

Wyoming Telehealth Network

January 2022 Webinar Answers

Title: Best Practices for Mastering the Logistics of Telehealth Billing and Coding for Payees

Presenters:

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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?

Lindsay Conyers: As long as the provider is enrolled with Wyoming Medicaid and the visit meets the rest of the criteria for telehealth services, yes it would be covered.

Amy Hayes: My recommendation is to always make sure you check with the payers to make sure that they're allowing across the borders reimbursement, depending on the location of the provider and the patient. This reference discusses the across the border telemedicine allowances for each state: <https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>

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

Lindsay: Wyoming Medicaid allows any appropriate visit services which can be performed via telehealth (with the exception of teledentistry). Information about telehealth services can be located in each of our provider type manuals at <https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins>

Amy: It's really important that you go to each payer's website and read their updated information on what they allow for telehealth services currently and then if there's any updates as to what they're going to change once the public health emergency is over with. Not all payers handle telemedicine the same.

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

Lindsay: Yes, providers should bill with HCPCS code Q3014 for the originating site. That originating site fee is not billable, though, if the client is at home and/or using their own equipment such as their personal phone, tablets, their computers. Allowed provider sites include (this information can be found in section 6.4 of our provider manual):

- Hospitals
- Office of a physician or other practitioner (this includes medical clinics)
- Office of a psychologist or neuropsychologist
- Community mental health or substance abuse treatment center (CMHC/SATC)
- Office of an advanced practice nurse (APN) with specialty of psych/mental health
- Office of a Licensed Mental Health Professional (LCSW, LPC, LMFT, LAT)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Skilled nursing facility (SNF)
- Indian Health Services Clinic (IHS)

Hospital-based or Critical Access Hospital-based renal dialysis centers (including satellites).
Independent Renal Dialysis Facilities are not eligible originating sites.
Developmental Center
Family Planning Clinics
Public Health Offices

Amy: Under the PHE, there are many waivers on originating site (location of the patient). However, once the PHE is over, many payers may go back to the traditional Originating Site requirements. This link describes those sites: <https://blog.evisit.com/virtual-care-blog/medicare-telemedicine-top-10-faqs>

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

Lindsay: Wyoming Medicaid currently does not cover teledentistry. All other services should follow regular Medicaid billing practices.

Amy: If they are a QHP under the payer agreement, they can bill telehealth services. However, some specialty services are not considered telehealth services. The below link describes the CPT codes allowed for telehealth services under the PHE. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

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

Lindsay: Telehealth consent must be obtained if the originating site is the member's home. This may be in verbal or electronic (email/text) format and kept on file in the patient's records.

Amy: I am not aware of any payer requiring prior authorization for telehealth services at this time. However, if prior authorizations or referrals are required for specialty care, this would likely also apply to telehealth services. Check with each payer for specifics.

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

Lindsay: Wyoming Medicaid does not cover reimbursement for provider to provider consultations. However, if a client were to need to see a specialist or need a consultation or even if they need a second opinion on something, we would still cover that service as normal and that could be covered under telehealth. But any further work with needing to have a consultation between providers, submitting paperwork back and forth or communicating via fax, e mail, things like that, that's not a reimbursable service under Wyoming Medicaid, in general, so for telehealth, that's no different.

Amy: See #5 above. Each carrier may handle this differently.

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

Lindsay: GT modifiers should be used to signify telehealth services and billed by the distant site provider.

Amy: Most common modifiers are 95, GT and GQ. Blue Cross requires a GT. Medicare requires a 95. Medicaid is our GT. Cigna is a GQ. So again, it's one of those things that is so payer specific that you really want to get onto that payer website and make sure you're using the correct modifier. I do know that when you're billing Medicare using your 95, most of the secondary payers are allowing that 95 as the indicator of a telehealth and you don't have to worry about changing the modifier between primary and secondary insurance.

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

Lindsay: Yes, reimbursement for telehealth services is the same as an in-person visit.

Amy: Our organization has not seen any reduction in reimbursement for services allowed and delivered via telemedicine.

9. What mental health services are covered for telemedicine?

Lindsay: We have two notices on our COVID-19 page about behavioral health peer services and group therapy. Those can be found here <https://www.wyomingmedicaid.com/portal/COVID-19#telehealthchanges>

Amy: Under CMS guidelines, these are the CPT codes allowed during the PHE. However, check with each carrier as they may have different rules.

