ruralMED
REVENUE CYCLE RESOURCES

COVID-19 Pandemic
Optimize Billing & Reimbursement for Virtual Visits

Presented by Shelly Cassidy & Hayley Prosser

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ruralMED
REVENUE CYCLE RESOURCES

Who We Are

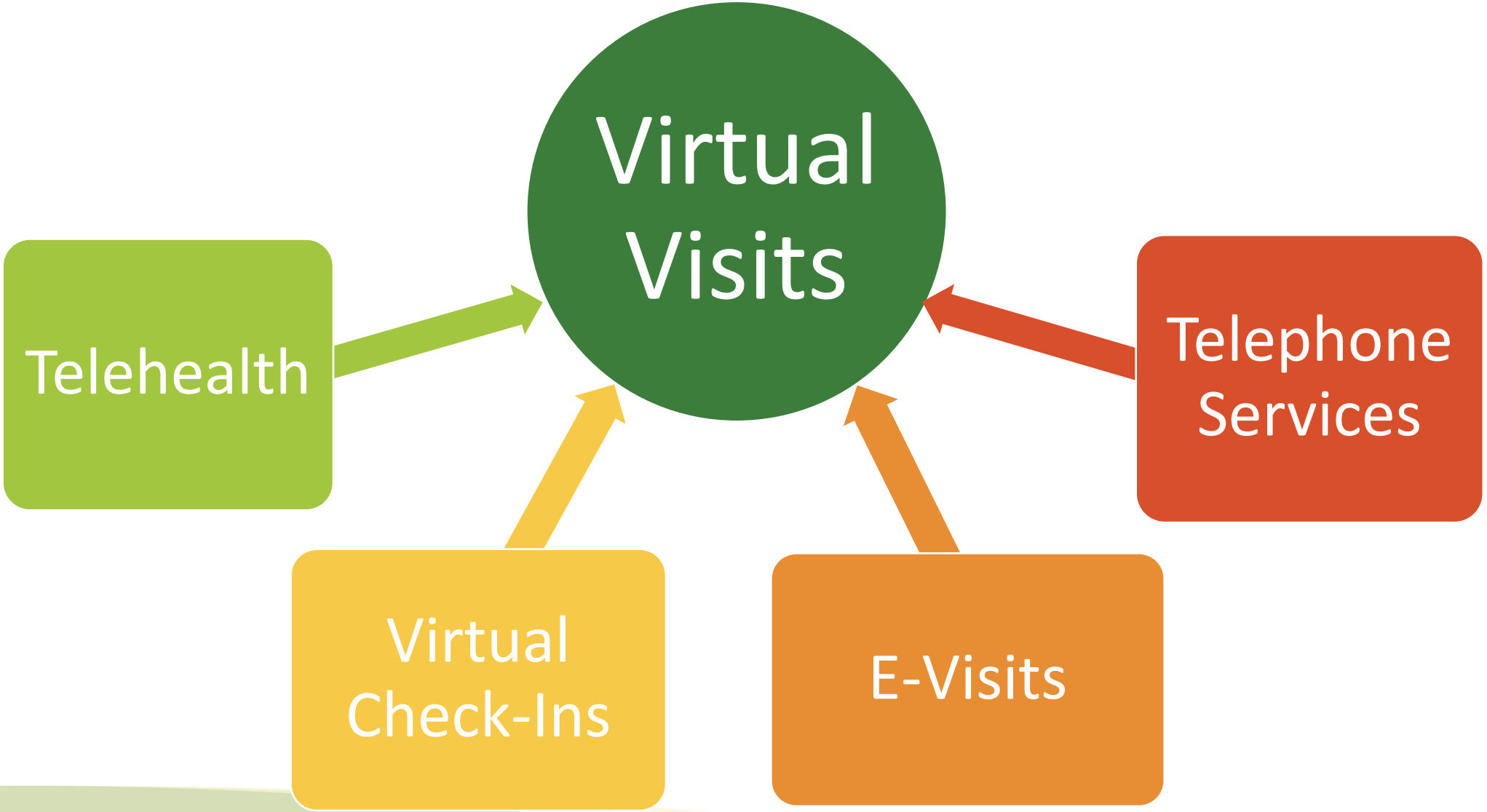
- We are team experienced and passionate about Revenue Cycle.
- We are committed to helping Nebraska healthcare organizations have amazing Revenue Cycles.
- If you don’t know us… you will! We planned a gradual entrance, but COVID-19 changed our plan.

Why Are We Here?

- Covid-19 Pandemic.
- Help providers with solutions to safely see patients (and get paid!)
- We are Nebraska and we are efficient; together we are strong.
- Share knowledge & collaborate on ideas.

Goals for this Session

- Educate and gain knowledge on different types of virtual visits
- Discuss payor specific virtual visit coverage
- Tips for operationalizing virtual visits
- Identify common questions


Virtual Visits
Telehealth
Virtual Check-Ins
E-Visits
Telephone Services

Telehealth

BEFORE COVID-19

- Originating Site
- Distance Site Providers/Locations
- Only available for rural Medicare beneficiaries
- Established Patients
- Small Allowable Code Set

NOW

- Expanded Originating Site to include home
- New & Established Patients
- Expanded Allowable Code Set

Telehealth

Synchronous Telehealth - Real-time interactive video teleconferencing that involves communication between the patient and a distant practitioner who is performing the medical service. The practitioner sees the patient throughout the communication, so that two-way communication (sight and sound) can take place.

Asynchronous Telehealth- Medical information that is stored and forwarded to be reviewed later by a health care practitioner at a distant site. The medical information is reviewed without the patient being present. This is a non-interactive telehealth because the health care practitioner views the medical information without the patient being present.

