

March 20, 2020

Telehealth Provider Presentation Q&A Responses

1. Are there any modifiers we need to utilize as a pediatric office?

- Place of Service (POS) 02
Our health plan requires that services delivered by telemedicine be accompanied by Place of Service (POS) 02 for services rendered on or after August 1, 2019, consistent with the Centers for Medicare & Medicaid Services (CMS).
- POS 02 – Telehealth: The location where health services and health related services are provided or received, through telecommunication technology
- **Telemedicine claims submitted with any other place of service code will be denied.** The appropriate modifier (95, GQ, or GT) should also be used, **when applicable.**
- 95: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system – ***if the CPT code is on Appendix P (attached) use modifier 95. If the CPT code is not on Appendix P then use modifier GT.***
- GQ: Via asynchronous telecommunications system
- GT: Via interactive audio and video telecommunications system
- G0(zero): New – telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
- Excellus BlueCross BlueShield adopted the CMS reimbursement methodology for telemedicine services with dates of services on or after August 1, 2019.

2. When would we use 95 vs. GT?

- 95: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system – ***if the CPT code is on Appendix P (attached) use modifier 95. If the CPT code is not on Appendix P then use modifier GT.***
- GQ: Via asynchronous telecommunications system
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3. Can you tell us what modifier would need to be used when the visit is just a phone call with no video? Would that be GT?

- **The health plan uses POS 02 for ALL telehealth services**
- Modifiers are not needed for telephone only calls since they are inherently telehealth codes.
- Modifiers can be used on E&M codes, please refer to questions #1 and #2 for

4. We have many elderly patients who aren't tech savvy and some patients with no computers - not knowing what new reimbursement is for telephone calls, my physicians are concerned why you can't treat live a video call.

- There are many options available to connect between provider and patient.
- Telephone only
- Audio/Video through smartphone or tablet – FaceTime, Skype, etc.

5. **If a provider is in the enrollment process will their services be rendered as if they were enrolled?**
 - If the service is for telehealth, PAR and NON-PAR providers will be covered in full.
6. **When they are rendered by a non enrolled MD/NP will they be reimbursed?**
 - All telehealth services rendered PAR or NON-PAR will be covered in full if they meet clinical coding guidelines.
7. **How do we handle residents/fellows in regard to telemedicine? Can they still participate in that evaluation of the patient?**
 - Residents and Fellows, if licensed in NYS or other states, could technically bill during this “crisis” but would likely be a non-enrolled provider which applies to another question in your list. If not licensed in any state, they cannot bill for either traditional or Telemedicine services now (unless we hear something different from government). Fellows are considered post-residency/post-graduate staff and likely are required to have licensure in the state of practice as they oftentimes are allowed to moonlight and cover for attendings during their final period of training. All patients seen by both residents and fellows may have their visits funnel back through the overseeing Chairman/attending for the program in which they are in.
8. **What documentation requirements are needed?**
 - Documentation should support the requirements of the code being billed. Also, documentation of consent must be noted in record.
 - Any time-based codes, such as telephone, online evaluation, etc. notate the start and end time in the records as well.
9. **Telemedicine applies to all services not just COVID-19 specific care, correct?**
 - This is correct!
10. **With Medicaid managed care are we doing phone only visits or can we also do video?**
 - **3/13/2020 – NYS Medicaid Update:**
 - Telephonic services are only for the care of established patients or the legal guardian of an established patient
 - A new patient **MUST** have a video visit initially and subsequent visits can be telephonic – this applies for all types of services (COVID-19, non-emergent, behavioral health, etc.)
11. **Do the new guidelines include the Federal and Blue Card plans as they have their own medical and administrative policies?**
 - FEP does have their own policy, guidelines and coverage, please see below.
 - Blue Card – refer to the member contract

BlueCross BlueShield

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FEP Covid-19 Response

- FEP made the determination in consultation with OPM to take a proactive approach to benefits administration for federal employees and retirees
 - Up to 30 day supply of emergency medication fills upon request
 - Waiver of Refill too soon logic for an additional 30 day supply
 - No cost share for Covid-19 testing
 - No member copay/coinsurance/deductible in relation to treatment if member is diagnosed with Covid-19
 - No Cost share for **ALL** Telemedicine visits provided by nationally contracted vendor during this event
- Additional Telehealth Enhancements
 - As of Tuesday March 17th, we have opened up a broad list of telemedicine encounter codes for local providers to deliver care electronically/virtually with standard member cost share applying
 - As stated above member cost shares are waived if diagnosed with Covid-19
- The FEP Director's Office continues to monitor the changing coding landscape to modify our systems to take into account the latest coding instructions.

