

Wyoming Telehealth Network Webinar

February 24, 2020

Panel Member Materials

Blue Cross Blue Shield Payer Answers

Cigna Payer Answers

Mountain Health Coop Payer Answers

Noridian Payer Answers



## Part Two of a Three-Part Series on Telehealth Billing: **Systemic Change:** **Revisiting Billing Reimbursement for Telehealth** February 24, 2021

Q&A with Kris Urbanek, Director of Care Delivery and Provider Affairs at Blue Cross Blue Shield of Wyoming

1. Where can practitioners and patients find information on billing codes/policies and specialties/services that are covered for telehealth?  
*Current information can be found at:*  
[https://www.bcbswy.com/provider\\_updates/telemedicine-services-matrix/](https://www.bcbswy.com/provider_updates/telemedicine-services-matrix/). *Providers should also subscribe to our weekly updates for additional information and changes. They can subscribe by emailing [provider.relations@bcbswy.com](mailto:provider.relations@bcbswy.com).*
2. Where can telemedicine encounters originate from? Do you provide reimbursement for originating site fees?  
*Telemedicine can originate from a clinical setting or a non-clinical setting such as a patient's home. Services to a patient's home or other non-clinical location are reimbursable. However, an originating site fee cannot be charged for services at a non-clinical location.*
3. What procedures/conditions are now covered via telehealth due to the Public Health Emergency?  
*PT, OT, and speech therapy and audio only encounters are currently being allowed during the PHE.*
4. Are any authorizations needed from your agency to deliver telehealth? From the client?  
*Telemedicine as a care delivery method itself does not require prior authorization. However, some services delivered through telemedicine may require authorization. Please go to <https://www.bcbswy.com/providers/preadmin/precert/> to determine which services require prior authorization.*
5. What restrictions are there on the types of practitioners/specialties that can bill for telehealth?  
*Reimbursable telemedicine services are professional office, outpatient, or inpatient services that are medically appropriate to be rendered at a distance, and within the*

*provider's scope of practice. Eligible providers must be licensed in Wyoming and provide the same standard of care as in-person encounters.*

6. Are specialist consultations covered?

*Yes. However, no provider-to-provider consultations, such as telephone consultations will be reimbursed.*

7. What mental health / Allied Health (OT, PT, SLP, etc.) services are covered for telemedicine?

*PT, OT, and speech therapy encounters are currently being allowed during the PHE. Otherwise, services that are medically appropriate to be rendered at a distance, and within the provider's scope of practice are permissible.*

8. Are there any restrictions for distance/location restrictions between a patient and practitioner?

*During the PHE, to limit in person contact, BCBSWY will reimburse telemedicine encounters within the same facility or clinic. Please bill these as a non-telemedicine encounter. Outside of the PHE, reimbursable telemedicine services shall not have originating and distant sites in the same physical facility.*

9. What billing codes/modifiers are needed to be used for telemedicine encounters?

*During the PHE use standard place of service codes, do not bill POS code 2. Bill modifier GT or 95. For, PT, OT, and speech therapy providers should bill standard codes without a GT modifier. These providers should bill 99199 with a penny charge.*

10. Is telemedicine reimbursed at the same rate as in-person services?

*Yes, telemedicine (audio/visual) are reimbursed at the same rate as an in-person service. If audio only specific codes are billed, these have a reimbursement that is different than an in-person service.*





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Q&A with Bee Cordle, Provider Solutions & Operations Experience Manager at Cigna

1. Where can practitioners and patients find information on billing codes/policies and specialties/services that are covered for telehealth?