Remote Patient Monitoring- Technology to enable monitoring of patients outside of conventional clinical settings, such as in the home or in a remote area. For example, remote patient monitoring can be used to monitor a patient’s oxygen saturation levels using pulse oximetry.

Telehealth Modifiers

Modifier G0-Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke.

Modifier GQ-Telehealth service rendered via asynchronous telecommunications system.

Modifier GT-Telehealth service rendered via interactive audio and video telecommunication systems.

Modifier 95-Synchronous telehealth service rendered via real-time interactive audio and video telecommunications system.

Telehealth

Covered Codes- Medicare and most other payors outline specific code sets payable for telehealth available within their telehealth policies. These code sets (or the path to them) are also included in the ruralMED COVID-19 Virtual Visit Reimbursement Guide.

Documentation- Follow standard documentation requirements as if the patient was “in person”. In addition, document the service was provided through telehealth, both the location of the patient and the provider, and the names and roles of any other persons participating in the telehealth visit.

E-Visit

- **Code Sets-Released in January 2020 (Note-the below is a summarized description of the code, not the official code description):**
  - 99421-99423- Online E/M Service Reportable by a Qualified Healthcare Professional.
  - 98970-98972 & G2061-G2063-Online Assessment Reportable by a Qualified Nonphysician Healthcare Professional.
- **Audiovisual software must be used, such as a patient portal.**
- **Time based codes cumulative over a 7-day time period.**
  - The 7-day period begins when the physician personally reviews the patient's inquiry.
  - Time counted is spent in evaluation, professional decision making, assessment and subsequent management.
  - Does not include time spent on non-evaluative electronic communications (scheduling, referral notifications, test result notifications, etc.).
- **Cannot report when service originates from a related E/M service performed within the previous 7 days.**
- **These are time-based codes, and documentation must support what the physician did and for how long.**

Virtual Check-In

- **Code Sets (Note-the below is a summarized description of the code, not the official code description):**
  - G2012-A brief (5-10 minutes) check-in with a practitioner via telephone or an audiovisual device to decide whether an office visit or other service is needed.
  - G2010-A remote evaluation of a recorded video and/or images submitted by an established patient.
  - G0071-A brief (5+ minute) check in with an RHC or FQHC practitioner via telephone or an audiovisual device to decide whether an office visit or other service is needed OR a remote evaluation of recorded video and/or images by an RHC or FQHC
- **Can be performed over telephone or audiovisual device**
- **Not billable if check-in originated from related E/M within the previous 7 days or leads to an E/M within the next 24 hours.**
- **Must be performed by a physician or other qualified healthcare professional who can report evaluation and management services**
- **Document the names and roles of any persons participating and the technology method used.**

Telephone

- **Code Sets (Note-the below is a summarized description of the code, not the official code description):**
  - 99441-99443-Telephone E/M Services Reportable by a Qualified Healthcare Professional.
  - 98966-98968-Telephone Assessment Reportable by a Qualified Nonphysician Healthcare Professional.
- **Not billable if check-in originated from related E/M within the previous 7 days or leads to an E/M within the next 24 hours.**
- **Document the names and roles of any persons participating in the call and the length of call.**

Qualified Healthcare Professional vs. Qualified Nonphysician Healthcare Professional

- **The AMA defines a Qualified Healthcare Professional as:**
  - *"A physician or other qualified health care professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service."*
  - In general, most payors define a qualified healthcare professional to be one that can perform E&M services, such as physicians, PAs, and APRNS.
- **Qualified Nonphysician Healthcare Professional:**
  - AMA has not provided a definition of a "Qualified Nonphysician Healthcare Professional".
  - Furthermore, there is not much information surrounding how payors are defining this type of professional.
  - CMS does provide the following examples of a qualified nonphysician healthcare professional: Licensed Clinical Social Workers, Clinical Psychologists, Physical Therapists, Occupational Therapists, and Speech Language Pathologists.

Payor Policies

Medicare

Medicare Telehealth Recent Legislation

- **March 17, 2020 –1135 Blanket Waiver (effective as of March 6th, 2020)**
  - Allowed for additional flexibilities in Medicare telehealth services. Specifically, Medicare will pay for office, hospital, and other visits furnished via telehealth across the country, whether urban or rural, and in all settings, including in patients' homes.
- **March 27, 2020 - CARES Act signed into law**
  - Allowed practitioners to provide telehealth services to both new and established patients and allowed RHCs and FQHCs to act as a distant site.
- **April 1, 2020 – CMS Released 1744-IFC (effective as of March 1st, 2020)**
  - The interim final rule implemented several changes in relation to telehealth, which are listed below:
    - Expanded the Medicare telehealth code set to include emergency department visits, initial and subsequent observation and observation discharge day management, initial hospital care and hospital discharge day management, initial nursing facility visits, initial and continuing intensive care services, critical care services, and many other codes.
    - Removed frequency limitations for subsequent inpatient visits, subsequent skilled nursing facility visits, and critical care consult codes.
    - Allowed telehealth reimbursement to based on the site of service (facility vs. office). Prior to this interim final rule, services that had a site of service differential (facility vs. office) were paid on the facility payment rate when services were furnished via telehealth. Now, telehealth services that are performed in a physician's office can be reimbursed at the office rate.
      - In order to implment this change, CMS is instructing practitioners to report the POS code that would have been reported had the service been furnished in person with modifier 95. CMS will still recognize the facility payment rate for services billed with a POS 02, if for some reason a practitioner chooses not to change their billing practices.
- **Practitioners Furnishing Telehealth from their Home:**
  - Practitioners can perform telehealth from their homes and are not required to update their Medicare enrollment with their home location. The practitioner should list their home address on the claim to identify where the services were rendered. Per CMS, the discrepancy between the practice location in the Medicare enrollment (clinic/group practice) and the practice location identified on the claim (provider's home location) will not be an issue for claims payment.