- 12. Do patients need to have an established relationship with a provider to perform a video visit. Can you speak to the CMS language as it applies to our Medicare Advantage plan?**
- Medicare Advantage and Commercial members can be either telephone only or audio and video, it does not matter what the initial and/or subsequent visits are.
- 13. Phone calls - they don't have to be recorded with patients correct?**
- Correct, just documented in the patients EMR.
- 14. Is the coding for telehealth visits subject to the examination requirements for E&M coding? It seems that exam would be so limited that coding would be limited to level 2 visits**
- The exam can be performed via interactive A/V telehealth if the practitioner feels they can meet the clinical criteria of the code. The practitioner must meet all elements of the E&M code or time can be the factor for billing.
- 15. PT providers would like to know if they can see new patients or are they limited to established patients.**
With that said, if the PT providers obtain auth for the codes listed but then bills with a Telemedicine code, how will that work? Will the claims process accordingly?
- The initial visit can be done if documentation supports the requirements of the code being billed. Also, documentation of consent must be noted in record. We have the following codes for PT, however it must meet the CPT clinical criteria.
 - 97161-97164 – must be audio and video
 - 97165-97168 – must be audio and video
 - Telephone only – **non-MD** – 98966-98968
 - Online Evaluation – **non-MD** – 98970-98720
- 16. What would our Physical Therapist be considered? MD or Non-MD? Also, will we only be allotted to use just 1 of the designated procedure codes with modifier on claims?**
See question #15
- 17. In regard to PT when either calling or video and the member requires authorization, will that auth be waived?**
- Currently, outpatient PT does require prior authorization, however currently the health plan is reviewing all prior authorization.
- 18. Is the copay/coins/deductible lift the same across all medical services? Physical Therapy specifically?**
- Yes, all telehealth visits related and non-related to COVID-19 are covered in full during the state of emergency.
- 19. In Physical Therapy or any other visit, is there a limit on visits and does telemedicine count as a visit?**
- Yes, telemedicine is considered a visit.
 - PT Eval Codes – live audio and video, there are no limits
 - Online Evaluation – cumulative 7 day – in code description
 - Telephone only – Currently, for telephone only, there is no CMS or NYS guidelines that addresses the frequency per week. However, the visit must be medically appropriate and necessary.
 - **Examples of non-reimbursable or non-covered phone only services:**

- These codes should not be reported if the telephone call is related to an evaluation and management service performed by that practitioner (or his/her covering physician) within the **previous seven days** or if the phone call is received during the follow-up period of a previously performed procedure
- Provider initiated calls or e-visits
- Follow up phone calls after evaluation and management (E/M)
- Providing test results
- Request for medication refills
- Scheduling appointments or tests
- Requests for a referral
- Global surgical follow-up

20. Are visit limits and authorization procedures changing at all with telehealth visits vs in-clinic visits?

- There has not been changes to the visit limits, authorization requirements are being reviewed. Please continue to follow the members benefits and our policies

21. I am aware that Excellus has waived co-pay and coinsurance associated with telehealth—what about deductibles? Do those still apply, or have those been waived, too?

- Yes, all telehealth visits related and non-related to COVID-19 are covered in full during the state of emergency.

22. Could you clarify what you mean by “cumulative for 7-day period” with regard to the minutes involved in telehealth? It’s not unusual for a PT to see a patient 1-3 times per week, depending on the condition/situation.

- The time will be calculated in total for the week. Utilize the appropriate billing code that represents the total time spent with the same patient per 7 days.
- **See question #19 for more information and details**

23. If you have a PT visit limit, does a telemedicine call/video count towards that limit?

- **See question #19**

24. Does the telemedicine call/video need to be initiated by the patient?

- Yes, all telehealth services must be patient initiated.

25. Do you know if Excellus will be waiving pre-authorization for physical therapy for telehealth visits?

- **See question #20**

26. For a new consult for a cancer patient can be a video visit?

- If it’s a Medicaid member they must have an initial audio and video visit and subsequent visits can be by telephone.
- Medicare Advantage and Commercial members can be either telephone-audio only or audio and video, it does not matter what the initial visit is.

27. Can you tell us if LMSW providers will be allowed for the MH video/phone visits or will it still only be LCSW?

- Providers who submit a Self-Attestation containing all of the elements below will be authorized to deliver services via telemental health for a time-limited period, not to exceed the disaster emergency. They will certify to the following:
- That the practitioner(s) will possess a current, valid license, permit, or limited permit to practice in NYS.

