

Wyoming Telehealth Network

February Webinar: Payers Panel – Optimize Telehealth Billing and Coding

February 23, 2022

1. If the patient is located in a provider's office and the provider is distant or out of state, is the service paid for?

Blue Cross Blue Shield of Wyoming: Yes.

Cigna: What we've seen is when one physician sets a patient up in office with a telehealth consult with an in-network specialist. This usually happens in rural settings. This would fall under the eConsult category. eConsults are when a treating health care provider seeks guidance from a specialist physician through electronic means (e.g., phone, Internet, EHR consultation) to help manage care that is beyond the treating health care provider's usual practice.

Typical examples include:

- Primary care physician to specialist requesting input from a cardiologist, psychiatrist, pulmonologist, allergist, dermatologist, surgeon, oncologist, etc.
- Specialist to specialist (e.g., ophthalmologist requesting consultation from a retina specialist, orthopedic surgeon requesting consultation from an orthopedic surgeon oncologist, cardiologist with an electrophysiology cardiologist, and obstetrician from a maternal fetal medicine specialist).
- Hospitalist requests an infectious disease consultation for pulmonary infections to guide antibiotic therapy.

eConsults are not included in Cigna's Virtual Care Reimbursement Policy. However, eConsult codes 99446-99449, 99451, and 99452 continue to be covered as part of our interim COVID-19 virtual care coverage until further notice.

Noridian Healthcare Solutions LLC: My first question would be is why is the provider not at the provider's office? Is the practitioner at a different site within the organization? The distant site is where the provider is located at during the service and in order for the service to be eligible, the telehealth originating site (where the patient is located) cannot be in the same location to count as a telehealth service.

Mountain Coop: Yes, the distant provider would be able to bill for the services and the providers office would be able to bill for the origination site fee.

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

BCBSWY: Expected in March 2022, BCBSWY will be releasing guidance on telemedicine billing taking into account the new national place of service for telehealth released on 1/1/2022 and the new telehealth modifiers released 1/1/2022.

Cigna: Practitioners can find information on Cigna’s website for Health Care Providers [CignaforHCP.com](https://www.cigna.com/health-care-providers) under [Cigna’s Response to Coronavirus](#) and [Resources > Medical Resources > Doing Business with Cigna > Virtual Care](#). Information for patients care be found at [Cigna.com](https://www.cigna.com) under [Home > Individuals and Families > Member Resources > Virtual Care \(Telehealth\) Options](#).

Noridian: You can find a complete list of telehealth services at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.

Mountain Coop: www.mountainhealth.coop > Covid Coverage (top of page) > Tools & Resources > under Important Info for Providers click Billing Codes & Coverage.CSV File; this will take you to a Spreadsheet that identifies Provider Types, Telehealth Office Codes, and a list of Medicare Telehealth Codes.

3. Where can telehealth encounters originate from? Do you provide reimbursement for originating site fees?

BCBSWY: Any place of service. Our benefits are based on the service rendered, not where the encounter originates. Yes, we provide reimbursement for originating site fees.

Cigna: 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. This code will only be covered where state mandates require it.

Noridian: The patient’s visit “originating sites” of a physician’s office, a hospital, or other medical care settings, for telehealth, will also expand to include the patient’s home. CMS clarified that the patient’s home includes temporary lodging such as hotels, or homeless shelters, or other temporary lodging that are a short distance from the patient’s actual home, where the “originating site facility fee” doesn’t apply.

Mountain Coop: Where the patient is located; home, provider office, other HIPAA compliant location. Originating site fees are reimbursed if applicable.

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

BCBSWY: We do not have restrictions that are based on the practitioner or specialty. Generally, PT/OT/Speech are not covered. However, certain types of service may not be a benefit of our members' contracts.

Cigna: Virtual care services must be provided by a health care professional who is licensed, registered, or otherwise acting within the scope of his/her licensure.

Noridian: 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.

Mountain Coop: Allows for: Physician, NP, PA, CNM (Midwife), CRNA Psychologist, LCSW, Reg Dietitian, Nutritionist, BCBS, LCPC, Clinical MH Counselor, PT, OT, ST, LPC, LAC, Hospice, Naturopaths, DO.

5. Are any authorizations needed from your agency to deliver telehealth? From the client? Who submits these authorizations?

BCBSWY: No, authorizations are not needed from our agency or the client to deliver telehealth.

Cigna: For authorization requirements, visit the following to look up specific codes: [CHCP - Resources - Precertification \(cigna.com\)](#). Cigna requires that referring (ordering or admitting) physicians request and obtain precertification for in-network services.

Noridian: A telepresenter is not required as a condition of payment unless a telepresenter is medically necessary as determined by the practitioner at the distant site. 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.

Mountain Coop: Not specifically for telehealth, if the service requires authorization that would have to be requested and that is generally done by the referring or rendering provider.

6. Are specialist consultations covered? If so, what can that look like (e.g., patient-to-specialist, specialist-to-specialist, PCM-to-specialist)?

BCBSWY: Typically, yes, specialist consultations are covered. However, the service rendered must be a benefit of the members' contract and is appropriate to be rendered via this mode. Patient-to-specialist.

BCBSWY does not benefit any service where the patient is not present such as a specialist-to-specialist or PCM to specialist.

Cigna: Yes. This question is addressed in answers to other questions (e.g. #1, #4, #7).

Noridian: Consultations are not accepted by Medicare. However, critical care consults can be billed more than once a day.

Mountain Coop: Patient to Specialist. Same coverage as Other telehealth.

7. What billing codes/modifiers are needed to be used for telehealth encounters?

BCBSWY: Please see guidance to be released in March 2022. Effective 7/1/2022.