Medicare

Allowable

- Telehealth-No Originating Site Restriction
- E-Visits
- Virtual Check-Ins
- Telephone
- Originating Site Fee
  (If Patient Presents to a Healthcare Facility)

Not Reimbursable

- Transmission Fees
- Telehealth Services performed by a Non-Qualified Telehealth Provider

Cost Sharing Waiver

Medicare coinsurance and deductibles apply to virtual visits.

- However, the OIG has provided flexibility for providers to reduce or waive cost-sharing for virtual visits paid by Medicare.

Medicare Billing Matrix

	Billable Codes	Modifier/POS	Patient Type	Provider Type	Device Requirement
Telehealth	Expanded Telehealth Code Set Available on CMS.gov or on ruralMED's COVID-19 Virtual Visit Guide	**Site of Service Differential**: Modifier 95 w/ POS that would have been used for an in-person visit. **No Site of Service Differential:** POS 02 w/ no modifier **Method II**: Modifier GT **Stroke Related**: Modifier G0	New & Established	Qualified Healthcare Professionals who are permitted to furnish Medicare telehealth services.	Audiovisual
E-Visit	CPT 99421-99423 HCPCS G2061-G2063	No Modifier Required POS used for an in-person visit	New & Established	Qualified Healthcare Professional Qualified Nonphysician Healthcare Professional	Patient Portal or other Audiovisual Software
Virtual Check-In	HCPCS G2010, G2012, G0071	No Modifier Required POS used for an in-person visit	New & Established	Qualified Healthcare Professional	Telephone or Audiovisual
Telephone	CPT 99441-99443 CPT 98966-98968	No Modifier Required POS used for an in-person visit	New & Established	Qualified Healthcare Professional Qualified Nonphysician Healthcare Professional	Telephone

Nebraska Medicaid

Medicaid Telehealth

- **Medicaid is unique in that they have always covered telehealth with no originating site restriction, and they do not have a specific allowable telehealth code set.**
  - Medicaid allows services to be performed via telehealth if the service is on the NE Medicaid Fee Schedule, the service does not require “hands-on” treatment by the provider, and the service is delivered in accordance with existing service definitions.
- **In response to the COVID-19 pandemic, Medicaid did add virtual check-in and telephone consultation codes to their physician fee schedule.**
  - Medicaid is utilizing the virtual check-in HCPCS codes for COVID-19 related treatments provided over the phone and the telephone codes for treatments for any other DX provided over the phone.

Medicaid Informed Consent

- **The Nebraska DHHS Medicaid Program Manual, section 1-006.05, requires specific information to be acknowledged by the patient in writing or via email before an initial telehealth consultation.**
- **Due to the COVID-19 emergency, Nebraska Medicaid announced, they will not require written consent prior to a telehealth service being performed and claims for telehealth will not be denied solely based on the lack of a signed written statement .**
  - A written consent should occur when possible, and the provider must document the reason the written consent was unable to be obtained. Even though written consent is not required; the patient must receive the below information verbally:
    - Patient has the option to refuse telehealth without affecting patient's right to future care.
    - Provider must inform the patient all existing confidentiality protections shall apply to service being provided by telehealth.
    - Sharing of any patient identifiable images or information from the telehealth visit to researchers or other individuals will not occur without the consent of the patient.
- **Helpful tip-Add the above three bullet points into your standard telehealth documentation template.**
- **Safety Plan-The requirement to have a safety plan in place for each patient receiving telehealth services has NOT been waived. A safety plan documents the actions the patient and health care practitioner will take in the event of an emergent or urgent situation that arises during or after the telehealth consultation.**

NE Medicaid

Allowable

- **Telehealth-No Originating Site Restriction**
- **E-Visits**
  (UHC Community Plan ONLY)
- **Virtual Check-Ins**
- **Telephone**
- **Transmission Fees**
  (If not Internet Based)
- **Originating Site Fee**
  (If Patient Presents to a Healthcare Facility)

Not Reimbursable

- **E-Visits**
  (NE Medicaid, NTC, Wellcare)
- **Any service that requires "hands-on" treatment by the provider cannot be done via telehealth or telephone**
- **Inpatient services, crisis stabilization, mental health & substance use disorder, residential services, mental health respite, social detox, hospital diversion, and day treatment**

Cost Sharing Waiver

Nebraska Total Care:

- COVID-19 Diagnostic Testing
- COVID-19 treatments in doctor's offices or emergency rooms and services delivered via telehealth

UHC Community Plan:

- COVID-19 Diagnostic Testing
- All in-network telemedicine visits, regardless of diagnosis

Wellcare:

- COVID-19 Diagnostic Testing
- COVID-19 treatments delivered via telehealth

Medicaid Billing Matrix

	Billable Codes	Modifier/POS	Patient Type	Provider Type	Device Requirement
Telehealth	No specific allowable telehealth code set. Any service that requires "hands-on" treatment by a provider cannot be done via telehealth.	**NTC:** Modifier GT w/ POS 02 **UHC Community Plan**: Modifier GT for CMS CPTs or modifier 95 for AMA Appendix P CPTs w/ POS 02. **WellCare**: Modifier GT w/ POS 02	New & Established	Nebraska statutes currently authorize "any credential holder under the Uniform Credentialing Act" to use telehealth in establishing a provider-patient relationship.	Audiovisual preferred, but if patient does not have access to audiovisual, then telephone is allowed if the standard service expectations are met.
E-Visit	UHC COMMUNITY PLAN ONLY CPT 99421-99423 HCPCS G2061-G2063	No Modifier Required POS used for an in-person visit	Established	Qualified Healthcare Professional Qualified Nonphysician Healthcare Professional	Patient Portal or other Audiovisual Software
Virtual Check-In	COVID-19 DX: HCPCS G2012 COVID-19 DX-RHC/FQHC: HCPCS G0071	No Modifier Required POS used for an in-person visit	Established	Qualified Health Care Professional	Telephone or Audiovisual
Telephone	Unrelated COVID-19 Visit-CPT 99441-99443 and CPT 98966-98968	No Modifier Required POS used for an in-person visit	Established	99441-99443-Qualified Health Care Professional (physician, APRN, or PA) 98966-98968-Enrolled behavioral health provider	Telephone

