

# ***Telehealth Billing & Reimbursement Boot Camp***

**11<sup>TH</sup>** ***Annual Telehealth  
Summit of South Carolina***  
**December 4 - 6, 2023**  
Hyatt Regency Greenville  
Greenville, South Carolina



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# Presenters



Kellie Mendoza serves as the Chief Compliance & Privacy Officer for MUSC Physicians. In this role, she has primary responsibility for the development, implementation, revision and oversight of the MUSCP Compliance Plan and activities related to privacy and access to patient health information. As the demands of the healthcare regulatory environment increase, she and her team strive to maintain and expand the visibility of corporate compliance efforts and implement compliance initiatives that reduce risk related to professional billing practices. Kellie has over 17 years of billing and coding experience with an emphasis on telehealth billing & reimbursement policies in South Carolina.

Kellie is a graduate of the Medical University of South Carolina where she earned a Bachelor of Health Science (summa cum laude) and a Master of Health Administration. She holds a Certified Professional Coder (CPC) certification from the American Academy of Professional Coders (AAPC), a Certification in Healthcare Compliance (CHC) and a Certification in Healthcare Privacy Compliance (CHPC) from the Health Care Compliance Association (HCCA).

Amanda Gardner joined the MUSC Physicians Compliance Department in 2020 and serves as the Corporate Compliance Regulatory Manager. Amanda provides provider and staff education, and serves as a resource for coding, billing, and regulatory issues. Amanda is a graduate of The Ohio State University where she earned a Bachelor of Science in Health Information Management and Systems and a Master of Health Administration. She holds a Registered Health Information Management Administrator (RHIA) certification and is a member of the American Health Information Management Association (AHIMA).



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# Disclaimer

*This presentation and the content herein are solely based on information published in payer policies as of November 10, 2023. The materials provided in this presentation are for general information purposes only and do not constitute legal or other professional advice on the subject matter. The material provided in this presentation are not statements of advice, opinion, or information of the presenter. The presenter encourages one to seek the advice of your respective health care counsel and your compliance department for a more detailed explanation of this information and its application to your situation.*





# Objectives

- Describe common virtual services and documentation/billing guidelines for each.
- Understand coverage rules and current state of reimbursement for telehealth, including any extended Public Health Emergency (PHE) waivers.
- Understand Teaching Physician Regulations for video visits.
- Understand responsibilities outlined under the SC Telemedicine Act.



# ***Common Virtual Services: Documentation & Billing***

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# ***Patient Informed Consent***

CMS requires patient consent for all services, including non-face-to-face services. You may get patient consent at the same time you initially provide the services. Direct supervision isn't required to get consent. In general, auxiliary personnel under general supervision of the billing practitioner can get patient consent for these services. The person getting consent can be an employee, independent contractor, or leased employee of the billing practitioner.

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# Video Visit

- A video visit is a visit performed using live, interactive video and audio.
- Platform used must be **HIPAA Compliant.**
- Provider must select code as if the service was provided in person; E/M category is based on patient status (inpatient vs. outpatient).
  - Examples:
    - 99202-99215; 99241-99245 (Office or other outpatient visits)
    - 99281-99285 (Emergency department visits)
    - 99251-99255; 99221-99223; 99231-99233, 99238 (Inpatient visits)
    - G0425-G0427 (Medicare telehealth consults, emergency department or inpatient)
    - G2025 (RHC/FQHC)



# Video Visit Required Documentation

- Documentation must include the following:
  - A statement that the service was provided using telemedicine;
  - Location of the patient;
  - Location of the provider;
  - Medical necessity of the visit;
  - Total time
    - SC Medicaid requires start and stop time only if also required for a face to face service
    - All other payers allow total time, but not time ranges
  - Names of all persons participating in the telemedicine service and their role in the encounter, as applicable





# ***Telephone Visit (Virtual Check-in)***

- A telephone visit (AKA virtual check-in) is a visit using telephone only, without video.
- Billing is based on provider type and total time of the visit.
- Cannot be billed if less than 5 minutes **OR** for communication of test results, scheduling appointments, or for other communication that does not include E&M services.
- Reported only once for the same episode of care during a 7-day period; cannot report if originating from a related visit provided within the previous 7 days or if communication leads to a virtual visit within 24 hours or soonest available.



# Telephone Visit (Virtual Check-in) CPT Codes

MD/APP

- G2012 (5-10 mins) or 99441 (5-10 mins)
- 99442 (11-20 mins)
- 99443 (21-30 mins)

Other Eligible  
Provider Types

- 98966 (5-10 mins) or G2251 (5-10 mins)
- 98967 (11-20 mins) or G2252 (11-20 mins)
- 98968 (21-30 mins)

RHC/FQHC

- G0071 (5 mins)

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# ***Telephone Visit Required Documentation***

- A statement that the patient provided verbal consent for the billing of the service (each service).
- Medical necessity of the visit.
- Total time (not time range).





# ***Common Question***

**Q:** What do I do if I start a visit as a video visit, but the patient is unable to connect and the service is ultimately done via telephone?

**A:** The service should be billed as a telephone visit and billed based on total time.



# ***E-visit***

- An e-visit is an asynchronous communication between a patient and provider through an online patient portal.
- This service **may not be used** for work done by clinical staff (i.e. nurse, CMA).
- May only be reported once for the billing provider's cumulative time devoted to the service **for the same or related problem** during a 7 day period.
- If separate E/M service provided during the 7 day period, time spent on e-visit must be incorporated into the separately reported E/M service. Cannot be billed if less than 5 minutes.