- *www.cigna.com*
- *Click on Health Care Providers*
- *Click on Log In button, or Register*
- *Once logged in, search for “telehealth”*
- *Search results include Virtual Care pdf, which is Cigna’s Reimbursement Policy 31 for Telehealth for to services provided to commercial medical customers*

*Note: Cigna Behavioral Health and Cigna Medicare Advantage customers continue to have covered virtual care services through their own separate benefit plans.*

2. Where can telemedicine encounters originate from? Do you provide reimbursement for originating site fees?

- *Cigna policies do not dictate location where encounters originate from.*
- *Cigna does not reimburse an originating site of service fee or facility fee for telehealth visits, including for code Q3014, as they are not a covered benefit.*

3. What procedures/conditions are now covered via telehealth due to the Public Health Emergency?

- *For up-to-date information, see Cigna’s Response to Coronavirus banner at top of Cigna.com page.*
- *Patient cost-share is waived through April 20, 2021. Be sure to use the COVID-19 screening, diagnosis, or treatment ICD-10 codes to ensure there is no patient cost-share applied. (non-COVID-19 related services will apply standard patient cost-share)*

4. Are any authorizations needed from your agency to deliver telehealth? From the client?

- *Authorization is not required for telehealth sessions.*

5. What restrictions are there on the types of practitioners/specialties that can bill for telehealth?

- **Medical**
  - *Cigna will provide coverage for telehealth services by the patient's primary care physician or specialist.*
  - *Urgent Care centers will not be reimbursed for telehealth care. However, telehealth care services for Urgent Care centers remain reimbursable through our interim COVID-19 guidelines until the end of the public health emergency period (currently ending April 20, 2021).*
  - *Mid-level practitioners (e.g., physician assistants and nurse practitioners) can also provide services virtually using the same guidance. Reimbursement will be consistent as though they performed the service in a face-to-face setting.*
  - *Store and forward communications (e.g., email or fax communications) are not reimbursable.*
  - *See Cigna's Virtual Care Reimbursement Policy 31.*
- **Behavioral Health**
  - *Telehealth sessions may be used for therapy and medication management.*
  - *Identified by using a GT or 95 modifier and/or place of service 02. There are no specific CPT codes to identify Behavioral Telehealth services.*
  - *Through March 31, 2021, BH facilities may also provide telehealth sessions for intensive outpatient program (IOP) and partial hospitalization program (PHP), or services that are offered within an inpatient stay such as attending consultations or family therapy sessions.*
- **COVID**
  - *For COVID-19 related services: No cost-share for patients through April 20, 2021*

6. Are specialist consultations covered?

- *Yes. Yes. Effective for dates of service on and after March 2, 2020 through April 20, 2021, Cigna will allow eConsults when billed with codes 99446-99449, 99451, and 99452 for all conditions.*

7. What mental health / Allied Health (OT, PT, SLP, etc.) services are covered for telemedicine?

- *Behavioral health*

- *Physical Therapy*
- *Occupational Therapy*
- *Speech Therapy*
- *Home Health*

8. Are there any restrictions for distance/location restrictions between a patient and practitioner?

- *No*

9. What billing codes/modifiers are needed to be used for telemedicine encounters?

- *For Medical, common codes covered by the policy include:*
  - *Outpatient E&M codes for new and established patients (99202-99215)*
  - *Physical and occupational therapy E&M codes (97161-97168)*
  - *Telephone-only E&M codes (99441-99443)*
  - *Annual wellness visit codes (G0438 and G0439)*
  - *See Virtual Care Reimbursement Policy 31 for list of reimbursable CPT codes.*
- **Modifier 95** *(Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system)*
- **Modifier GQ** *is used to report virtual care services via an asynchronous telecommunications system.*
- **Modifier GT** *(Via interactive audio and video telecommunications systems) should be reported with the applicable procedure code when performing a service virtually to indicate the type of technology used and to differentiate a virtual care encounter from an encounter when the physician and patient are at the same site.*

10. Is telemedicine reimbursed at the same rate as in-person services?

- *When all billing requirements are met, covered telehealth services will be reimbursed consistent with face-to-face rates (i.e., parity) to ensure you continue to receive fair reimbursement as we recover from COVID-19. Please note that state and federal mandates, as well as customer benefit plan design, may supersede this guidance.*
- *Billing a POS 02 for virtual services may result in reduced payment or denied claims. Billing a typical place of service will ensure providers receive the same reimbursement as they typically get for a face-to-face visit. We maintain all current medical necessity review criteria for virtual care at this time.*

