 2025

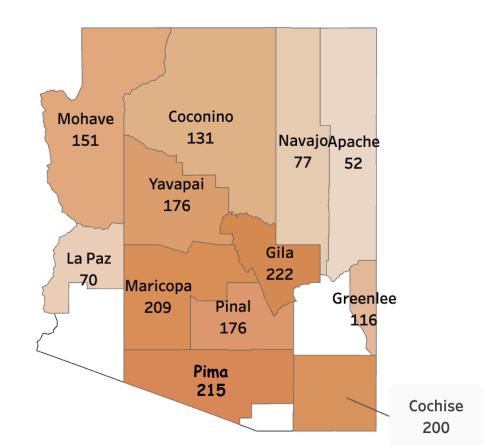| Mental Health Visits | |
|---|---|
| **Diagnosis** | |
| Generalized anxiety disorder (F411) | 601,958 |
| Autistic disorder (F840) | 554,490 |
| Anxiety disorder unspecified (F419) | 415,199 |
| Post-traumatic stress disorder unspecified (F4310) | 388,809 |
| Major depressive disorder recurrent moderate (F331) | 364,515 |

| Physical Health Visits | |
|---|---|
| **Diagnosis** | |
| Essential (primary) hypertension (I10) | 68,330 |
| Unspecified lack of expected normal physiological development in childh… | 41,997 |
| Acute upper respiratory infection unspecified (J069) | 33,109 |
| Type 2 diabetes mellitus without complications (E119) | 27,139 |
| Type 2 diabetes mellitus with hyperglycemia (E1165) | 27,110 |

| Substance Use Disorder Visits | |
|---|---|
| **Diagnosis** | |
| Opioid dependence uncomplicated (F1120) | 547,960 |
| Alcohol dependence uncomplicated (F1020) | 186,237 |
| Other stimulant dependence uncomplicated (F1520) | 142,328 |
| Opioid dependence in remission (F1121) | 110,456 |
| Other stimulant dependence in remission (F1521) | 89,754 |

# Top 5 Primary Diagnoses for Audiovisual Telehealth Visits (Oct 2022-Feb 2025)

## Mental Health Visits

### Diagnosis

| Diagnosis | Count |
|---|---|
| Autistic disorder (F840) | 416,894 |
| Generalized anxiety disorder (F411) | 385,780 |
| Post-traumatic stress disorder unspecified (F4310) | 211,636 |
| Major depressive disorder recurrent moderate (F331) | 202,458 |
| Anxiety disorder unspecified (F419) | 192,684 |

## Physical Health Visits

### Diagnosis

| Diagnosis | Count |
|---|---|
| Essential (primary) hypertension (I10) | 47,656 |
| Unspecified lack of expected normal physiological development in childh.. | 41,692 |
| Acute upper respiratory infection unspecified (J069) | 29,139 |
| Cerebral palsy unspecified (G809) | 21,895 |
| Type 2 diabetes mellitus without complications (E119) | 20,827 |

## Substance Use Disorder Visits

### Diagnosis

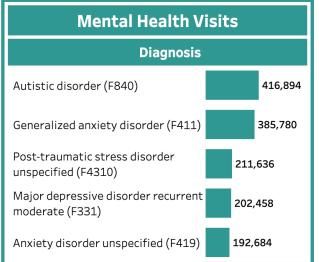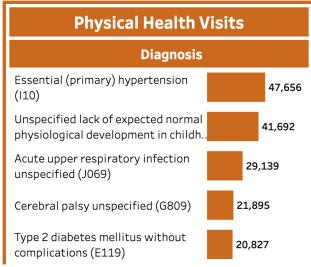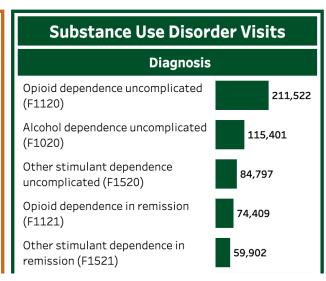| Diagnosis | Count |
|---|---|
| Opioid dependence uncomplicated (F1120) | 211,522 |
| Alcohol dependence uncomplicated (F1020) | 115,401 |
| Other stimulant dependence uncomplicated (F1520) | 84,797 |
| Opioid dependence in remission (F1121) | 74,409 |
| Other stimulant dependence in remission (F1521) | 59,902 |

# Top 5 Primary Diagnoses for Audio-Only Telehealth Visits (Oct 2022-Feb 2025)

## Mental Health Visits

| Diagnosis | |
|---|---|
| Anxiety disorder unspecified (F419) | 223,986 |
| Generalized anxiety disorder (F411) | 218,933 |
| Bipolar disorder unspecified (F319) | 207,601 |
| Adjustment disorder unspecified (F4320) | 207,553 |
| Schizoaffective disorder bipolar type (F250) | 205,297 |

## Physical Health Visits

| Diagnosis | |
|---|---|
| Essential (primary) hypertension (I10) | 21,368 |
| Type 2 diabetes mellitus with hyperglycemia (E1165) | 10,462 |
| Person consulting for explanation of examination or test findings (Z712) | 7,363 |
| Type 2 diabetes mellitus without complications (E119) | 6,903 |
| Mixed hyperlipidemia (E782) | 6,118 |

## Substance Use Disorder Visits

| Diagnosis | |
|---|---|
| Opioid dependence uncomplicated (F1120) | 336,873 |
| Alcohol dependence uncomplicated (F1020) | 71,202 |
| Other stimulant dependence uncomplicated (F1520) | 57,830 |
| Opioid dependence in remission (F1121) | 36,496 |
| Alcohol abuse uncomplicated (F1010) | 30,433 |

# Open Forum for Discussion

# Appendix