90785	Psytx complex interactive	
90791	Psych diagnostic evaluation	
90792	Psych diag eval w/med srves	
90832	Psytx w pt 30 minutes	
90833	Psytx w pt w e/m 30 min	
90834	Psytx w pt 45 minutes	
90836	Psytx w pt w e/m 45 min	
90837	Psytx w pt 60 minutes	
90838	Psytx w pt w e/m 60 min	
90839	Psytx crisis initial 60 min	
90840	Psytx crisis ea addl 30 min	
90845	Psychoanalysis	
90846	Family psytx w/o pt 50 min	
90847	Family psytx w/pt 50 min	
90853	Group psychotherapy	
90875	Psychophysiological therapy	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20

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

Lindsay: POS 10 will be effective as of April 1, 2022 so we are looking at our current policies to determine impact and processes. Providers should continue to bill with POS 02 or 12 until April.

Amy: POS 10 will be used for mental health services performed when the patient is located in their home. See slide in Powerpoint Presentation. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

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?

Lindsay: RPM is used to collect physiologic data from medical devices (blood pressure, weight, blood sugar) and Wyoming Medicaid utilizes codes 93264, 99453, 99454, 99457, and 99458. RTM collects non-physiological data such as medication adherence, pain levels, and/or medication responses. CPT codes 98980 and 98981 for RTM have not been opened under Wyoming Medicaid.

Amy: <https://www.healthcareitnews.com/news/how-cms-boosting-telehealth-and-rpm-new-cpt-codes#:~:text=The%20key%20difference%20between%20RPM,as%20symptoms%20or%20side%20effects>.

RTM – collects non-physiological data related to therapy (respiratory, musculoskeletal).

RPM – collects physiological data such as blood pressure, heart rate, etc.

There is also a difference on who can bill for these services.

<https://www.findacode.com/articles/changes-in-remote-patient-monitoring-for-2021-36898.html>

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

Lindsay: Yes, Wyoming Medicaid has been a proponent of telehealth since 2007 and we are excited to see utilization continue.

Amy: What we are seeing on the commercial side is that most payers are planning to continue some version of telehealth, but what we're seeing is they're reverting back to the secured transmission audio and video requirement. So right now, many payers are allowing telephone-only calls and they're meeting the requirements, but what we're seeing, in particular we're seeing with Tricare and they're going to require very soon that we go back to that secure telecommunication and video requirement.

Whether they institute that, how timely that is, I don't know. But I think that, you know, if I had my crystal ball, it would be that reimbursement will continue for telehealth, but they'll lose requirements for the type of media used to communicate and be secure and store data. We'll come back to the federal requirement.

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

Lindsay: None which have not already been discussed, but I would recommend providers take a look at our website at <https://www.wyomingmedicaid.com/portal/COVID-19> as any updated information or changes are added there.

Amy: I think that's true of all payers, we really need be watching their sites and what memos and updates they're posting. The big coding piece is just watching for the new codes and knowing what date they become effective or allowed by each specific payer. That's one of the big challenges is Medicare may adopt a specific code for the booster but it's specific to Medicare only or to Medicaid only and commercial payers are requiring a CBT code. So you really want to watch that piece of it. Again, the broken record continues that every payer is just they're all so different and for us, it's a nonstop effort to get on those payer websites on a weekly basis and see if they've had any updates. So, you know, if there are COVID changes or there's new testing as Lindsay mentioned, you really want to be on the payer websites. We did find out that many payers are not allowing the respiratory panels as part of the COVID screening process. And so we have a client who just recently received a huge, huge review and it's not fairing so well because the respiratory panel is not medically necessary when they're just screening for COVID. Just things like that on the coding side takes a lot of time and effort. I know that staffing resources are limited but it's worth the investment to dig into those things or shoot me an e mail and I'll probably be able to help you out.

14. To prevent provider exposure to COVID-19, providers may use telehealth to treat an unvaccinated patient in a different room in the facility so that they can see the patient's face without a mask. Can you code for a provider who sees a patient in the same clinic? Or a provider who is in a hospital but not in the ICU room with the patient?

Lindsay: The telehealth requirements would not be applicable to an institutional/hospital provider as those facilities are reimbursed based off of the DRG payment system. We are looking into this situation with regard to other types of providers.

Amy: If they're in the same facility, it is not considered a telehealth visit.

15. 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?

Lindsay: During the Public Health Emergency, we are covering audio-only telehealth. As of Jan 1st, Medicare is looking at audio-only to be allowed for mental health/substance abuse services only, and should be indicated by modifier -93.

Amy: Check with each carrier. Some do allow audio only and Medicare has made allowances as well.