Commercial

Aetna, Blue Cross of Nebraska, United Healthcare, Other Commercial Payors

Aetna Telehealth

- **Aetna had previously covered office visit E&M codes, along with other defined telehealth codes. In response to COVID-19, their code set has greatly expanded to include:**
  - Emergency room visits
  - Critical care
  - Initial and subsequent nursing facility visits
  - Initial and subsequent hospital care
  - Initial and subsequent observation care
  - Physical therapy, speech therapy, occupational therapy codes
  - Several other codes

Aetna

Allowable

- Telehealth-No Originating Site Restriction
- E-Visits
- Virtual Check-Ins
- Telephone

Not Reimbursable

- Transmission & Originating Site Fees
- Services that don't include direct/interactive patient contact.
- Asynchronous Telemedicine Services

Cost Sharing Waiver

- Effective March 6, 2020 through June 4th, 2020, Aetna will waive member cost sharing for all in-network telemedicine visits, regardless of diagnosis, for their Commercial and Medicare Advantage members.
- Aetna will also waive member cost sharing for COVID-19 diagnostic testing.

Aetna Billing Matrix

	Billable Codes	Modifier/POS	Patient Type	Provider Type	Device Requirement
Telehealth	Expanded Telehealth Code Set Available on Aetna's Telehealth Policy or in the ruralMED COVID-19 Virtual Visit Guide	Modifier GT for CMS CPTs Modifier 95 for AMA Appendix P CPTs Modifier G0 for stroke related services. POS 02	New & Established	Not Specified	Audiovisual
E-Visit	CPT 99421-99423 CPT 98970 -98972 HCPCS G2061-G2063	No Modifier Required POS used for an in-person visit	Established	Qualified Healthcare Professional Qualified Nonphysician Healthcare Professional	Patient Portal or other Audiovisual Software
Virtual Check-In	HCPCS G2010, G2012, G0071	No Modifier Required POS used for an in-person visit	Established	Qualified Healthcare Professional	Telephone or Audiovisual
Telephone	CPT 99441-99443 CPT 98966-98968	No Modifier Required POS used for an in-person visit	Established	Qualified Healthcare Professional Qualified Nonphysician Healthcare Professional	Telephone

BCBS NE Telehealth

- **Prior to COVID-19, BCBS had a very limited telehealth code set that did not include office visit E&M codes, or really any other E&M codes.**
- **In response to COVID-19, BCBS has made the following changes, effective March 13th-June 20th, 2020:**
  - Providers may bill using E&M codes, therapy codes or BCBS defined telehealth codes.
    - The E&M and therapy codes are not part of the telehealth code set on Navinet.
  - All telehealth services will be covered at 100% of the provider's existing fee schedule.
  - Any credentialed provider can perform these services via telehealth.
  - No video component is required.

Blue Cross Blue Shield of NE

Allowable Visits

- Telehealth-No Originating Site Restriction
- E-Visits
- Virtual Check-Ins
- Telephone

Not Reimbursable

- Transmission & Originating Site Fees
- Inpatient Services
- Interprofessional Telephone or Internet Consultations

Cost Share Waiver

- Effective March 16th, 2020, BCBS will waive member cost sharing for all in-network telehealth visits, regardless of diagnosis.
- Effective March 1, 2020 through June 30th, 2020, BCBS will waive in-network member cost sharing for testing and treatment administered at a doctor's office, urgent care facility and emergency room, as well as inpatient hospital stays.

BCBS Billing Matrix

	Billable Codes	Modifier/POS	Patient Type	Provider Type	Device Requirement
Telehealth	E&M, Therapy, or Telehealth codes	Modifier 95 w/ POS 02	New & Established	Any Credentialed Provider	Telephone or Audiovisual
E-Visit	CPT 99421-99423 CPT 98970 -98972	Modifier 95 w/ POS 02 (Seeking clarification to verify if this is required)	Established	Qualified Healthcare Professional Qualified Nonphysician Healthcare Professional	Patient Portal or other Audiovisual Software
Virtual Check-In	Check your Fee Schedule- G2010 & G2012 are typically NOT on the Standard BCBS Fee Schedule	No Modifier Required POS used for an in-person visit	Established	Qualified Healthcare Professional	Telephone or Audiovisual
Telephone	Check your Fee Schedule- CPT 99441-99443 & CPT 98966-98968 are typically on the Standard BCBS Fee Schedule	No Modifier Required POS used for an in-person visit	Established	Qualified Healthcare Professional Qualified Nonphysician Healthcare Professional	Telephone

UHC Telehealth

- **UHC previously covered telehealth services according to CMS guidelines.**
- **Effective March 18th, 2020 through June 18th, 2020, UHC has waived the CMS originating site restriction and audio-video requirement.**
  - Eligible Care Providers can bill for telehealth services performed using interactive audio/video or telephone, except in the cases where UHC has indicated the need for interactive audio/video such as with PT/OT/ST.
- **UHC has not expand their telehealth codes to the extent that CMS has, however they did add therapy codes to their allowable code set.**

UHC

Allowable

- Telehealth-No Originating Site Restriction
- E-Visits
- Virtual Check-Ins

Not Reimbursable

- Telephone Visits
- Transmission & Originating Site Fees
- Telehealth Services performed by a Non-Eligible Care Provider

Cost Sharing Waiver

- Beginning March 31st, 2020 through June 18th, 2020, UHC will waive member cost sharing for all in-network telehealth visits.
- UHC is also waiving member cost sharing for treatment of COVID-19 through May 31st, 2020.
- These cost sharing waivers are applicable to their Commercial, Medicare Advantage, and Medicaid Plans.

