Part One of a Two-Part Series:
Best Practices for Mastering the Logistics of Telehealth Billing and Coding for Payees

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WyTN is a collaboration between the Wyoming Department of Health divisions of Medicaid and Rural Health and the University of Wyoming through the Wyoming Institute for Disabilities.

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Introductions and Housekeeping

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Objectives

- Participants will increase knowledge of current CMS rules for coding and billing.

- Participants will learn best practices for coding and billing for telehealth in a variety of situations.

- Participants will become familiar with the resources, technical assistance and consulting that the Wyoming Telehealth Network has to offer.

- Participants will leave with experts they can contact directly if they have further questions.

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Question One

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

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Question Two

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

Question Three

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

Question Four

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

Question Five

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

Question Six

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

Question Seven

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

Question Eight

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

Question Nine

What mental health services are covered for telemedicine?

Question Ten

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

Question Eleven

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?

Question Twelve

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

Question Thirteen

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

Question Fourteen

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?

Question Fifteen

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?

Question Sixteen

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

The Office Assistant, LLC Telehealth and Wyoming Payers

Billing and Coding Best Practices

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Telehealth Site Reminders

- The Originating site – where the patient is located (home, SNF, facility)

- The Distant site – where the provider is located (clinic, facility, home, etc.)
under the PHE, you still bill POS 11 when the provider is working from their home

New Telehealth Place of Service 10

- Expansion of scope for mental health telehealth services as a provision of the 2021 Consolidated Appropriation Act

- Allows a patient's home to be an originating site for telehealth services even after the PHE ends

- Provision allows for diagnosis, evaluation and treatment of all mental or behavioral health disorders to be done when the patient is in their home.

Telehealth POS 02

- This place of service will return to its original usage after the PHE ends.

- Medicare (and many other payers) will no longer cover telehealth services from a patient's home (originating site).

- After PHE ends, providers will revert to using POS 02 with a qualifying originating site.

BCBS of Wyoming

Place of Service Codes Update

The Centers for Medicare & Medicaid Services (CMS) and the Place of Service Workgroup has approved two changes for the National Place of Service (POS) code related to telemedicine services.

•POS 02: Existing Code; Telehealth Provided Other Than in a Patient's Home
•POS 10: New Code; Telehealth Provided in a Patient's Home

Place of Service 02 will remain in use but will be updated to represent Telemedicine provided to a patient outside of the patient's home. Place of Service 10 will be implemented to represent Telemedicine provided to a patient in the patient's home.

What this means for you:

Claims submitted with POS 10 will be accepted starting January1st, but will be processed following a system update in late January. Eligibility & benefit inquiries (270 requests) submitted with POS 10 prior to January 22, 2022, will get an error response.

If you receive this error and would like to confirm a member's benefits, please call Provider Support at 888-359-6592.

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New modifier for audio-only telehealth in 2022

Earlier this year the CPT Editorial Panel accepted the addition of modifier 93 for audio-only telehealth, effective Jan. 1, 2022. CPT labels modifier 93 as "Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system." The full description is:

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

Although this modifier takes effect the first day of 2022, it won't appear in the CPT manual until 2023. There has been no indication yet of how Medicare or other payers will handle the new modifier.

— Kent Moore, senior strategist for physician payment, American Academy of Family Physicians

Posted on Dec. 29, 2021, by Kent Moore

https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/audio_telehealth_modifier.html

Reimbursement and Modifiers

Reimbursement

- Most payers are reimbursing telehealth the same as face-to-face visits.

- Watch for the cost share and waivers – some commercial payers are discontinuing this in 2022

Modifiers

- Continue to use your modifiers per each payer requirement

- CMS – modifier 95
- BCBS – modifier GT
- CIGNA – modifier GQ

DECEMBER 30, 2021

TELEMEDICINE SERVICES & COVID-19 COST-SHARE WAVIER UPDATES

Reminder – COVID-19 Cost-Share Waiver

BCBSWY is discontinuing the member cost share waiver for COVID-19 treatment effective 1/1/22. Member cost-share will apply for inpatient hospital stays beginning in 2022, even if admission was in 2021.

https://www.bcbswy.com/provider_updates/telemedicine-services-covid-19-cost-share-wavier-updates/

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CMS List of Telehealth Services for 2022

- https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

- OT, PT and SLP are listed as covered services but the POS 10 does not apply to these services.

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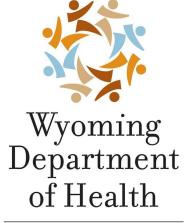College of Health Sciences
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Telehealth Payer Resources

- CIGNA
  - https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwCVirtualCare.html
- Tricare/Triwest
  - https://www.tricare-west.com/content/hnfs/home/tw/prov/claims/billing_tips/telemedicine.html
- Aetna
  - https://www.aetna.com/health-care-professionals/covid-faq/billing-and-coding.html

Telehealth and Wyoming Medicaid

Billing and Coding Best Practices

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Best Billing Practices

- Telehealth consent must be obtained if the originating site is the Member's home.
  - These can be verbally or electronic method (email, text message).
  - Must be documented by the provider and kept on file.
- Telehealth services should be billed as follows
  - Q3014 for originating site fee.
  - Procedure code with GT modifier for distant site
  - Documentation should state that service was provided via telehealth and what method was used.
- Procedure codes performed via telehealth are reimbursed at the same amount as the regular code.

Wyoming Medicaid Telehealth

Originating Site (Spoke Site)

- The Originating Site or Spoke site is the location of an eligible Medicaid Member at the time the service is being furnished via telecommunications system occurs.
- Authorized originating sites include:
  - Hospitals
  - Office of a physician or other practitioner (this includes medical clinics)
  - Community mental health or substance abuse treatment center (CMHC/SATC)
  - Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), and Indian Health Services Clinic (IHS)
  - Skilled nursing facility (SNF)
  - Public Health Offices

Distant Site Providers (Hub Site)

- The location of the physician or practitioner providing the professional services via a telecommunications system is called the Distant Site or Hub Site. A medical professional is not required to be present with the Member at the originating site unless medically indicated.
- To be reimbursed, services provided must be appropriate and medically necessary.

Billing Examples

Example 1a: Originating (Spoke) Site Provider – **location of the Wyoming Medicaid Member**

DOS (24A)	Procedure Code (24C)	Charges (24F)	Units (24G)
01/01/19	Q3014	20.00	1

Example 1b: Distant (Hub) Site Provider – location of the Wyoming Medicaid enrolled Provider

DOS (24A)	Procedure Code (24C)	Charges (24F)	Units (24G)
01/01/19	99214 GT	120.00	1

Example 2: Hub Site and Spoke Site services are provided at different locations but by the same pay-to Provider

DOS (24A)	Procedure Code (24C)	Charges (24F)	Units (24G)
01/01/19	Q3014	20.00	1
01/01/19	99214 GT	120.00	1

QUESTIONS?