**For more information:**

- **Medical - Cigna Customer Service at 800.88Cigna (800.882.6642)**
- **Cigna Behavioral Health - Provider Services at 1.800.926.2273**





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Q&A with Morris McGaugh, Director of Provider Networks at Mountain Health Coop

1. Where can practitioners and patients find information on billing codes/policies and specialties/services that are covered for telehealth?  
<https://www.mountainhealth.coop/covid> *there are four boxes that have related information. Billing Codes & Coverage are listed under "Important info for Providers".*
2. Where can telemedicine encounters originate from? Do you provide reimbursement for originating site fees? *Wherever the member is located. Yes, when appropriate.*
3. What procedures/conditions are now covered via telehealth due to the Public Health Emergency? We follow guidelines put forth by CMS  
<https://www.mountainhealth.coop/covid> *listed in box "Important info for Providers."*
4. Are any authorizations needed from your agency to deliver telehealth? From the client?  
<https://www.mountainhealth.coop/covid> *Currently we have no telehealth specific authorization requirements.*
5. What restrictions are there on the types of practitioners/specialties that can bill for telehealth? <https://www.mountainhealth.coop/covid> *types of providers are list under Important info for Providers – Billing Codes & Coverage.*
6. Are specialist consultations covered? *When appropriate.*
7. What mental health / Allied Health (OT, PT, SLP, etc.) services are covered for telemedicine? <https://www.mountainhealth.coop/covid> *listed under Important info for Providers – Billing Codes & Coverage.*
8. Are there any restrictions for distance/location restrictions between a patient and practitioner? *Currently, there are no restrictions.*
9. What billing codes/modifiers are needed to be used for telemedicine encounters?



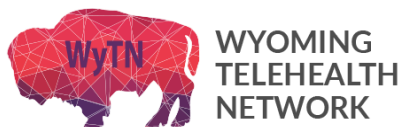
<https://www.mountainhealth.coop/covid> listed under Important info for Providers – Billing Codes & Coverage.

10. Is telemedicine reimbursed at the same rate as in-person services?  
*Yes, at this time.*

### **Telehealth & Medicaid: What's Next? A Roadmap for Telehealth Beyond the Pandemic**

11. What does the future hold?
- a. New legislation both federal and state – *MHC is monitoring this for all three states and federal level and will respond/adjust accordingly.*
  - b. Research and other data will be reviewed – *We will be researching and reviewing our data as that becomes available. In Wyoming we have had less than two active months on policies.*
  - c. Additional funding to address barriers like Broadband Access
  - d. Return to HIPAA and secure platform enforcement – *We will be looking at the recommendations/guidance from CMS.*
  - e. Payer parity – *Currently we are paying telehealth the same as in person, we will be reviewing this to determine what we will do after the PHE.*
  - f. Fraudulent claims concerns – *All claims are subject to post pay review.*
  - g. Review of costs and savings – *Our policies went live 1/1/21, we will be monitoring cost and savings.*
  - h. Patient satisfaction / Patient engagement – *MHC has sent COVID related communication to our members.*





## Part Two of a Three-Part Series on Telehealth Billing: **Systemic Change:** **Revisiting Billing Reimbursement for Telehealth** February 24, 2021

Q&A with Reanna Doe, Part A Provider Outreach and Education (POE) representative for Noridian Healthcare Solutions.