UHC Billing Matrix

	Billable Codes	Modifier/POS	Patient Type	Provider Type	Device Requirement
Telehealth	Telehealth Code Set Available on UHC's Telehealth Policy or in the ruralMED COVID-19 Virtual Visit Guide	Modifier GT for CMS CPTs Modifier 95 for AMA Appendix P CPTs Modifier G0 for stroke related services. Commercial: POS used for an in-person visit Medicare Advantage: POS 02	New & Established	Eligible Care Provider-Physician, Nurse Practitioner, Physician Assistant, Nurse-Midwife, Clinical Nurse Specialist, Registered Dietitian or Nutrition Professional, Clinical Psychologist, Clinical Social Worker, CRNA. Due to updated legislation, UHC expanded reimbursement for providers as well as physical, occupational, speech and chiropractic therapists for telehealth services.	Telephone or Audiovisual
E-Visit	CPT 99421-99423 HCPCS G2061-G2063	No Modifier Required POS used for an in-person visit	Established	Qualified Healthcare Professional (Physician, APRN, PA) Qualified Nonphysician Healthcare Professional	Patient Portal or other Audiovisual Software
Virtual Check-In	HCPCS G2010, G2012, G0071	No Modifier Required POS used for an in-person visit	Established	Qualified Healthcare Professional (Physician, APRN, PA)	Telephone or Audiovisual
Telephone	NOT ALLOWED				

Commercial Other/Self-Funded

- Not all insurance companies are allowing reimbursement for telehealth visits. Major payors are doing a great job of publishing & updating their websites, but others leave uncertainty.
- MAJOR confusing point! Self funded plans that use major payors as claims administrators such Aetna, UHC, BCBS NE may NOT follow the “overall” payor policy. Their coverage is customizable and may exclude telehealth benefits.

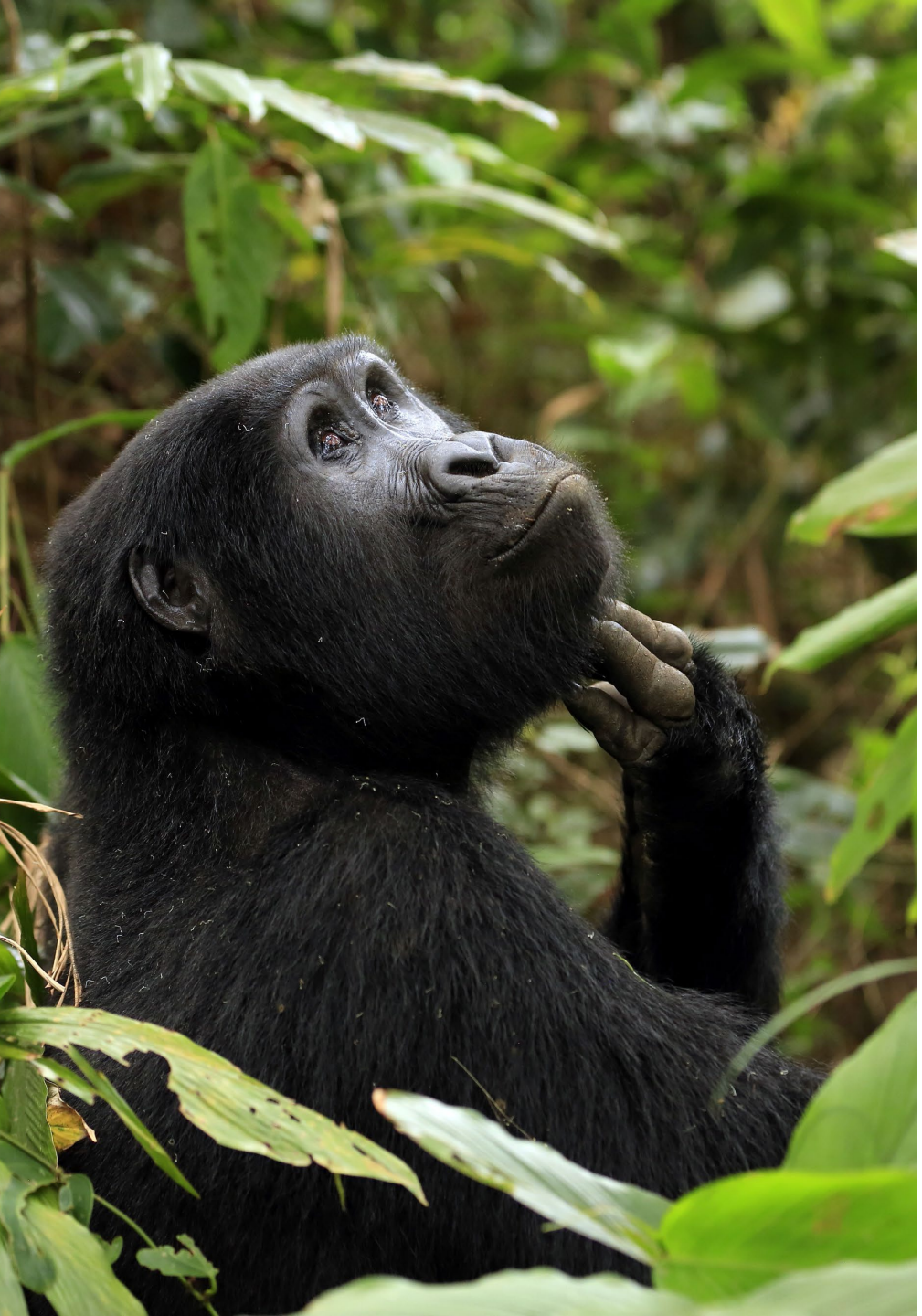
Pitfalls of Payor Policies

Lack of uniformity in the payors' policies.