- That the transmission linkages will be dedicated, secure, and meet minimum federal and NYS requirements.
- That confidentiality will be maintained as required by NYS Mental Hygiene Law Section 33.13 and 45 CFR Parts 160 and 164 (HIPAA Privacy Rules).
- That claim modifiers “95” or “GT” will be used on each claim that represents a service via telemental health.
- Providers will submit this Self-Attestation to Amy Smith at Amy.Smith@omh.ny.gov and keep a copy on file for review afterwards.
- **Use of Telemental Health for People Affected by the Disaster Emergency –**
<https://omh.ny.gov/omhweb/guidance/use-of-telemental-health-disaster-emergnecy.pdf>

28. Would a RN in office be considered Non-MD?

The CPT® code 99211 is the only E&M code used for ‘incident to’ billing available to the physician clinic’s ancillary staff members. Some of the other codes (in the range of 99212–99499) can, however, be billed ‘incident to’ by non-physician providers (NP, PA, CNS). Please note that Medicare regulations stipulate that neither DSMT nor MNT can be provided incident to a physician’s services when claiming the DSMT HCPCS G codes or the MNT CPT or HCPCS G codes.

99211

Office or other outpatient visits for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. For code 99211, the office or outpatient visit for the evaluation and management of an established patient may not require the presence of a physician or other qualified health care professional.

Who can bill CPT 99211:

RNs, LPNs, Mas, CNAs, MDs, Dos, NPP, Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives

29. Is there a specific code for COVID - 19 related visits?

- If the provider documents “suspected”, “possible” or “probable” COVID-19, do not assign code B97.29. Assign a code(s) explaining the reason for encounter (such as fever or Z20.828).
- Definitive diagnosis of COVID-19 - B97.29 with a respiratory infection code

30. Can we do video visits for other reasons then COVID19

- Yes, all telehealth visits related and non-related to COVID-19 are covered in full during the state of emergency.
- If it’s a Medicaid member they must have an initial audio and video visit and subsequent visits can be by telephone.
- Medicare Advantage and Commercial members can be either telephone-audio only or audio and video, it does not matter what the initial visit is.

31. If we are doing video visits, we are using E&M codes and the phone visits we are using 99441-99443 correct?

- That is correct! Always use POS 02 and modifiers when necessary.

32. For clinical Social workers would they bill the same CPT codes?

- If the visit is phone only or an online evaluation code, then codes 98966-98968 (phone only-non-MD) or 98970-98972 (online evaluation non-MD) must be used.

- Refer to question #15 for more information and details – would bill same as non-MD for telephone only and online evaluation.

33. Is your fee schedule update with the new allowed amounts for the CPT codes 99441-99443?

- For E&M codes, we are paying the same rate as if the service was done in-person. POS 02 must still be billed.
- For telephone -audio only and Online Evaluation codes, we have significantly increased the allowed amounts.

34. When will new fees be effective, would you consider back-dating to March 1st when these types of visits started to become a frequent?

- Effective for dates of service on and after March 13, 2020, we will increase the rates for telehealth telephone and online evaluation services provided to commercial and Medicare members

35. What is the RVU rate for the video visit?

- We ask that you contact your provider relations representative for any fee schedule questions since fee schedules vary by region.

36. MEDENT is telling us to use a pos 45(telehealth) should we only use 02 which in MEDENT is off campus outpatient?

- We have confirmed that MEDENT's POS 45 for their internal processes. The claims billing system will convert to POS 02.

37. What type of documentation is necessary for telephonic visits as well as video visits?

- **See question number #8**

38. Does that cost share specific to FEP? Otherwise Excelsius will have no co share for the screening visits correct?

- **See question #11**

39. Are there limitations of billing a telehealth phone call only visit and a face to face visit within a certain time frame?

- **See questions #19**

40. Will Excelsius pay for Telemedicine if provided by a Pain Management specialist? Are there specialist that are not allowed use telemedicine?

- Telemedicine is not provider specialty specific, if the provider can meet the requirements of the billing code, they can bill telemedicine.
- **See question #14 for more details about billing for an E&M**

41. Question of whether telehealth services can be used for NEW and EXISTING clients?

- If it's a Medicaid member they must have an initial audio and video visit and subsequent visits can be by telephone.
- Medicare Advantage and Commercial members can be either telephone-audio only or audio and video, it does not matter what the initial visit is.

42. Your telehealth policy states that the provider must have a HIPAA-compliant telehealth platform, however CMS recently released guidance that it was waving that requirement. Any non-public facing platform is now allowed (temporarily, I assume). Is Excellus following suit with CMS on this?

- **Yes**, 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, 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.
- Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.
- <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

43. Can Chiropractors bill for telehealth?

- Chiropractors are not allowed to bill for established patients E&M (99211-99215)
- Chiropractors can utilize telephone (98966-98968) and online evaluation (98970-98972) non-MD codes
- Medicare Advantage; use G2061-G2063 for online evaluation
- Chiropractors can bill a new patient E&M for Commercial members only!