Cigna: Common codes included in the policy:

- 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)

Modifier 95, GT, or GQ must be appended to the virtual care code(s). Billing POS 02 for virtual services may result in reduced payment or denied claims. Therefore, providers should bill a typical place of service (e.g., POS 11) to ensure they receive the same reimbursement as they typically get for a face-to-face visit. For a complete list of the services that will be covered, please review the [Virtual Care Reimbursement Policy](#).

Noridian: For the most up to date list of codes, [CMS Complete List of Telehealth Codes](#), [CMS Emergencies](#), [CMS SE20011](#), [CMS SE20016](#), [CMS COVID-19 FAQ](#), [CMS MM12519](#), and [CMS MM12549](#).

Mountain Coop: Codes are list on spreadsheet on our website mentioned in item 2. POS 02 or modifier 95 used.

8. Is telehealth reimbursed at the same rate as in-person services?

BCBSWY: Yes. Our reimbursement is based on the code billed and not the place of service.

Cigna: When all billing requirements are met, covered virtual care services will be reimbursed consistent with face-to-face rates (i.e., parity) to ensure you continue to receive fair re-imbursement as we recover from COVID-19. Please note that state and federal man-dates, as well as customer benefit plan design, may supersede this guidance.

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

Mountain Coop: Yes.

9. What mental health services are covered for telehealth?

BCBSWY: All appropriate mental health services that can be rendered via telemedicine are covered.

Cigna: See [Evernorth Provider - Resources - COVID-19: Interim Guidance](#) and the [Virtual Care Reimbursement Policy](#) for details.

Noridian: Mental health services that are covered can be found under the [CMS Complete List of Telehealth Codes](#). The CAA of 2021 requires that an in-person, face to face, non-telehealth service takes place within 6 months of the first mental health telehealth services. There's a requirement for an in-person service within 6 months prior to starting telehealth. For CY 2022, there must be a non-telehealth service every 12 months thereafter, but with exceptions documented in the medical record. When a subsequent in-person, face to face, non-telehealth service for mental health service does occur, and original telehealth practitioner is unavailable, we allow the clinician's colleague in the same subspecialty and in the same group practice, to provide the in-person, face to face, non-telehealth service to patient.

Mountain Coop: Listed on our website on the spreadsheet mentioned in item 2.

10. What Allied Health (OT, PT, SLP, etc.) services are covered for telehealth? Can you address the new POS 10 for PT at home?

BCBSWY: We do not cover OT, PT, or SLP under telehealth.

Cigna: Certain PT, OT, and ST virtual care services remain reimbursable under the [R31 Virtual Care Reimbursement Policy](#). 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.

Noridian: Typical psychology services and OT, PT, SLP services that are normally done in the clinic. POS 10 is for telehealth provided in the patient's home, group home. It is not valid till April. If it's a hotel, nursing home, office, then POS 02. The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Mountain Coop: We are currently following CMS telehealth guidelines for the Pandemic which is allowing PT through telehealth. This will likely be removed once the pandemic ends.

11. Centers for Medicare and Medicaid Services (CMS) has updated its rules in terms of physiological monitoring. What is the difference between Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) coding?

BCBSWY: No coding guidance at this time. We do not see any differentiation except for the selection of the CPT or HCPCS code utilized to bill for services rendered.

Noridian: At this time, CMS does not have a lot more to offer in terms on information other than what was in the CY 2021 MPFS Final Rule. Here is a summary of what is in the rule: [CMS CY 2021 MPFS Final Rule](#).

Mountain Coop: We are still looking at these.

12. Does your agency plan to continue reimbursement for telehealth after the pandemic?

BCBSWY: Yes.

Cigna: Certain provisions made for the Covid-19 public health emergency would go away, but Cigna's Virtual Care policy remains in place.

Noridian: CMS has been updating their telehealth list in to three separate categories with codes either being listed as either temporary for the public health emergency (PHE) or a more permanent basis.

Mountain Coop: Yes, we are still working on what this will look like. We will most likely follow CMS.

13. Are there other impacts on telehealth billing and coding as a result of COVID-19?

BCBSWY: No.

Noridian: The COVID-19 PHE has been the catalyst for pioneering telehealth services and I feel its left (and going to leave) a great impact for making healthcare more accessible.

Mountain Coop: This information is lined out on the spreadsheet mentioned in item 2.

14. Audio only telehealth provides access to underserved, low income and patients with limited connectivity. Do payers currently reimburse for audio only telehealth? Do you expect reimbursement for audio only telehealth to change?

BCBSWY: Yes, we currently reimburse for audio only telehealth. We continue to monitor the usage of this service and the efficacy in the industry.

Cigna: Yes, phone-only consults are covered under Cigna's policy. See policy for codes. I'm not aware if there are any planned reimbursement changes.

Noridian: At this time, CMS does provide reimbursement for audio-only communication. The CY 2022 final rule created a new modifier for audio-only communications that can be used across the different lines of business.

Mountain Coop: Pursuant to authority granted under the CARES Act, CMS is waiving the requirements of section 1834(m) (1) of the ACT and 42 CFR 410.78(a) (3) for the use of interactive telecommunications systems to furnish telehealth service: to the extent they require use of video technology, for certain services. This waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services (see designated codes <http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>). 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 physician or practitioner.

15. If you had a crystal ball, do you think agencies will change the way they handle telehealth reimbursement after the pandemic?

BCBSWY: Yes. As access to care resumes normal levels, the telehealth landscape will evolve taking into account lessons learned from the pandemic, coupled with the need to resume standard patient interaction in some arenas.

Noridian: I think after almost two years of the pandemic under our belt and forcing telehealth to become a more common option that it won't change reimbursement. I understand some things are only temporary, but I hope if anything good has come out of the pandemic is how much this type of service was needed.

Mountain Coop: I think to a point, yes but still not sure what it will look like.