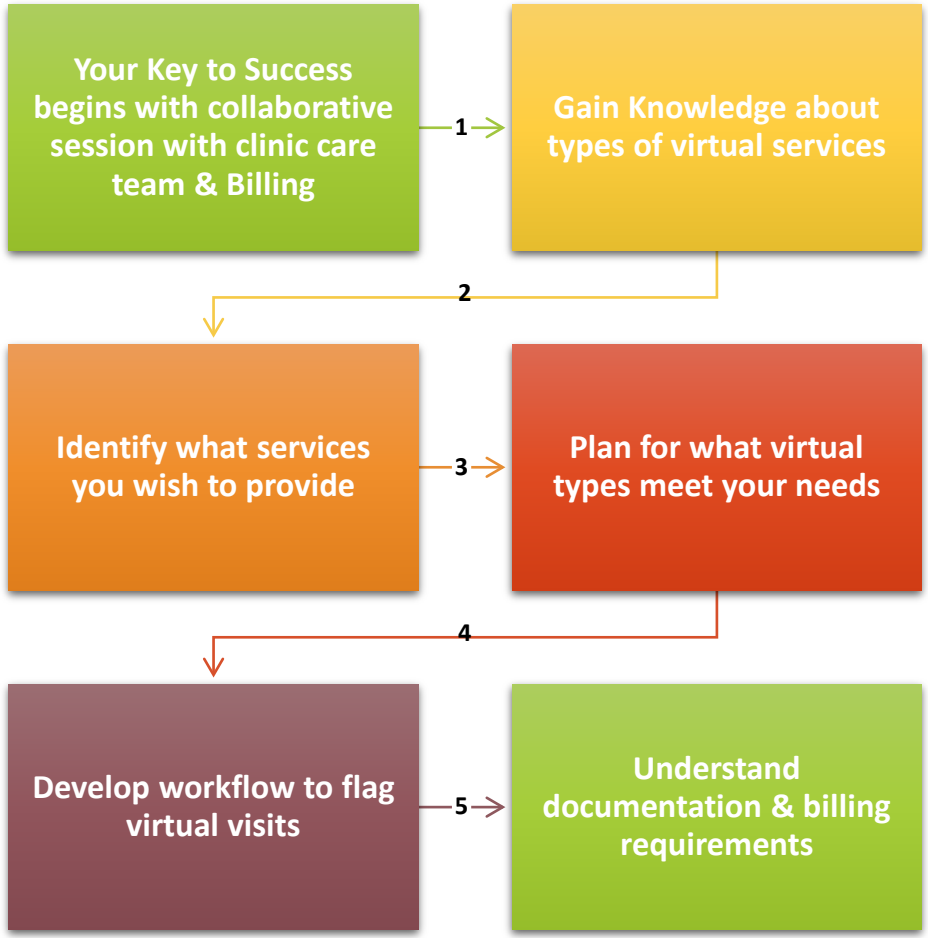
Contradictions within same payor policy or issued guidance.

Now What?

Now that we know the payor policies and virtual visits types, how do we turn that information into an optimized telehealth program?



This is Where is gets Complex…..



HIPAA Compliant Platform

This release has caused some confusion:

"OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications."

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.

Who Requires a HIPAA Compliant Platform?

Medicare – NO

Nebraska Medicaid- YES

Other Payors- Unknown

United Healthcare- NO
(Waived 4/3/20)

BCBS NE- Policy States it is Required

NOTE: Public facing platforms such as Facebook Live, Twitch, Snapchat, TikTok, and similar video communication applications are NOT allowed by any payor.

Provider/Facility Types

Hospitals

PT/OT/ST

Rural Health Clinics

Behavioral Health

CAH/PPS Hospital

What Can be Billed?

It is problematic that payors are not consistent in what is allowed for hospitals to bill. The following list is a summary of telehealth services that some payors are allowing – see payor's allowable telehealth code list on the payor's policy or ruralMED COVID-19 Reimbursement Guide.

- Professional Fees such as emergency department visits, initial and subsequent observation and observation discharge day management, initial hospital care and hospital discharge day management, critical care services, initial and continuing intensive care services, etc.
- Most payors allow diabetes management training (individual & group) and individual medical nutritional (initial and subsequent) to be performed via telehealth.
    - CMS, along with most other payors, considers Registered Dietitians and Nutritional Professionals as eligible telehealth clinicians.
- Specialty Clinic Visits: If a patient comes into the hospital to have a telehealth visit with a provider, and you were eligible to bill an originating site fee before, then you can continue to bill this.
- Facility Fees: If the patient is not coming into the hospital, you CANNOT bill a facility fee. For example, an Oncology Center/Wound Center may typically bill a professional fee and facility fee, but if patient located at home then a facility fee cannot be billed.

CAH/PPS Hospital

How To bill?

