

1. What has changed in the new 2023 CMS Billing and Coding Fee Schedule? Discontinuation of audio only E/M services-Never adopted by WY Medicaid – Discontinuation of virtual direct supervision; New codes added; Extension of temporary Telehealth codes and postponing of Telemental health 6 month rule requiring in person exams either 6 months before or once every 12 months.
2. If the patient is located in a provider's office and the provider is distant or out of state, is the service paid for? As long as the provider is actively enrolled with Wyoming Medicaid, and the service provided is a covered service, the service would be paid.
3. Where can practitioners and patients find information on billing codes/policies and specialties/services that are covered for telehealth? The Wyoming Medicaid provider manual is a great place to start. Chapter 6.23 details all telehealth policy and billing procedures and requirements. The manuals can be found online at [wyomingmediad.com](http://wyomingmediad.com). Additionally, any policy changes or updates can also be found on this website.
4. Where can telehealth encounters originate from? Do you provide reimbursement for originating site fees? Telehealth encounters can originate from many different locations. Some example locations are hospitals, physician offices, Rural Health Clinics, or the client's home.
5. What restrictions are there on the types of practitioners/specialties that can bill for telehealth? With the public health emergency in place there are little to no limitation on the services that can be provided via telehealth. As long as the services are medically necessary and documented as such, the services can be provided in the telehealth setting.
6. Are any authorizations needed from your agency to deliver telehealth? From the client? Who submits these authorizations? The only major requirement is ensure the client consents to treatment via Telehealth. This consent can be done in writing, verbally, email, or text message and should be documented in the client's record.
7. Are specialist consultations covered? If so, what can that look like (e.g., patient-to-specialist, specialist-to-specialist, PCM-to-specialist)? Any services rendered to an eligible Wyoming Medicaid client by an enrolled Wyoming Medicaid provider are covered, regardless of what the service is for. Services between providers are not reimbursable.
8. What billing codes/modifiers are needed to be used for telehealth encounters? Wyoming Medicaid recognizes modifiers GT and 95 to indicate the services were rendered via Telehealth. These modifiers should be billed with the appropriate procedure code to identify the service provided.

9. Is telehealth reimbursed at the same rate as in-person services? In what cases is it not reimbursed at the same rate? **Yes, all services are reimbursed at the same rate as in person services.**
10. What mental health services are covered for telehealth? **All services deemed clinically appropriate can be done via telehealth at this time due to the Public Health Emergency.**
11. What Allied Health (OT, PT, SLP, etc.) services are covered for telehealth? Can you address the new POS 10 for PT at home? **As long as the services rendered are a Medicaid covered and clinically appropriate, the service is allowed to be performed via Telehealth. Documentation is key!**  
**POS 10 is currently not recognized when billing Wyoming Medicaid and will cause claims to deny. Providers should instead use 02-Telehealth or their traditional place of service ensuring the correct modifiers are utilized when billing for the services.**
12. 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? **The difference between RPM and RTM are the types of data collected. For example RPM codes would cover things like heart rate, blood pressure, and temperature whereas RTM codes cover non physiological data such as medication and therapy response. Wyoming Medicaid currently allows Remote Patient Monitoring services and has several codes open and allowed, however, at this time, none of the CPT codes for RTM services have been opened and allowed.**
13. Are there other impacts of the 2023 Omnibus bill passed in December of 2022 that affect telehealth billing and coding as a result of COVID-19? Can you explain the different PHE extension timelines between PHE and CMS? **In regards to Wyoming Medicaid, there are no upcoming changes that would affect Telehealth services.**
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? **Wyoming Medicaid does NOT reimburse for audio only telehealth visits. The client must also have access to video services which can be used during the visit to allow billing to Wyoming Medicaid. I do not see the video requirement being changed for WY Medicaid.**
15. If you had a crystal ball, do you think agencies will change the way they handle telehealth reimbursement after the pandemic? **This is a tough question. I feel the PHE has opened many doors for clients in regards to utilizing telehealth services and eliminating many barriers in regards to access to care, regardless of the**

reason. I think many services will be allowed continue being provided via telehealth, however, I could see certain visit types such as well child checks, and therapies being highly encouraged to return to an in person setting once the PHE ends.