1. Where can practitioners and patients find information on billing codes/policies and specialties/services that are covered for telehealth?  
*For the most up to date information on the Public Health Emergency (PHE), providers can visit the [CMS Current Emergencies](#) webpage.*
2. Where can telemedicine encounters originate from? Do you provide reimbursement for originating site fees?  
*During the PHE, CMS is waiving the geographic and originating site restrictions and allowing patients to receive telehealth services in any setting, including their homes. Reimbursement is not provided when the place of service is the patient's home. There is no facility fee for hospitals, clinics, or other eligible locations outside of the rural designation.*
3. What procedures/conditions are now covered via telehealth due to the Public Health Emergency?  
*You can find a complete list of telehealth services at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>*
4. Are any authorizations needed from your agency to deliver telehealth? From the client?  
*All health care practitioners who are authorized to bill Medicare for their professional services may also furnish and bill for telehealth services. This allows health care professionals who were not previously authorized under the statute to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services.*
5. What restrictions are there on the types of practitioners/specialties that can bill for telehealth?

*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, telehealth services performed by auxiliary personnel who cannot independently bill Medicare for their services, such as respiratory therapists, can be furnished and billed incident to the services of an eligible billing practitioner.*

6. Are specialist consultations covered?

*Consultations are not excepted by Medicare. However, critical care consults can be billed more than once a day.*

7. What mental health / Allied Health (OT, PT, SLP, etc.) services are covered for telemedicine?

*Typical psychology services and OT, PT, SLP services that are normally done in the clinic.*

8. Are there any restrictions for distance/location restrictions between a patient and practitioner?

*Clinicians can now provide more services to beneficiaries via telehealth so that clinicians can take care of their patients while mitigating the risk of the spread of the virus. Under the public health emergency, all beneficiaries across the country can receive Medicare telehealth and other communications technology-based services wherever they are located. Clinicians can provide these services to new or established patients. Unless provided otherwise, other services included on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site.*

9. What billing codes/modifiers are needed to be used for telemedicine encounters?

*There are many different coding/billing references on the [CMS Current Emergencies](#) webpage, such as [CMS MLN SE20011](#), [CMS MLN SE20016](#), and [CMS COVID 19 FAQ](#).*

10. Is telemedicine reimbursed at the same rate as in-person services?

*Medicare pays the same amount for telehealth services as it would if the service were furnished in person.*

### **Telehealth & Medicaid: What's Next? A Roadmap for Telehealth Beyond the Pandemic**

11. What does the future hold?

- a. New legislation both federal and state
- b. Research and other data will be reviewed
- c. Additional funding to address barriers like Broadband Access
- d. Return to HIPAA and secure platform enforcement
- e. Payer parity

- f. Fraudulent claims concerns
- g. Review of costs and savings
- h. Patient satisfaction / Patient engagement

*The Final Rule added several services to the Medicare Telehealth List on a Category 1 basis, with means they are similar to services already on the telehealth list. These are considered permanent additions. Category 2 includes services that are not similar to services already on the telehealth list. The Final Rule also created Category 3, which includes services added to the Medicare Telehealth List only during the public health emergency (PHE). These services will remain on the list through the calendar year in which the PHE ends or December 31, 2021, whichever is later. Notably, the Final Rule also addresses services that are intentionally NOT being added to the telehealth list on either a permanent or temporary basis. These primarily include initial visits (nursing facility, hospital care, home visits, NICU and PICU, etc.). CMS noted concerns regarding the risk of patient harm resulting from the lack of an in-person physical exam for the provider to fully understand the health status of the patient. Additionally, the Final Rule noted that audio-only assessment and management of E&M visits do not meet the regulatory interpretation of “telecommunications system” for the purpose of Medicare telehealth services, and thus reimbursement for such services will not be provided once the PHE related to COVID-19 expires. However, HCPCS code G2252 is being added for CY 2021 for a “virtual check-in” by a physician or other qualified healthcare professional with an established patient (11-20 minutes of medical discussion) to determine whether an in-person visit is warranted. CMS also finalized its proposed clarification that telehealth services can be furnished and billed when provided incident to a “distant site” physician’s service so long as direct supervision is provided using real-time audio and video technology. This provision will run through the end of the calendar year when the current PHE ends or December 31, 2021, whichever is later.*