Follow your normal billing practices (professional fees on a UB or 1500) with the appropriate telehealth service indicator (modifier/POS) to indicate the service was provided telehealth.

The Confusion with PT/OT/ST

- **Virtual visits for physical therapy, occupational therapy, and speech therapy have been a point of confusion for many hospitals and stand-alone therapists. The two main points of confusion are:**
  - 1.) If physical, occupational, and speech therapists are considered by the payor a provider qualified to perform telehealth services.
  - 2.) If hospital-based physical, occupational, and speech therapists that bill for services on a UB-04 under the hospital NPI can perform virtual visits.

Commercial PT/OT/ST

	Aetna	BCBS	UHC
Telehealth	✅ There are multiple PT/OT/ST codes in Aetna's expanded telehealth code set. ❓ Seeking clarification from Aetna if PT/OT/SLPs are eligible to bill these codes. ❓ **Conclusion: Need to verify with Aetna if PT/OT/SLPs are considered telehealth qualified providers.**	✅ Therapy codes are billable via telehealth for any credentialed provider. ✅ Clarification on if a hospital-based therapists must be credentialed with BCBS to perform therapy telehealth codes. ✅ Per BCBS Representative: "If the claims are being submitted on a UB, then the therapist does not need to be individually credentialed. If the services are submitted on a 1500 form, the therapist must be credentialed." ✅ **Conclusion: BCBS is allowing therapists to bill for telehealth services on a UB or 1500.**	✅ UHC published a specific PT/OT/ST allowable telehealth code set for the COVID-19 pandemic. ✅ UHC follows CMS' policies on the types of care providers eligible to deliver telehealth services. ✅ However, due to recent legislation UHC has expanded telehealth reimbursement to physical, occupational, and speech therapists. ✅ If billing on a 1500 use the POS that would have been reported had the services been furnished in person along with a 95 modifier. If billing on a UB use revenue code 780. ✅ **Conclusion: UHC is allowing therapists to bill for telehealth services on a UB or 1500.**
E-Visits	✅ Individually enrolled Physical, Occupational, and Speech Therapists can bill CPT 98970 - 98972 or G2061-G2063 for E-visits. ❓ Seeking clarification if hospital-based therapists can bill E-Visit codes on a UB-04.	✅ Hospital-based and stand alone Physical, Occupational, and Speech Therapists can bill CPT 98970 -98972.	✅ Individually enrolled Physical, Occupational, and Speech Therapists can bill G2061-G2063 for E-visits. ❓ Seeking clarification if hospital-based therapists can bill E-visit codes on a UB-04.
Telephone	✅ Individually enrolled Physical, Occupational, and Speech Therapists can bill CPT 98966-98968. ❓ Seeking clarification if hospital-based therapists can bill these codes on a UB-04.	Check Fee Schedule to See if Allowable	Not Allowable

Medicare/Medicaid PT/OT/ST

	Medicare	Medicaid
Telehealth	✓ There are Multiple PT/OT/ST codes in Medicare's expanded telehealth code set. ✗ However, Physical Therapists, Occupational Therapists, and Speech Therapists are NOT considered CMS qualified telehealth providers, and therefore therapists are unable to bill these PT/OT/ST telehealth codes. ✗ **Conclusion: PT/OT/SLPs CANNOT bill Medicare telehealth services.**	✓ Medicaid has allowed some routine services, such as occupational therapy, physical therapy, and speech therapy to be delivered via telehealth in accordance with existing service definitions. • PT/OT/ST must be provided over audio and visual communication and cannot be performed via telephone. • Any service that requires "hands on" treatment by the provider cannot be done via telehealth. • Allowable CPT codes are available on the NE Medicaid Telehealth FAQ or ruralMED COVID-19 Virtual Visit Reimbursement Guide. ✓ Nebraska statutes currently authorize "any credential holder under the Uniform Credentialing Act" to use telehealth in establishing a provider-patient relationship. (There are exclusions, but do not exclude PT/OT/SLPs) ✓ Per NE Medicaid Representative, therapists should follow the same billing practices as an in person visit, and just append the GT modifier. ✓ **Conclusion: NE Medicaid is allowing therapists to bill for telehealth services on a UB or 1500.**
E-Visits	✓ Individually enrolled Physical, Occupational, and Speech Therapists can bill G2061-G2063 for E-visits. ? Seeking clarification if hospital-based therapists can bill these codes on a UB-04.	✗ Not Allowed (UHC Community Plan is the Exception)
Telephone	✓ Individually enrolled Physical, Occupational, and Speech Therapists can bill 98966-98968 for E-visits. ? Seeking clarification if hospital-based therapists can bill these codes on a UB-04.	✗ Not Allowed (Telephone CPTs 98966-98968 for Behavioral Health Providers only)

Payor Guidance PT/OT/ST

Outlined below is special payor guidance we have received on this issue

- **CMS**
  - 4/3/2020-E-Mail to CMS QSOG_EmergencyPrep@cms.hhs.gov:

    Question:

    1.) Are Physical Therapists, Occupational Therapists and Speech Therapists considered a “clinician that is allowed to provide telehealth”?

    2.) Can the therapy codes be billed by a critical access hospital on a UB-04 with a GT modifier?

    Answer:

    1.) No—currently these practitioners are not on the list (in statute) of practitioners that may provide Medicare telehealth services

    2.) Yes
  - 4/6/2020-E-mail to CMS QSOG_EmergencyPrep@cms.hhs.gov:
    - **Question**:
      - If physical therapists cannot perform therapy codes via telehealth, then what provider type is CMS expecting to perform these codes?
    - **Answer** from Representative within the Centers for Medicare/Hospital and Ambulatory Policy Group/Division of Practitioner Services:
      - “I was forwarded your question regarding the therapy services added to the telehealth list for the COVID-19 Public Health Emergency (PHE). You rightly point out that it is confusing to have services on the Medicare telehealth list that are primarily performed by practitioners who are excluded from the statutory list of eligible telehealth practitioners. What we have heard from the community is that sometimes those services are performed by physicians and as such, they should be able to bill for them as telehealth. I would note that we have heard a lot from therapists about their capacity to furnish services via telehealth, and we are considering the best way to address.”

Payor Guidance PT/OT/ST

Outlined below is payor special guidance we have received on this issue:

- **Nebraska Medicaid**
  - 04/03/2020-Phone conversation with the Nebraska Medicaid Public Information Officer:
    - **Question**: Can hospital-based PT/OT/SLPs who are not individually enrolled with Medicaid, and instead bill under the hospital's NPI on a UB-04, bill for PT/OT/ST services provided via telehealth and just append the GT modifier?
    - **Answer**: Yes, therapists should follow the same billing practices as an in person visit, and just append the GT modifier.
- **BCBS**:
  - 3/30/2020-E-mail to BCBS NE Provider Executive:
    - **Question**: Does the therapist performing the therapy telehealth visit have to be individually credentialed with BCBS (billing their services on a 1500) or can a hospital-based therapist bill therapy telehealth visits too? Hospital based therapists typically are not directly credentialed with BCBS and instead bill under the hospital's facility NPI on a UB.
    - **Answer**: If the claims are being submitted on the UB form, the therapists do not need to be individually credentialed. If the services are submitted on a 1500 form, the therapist must be credentialed.
- **UHC**:
  - Updated April 5th 20020, under the Telehealth Eligible Providers Section:
    - "UHC follows CMS' policies on the types of care providers eligible to deliver telehealth services. These include physician, nurse practitioner, physician assistant, nurse-midwife, clinical nurse specialist, registered dietitian or nutrition professional, clinical psychologist, clinical social worker, certified registered nurse anesthetists. Due to updated legislation, we have also expanded reimbursement for providers as well as physical, occupational, speech and chiropractic therapists for telehealth services."

RHC

- **Reminder**
  - RHC designation is only applicable to Medicare and Medicaid.
- **RHCs CAN PROVIDE TELEHEALTH!**
  - On March 27th, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. As part of the CARES Act, RHCs are now authorized to be a "distant site" for telehealth visits, therefore allowing RHC practitioners to provide telehealth services.
- **CMS working on issuing billing guidance.**
  - Claims will have to be held, however RHCs can begin to perform these visits as of March 27th, 2020.
  - Consideration-RHC claims could be required to be billed a 1500 form, which will require some re-configuration of systems.
- **The payment for RHC telehealth visits is currently undetermined.**
  - CMS indicates it will not be the all-inclusive rate and that a specific payment mechanism for RHCs will be developed that is based on the average payments under the physician fee schedule.
- **Another note is that NE Medicaid will potentially need to update their RHC billing polices and payment rate, so far there have been no announcements regarding this, so we are seeking additional clarification.**
- **Along with traditional telehealth visits, RHCs can bill G0071 for brief communications that occur utilizing audio only (telephone) or audio and video.**
  - G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only.

Behavioral Health

Most payors allow behavioral health services to be performed via telehealth.

Due to the vast information on Behavioral Telehealth, it will not be covered in this webinar. Please contact us if you would like additional information.

COVID-19 Lab Testing

Payor	HCPCS U0001	HCPCS U0002	CPT 87635
Aetna	Accepted: Yes Reimbursement: $35.92	Accepted: Yes Reimbursement: $51.31	Accepted: Yes Reimbursement: $51.31
BCBS NE	Accepted: Yes Reimbursement: $51.31	Accepted: Yes Reimbursement: $51.31	Accepted: Yes Reimbursement: $51.31
Medicare	Accepted: Yes Reimbursement: $35.92	Accepted: Yes Reimbursement: $51.31	Accepted: Yes
Nebraska Total Care	Accepted: Yes Reimbursement: $35.91 Billable: April 1st, 2020 DOS: February 4th, 2020 Forward	Accepted: Yes Reimbursement: $51.31 Billable: April 1st, 2020 DOS: February 4th, 2020 Forward	Accepted: Yes Reimbursement: Pending Billable: April 1st, 2020 DOS: February 4th, 2020 Forward
UHC All Lines of Business	Accepted: Yes Reimbursement: $35.92 Billable: April 1st, 2020 DOS: February 4th, 2020 Forward	Accepted: Yes Reimbursement: $51.33 Billable: April 1st, 2020 DOS: February 4th, 2020 Forward	Accepted: Yes Reimbursement: $51.33 Billable: April 1st, 2020 DOS: February 4th, 2020 Forward
Wellcare	Accepted: Yes Reimbursement: Pending Billable: April 1st, 2020 DOS: February 4th, 2020 Forward	Accepted: Yes Reimbursement: Pending Billable: April 1st, 2020 DOS: February 4th, 2020 Forward	Accepted: Unknown

We are Here to Help!

We will continue to update the *ruralMED COVID-19 Virtual Visit Reimbursement Guide* that can be accessed at https://www.ruralmed.net/covid-19-preparedness-virtual-visit-reimbursement-guide/

Individualized consultations are available. They are a true "fast track" to customizing this vast amount of information to your specific organization.

Contact Information

Hayley Prosser
Director of
Revenue Cycle Services

Cell:
720-361-9700

Email:
hprosser@ruralmed.net

Shelly Cassidy,
Vice President of
Revenue Cycle Services

Cell:
402-759-2823

Email:
scassidy@ruralmed.net

Wrap Up & Questions