# E-visit CPT Codes

MD/APP

- 99421 (5-10 mins)
- 99422 (11-20 mins)
- 99423 (21+ mins)

Other Eligible  
Provider Types  
(Non-Medicare)

- 98970 (5-10 mins)
- 98971 (11-20 mins)
- 98972 (21+ mins)



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# ***E-visit Required Documentation***

- A statement that the patient provided consent for the billing of the service (annually).
- Medical necessity of the visit.
- Total Time (not time range).



# ***Interprofessional Consult (E-consult)***

- An Interprofessional consult, AKA e-consult, is a time based visit in which a patient's treating physician/APP requests the opinion/treatment advice of a consulting physician/APP to assist in the diagnosis and/or management of the patient's problem. The service is provided without face to face patient contact with the consultant. The service includes ***medical consultative discussion and review of pertinent medical records, laboratory studies, imaging reports, medications, and path results.***
- Not reported if in-person visit in past 14 days, next available appt is scheduled, or transfer of care.
- Cannot report 99446-99451 more than once in 7 day period.

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# Interprofessional Consult (E-consult) CPT Codes

CPT CODE	REPORTED BY	REQUIRES	TIME	HOW TIME IS SPENT
99446	Consulting provider	Verbal and written report to requesting	5-10 mins	Medical consultative discussion and review (>50% is in discussion)
99447	Consulting provider	Verbal and written report to requesting	11-20 mins	"
99448	Consulting provider	Verbal and written report to requesting	21-30 mins	"
99449	Consulting provider	Verbal and written report to requesting	≥ 31 mins	"
99451	Consulting provider	Written report to requesting	≥ 5 mins	Medical consultative discussion and review (>50% is in review)
99452	Referring provider	N/A	16-30 mins	Preparing for referral and/or communicating with the consultant on a single date



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# ***E-consult Required Documentation***

- A statement that the patient provided verbal consent for performance and the billing of the service (each service).
- Request with reason for consultation.
- Medical necessity of the visit.
- Total Time (not time range).



# Remote Physiologic Monitoring

- Provider must obtain patient's consent for all RPM services and document it in the patient's medical record.
- The device must meet the definition of a medical device, as defined by the FDA.
- The service must be ordered by a physician or other qualified healthcare provider.
- RPM services, following the guidance on the previous slide, can be billed during the same service period as Chronic Care Management (CPT codes 99487, 99489, and 99490), Transitional Care Management (CPT codes 99495 and 99496), and Behavioral Health Integration (BHI) (CPT codes 99492, 99493, 99494, and 99484).
- Review [HHS guidance](#) for more information.



# Remote Physiologic Monitoring CPT Codes

CPT CODE	WHEN WOULD I SUBMIT THIS CODE?	TIMING	WHO CAN PROVIDE THE SERVICE?
<b>99453</b> -Remote monitoring of physiologic parameter(s) (i.e. weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Used to report the set-up and patient education on how to use of the device(s); per NCCI cannot report with 99091	Reported for each episode of care	Clinical staff under general supervision of the physician or physician/qualified healthcare professional
<b>99454</b> - Remote monitoring of physiologic parameter(s) (i.e. weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Used to report supply of the device; per NCCI cannot report with 99091	Can be billed each 30 days; do not report 99453/99454 if monitoring less than 16 days	
<b>99457</b> - Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes +99458- each additional 20 minutes per month	Used to report time spent using results of the monitoring device to manage a patient under a specific treatment plan; <i>interactive communication must include two-way audio with video or other kinds of data transmission</i>	Every calendar month	
<b>99091</b> - <i>Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time</i>	Used to report time involved with data accession, review and interpretation, modification of care plan as necessary and associated documentation; must be initiated during a face-to-face with the <b>billing provider</b> ; per NCCI cannot report 99453 or 99454 in addition to this code	Can be billed each 30 days	Limited to physician or qualified healthcare professional

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# **SC Telemedicine Act Responsibilities**

Provider must be licensed in the state where the **patient is located** at the time of telehealth service (i.e. if patient is located in SC, provider must have a SC license).

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# ***Licensure Requirements***

Outlined by each state, but typically require providers to be licensed in the state where the patient is located. Information on individual state licensure requirements can be found on the Federation of State Medical Boards [website](#).

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# ***Current State of Reimbursement***

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# ***Telehealth Reimbursement***

Generally, telehealth coverage is based on:

- CPT code
- Performing provider type
- Originating site



# *Medicare*

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# Coverage

- Medicare's resource for coverage and billing rules for telehealth services can be found [here](#).
- Medicare coverage is currently based on the following:
  - 1) Distant site provider type
  - 2) Service (CPT or HCPCS code)





# ***CPT/HCPCS Code***

Click [here](#) for a full list of CPT/HCPCS codes payable under the Medicare Physician Fee Schedule when furnished via telehealth.

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# Telephone Visit Coverage

Current State – December 31, 2024

Covered services for new and established patients.

January 1, 2025 – Forward

Non-covered services.

*\*Exception:* Audio-only services that are permanently covered for mental health treatment.

MD/APP	<ul style="list-style-type: none"><li>• 99441 (5-10 mins)</li><li>• 99442 (11-20 mins)</li><li>• 99443 (21-30 mins)</li></ul>
Other Eligible Provider Types	<ul style="list-style-type: none"><li>• 98966 (5-10 mins)</li><li>• 98967 (11-20 mins)</li><li>• 98968 (21-30 mins)</li></ul>

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# Virtual Check-in Coverage

Covered services for established patients only.

MD/APP	<ul style="list-style-type: none"><li>• G2012 (5-10 mins)</li></ul>
Other Eligible Provider Types	<ul style="list-style-type: none"><li>• G2251 (5-10 mins)</li><li>• G2252 (11-20 mins)</li></ul>
RHC/FQHC	<ul style="list-style-type: none"><li>• G0071 (5 mins)</li></ul>

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# E-visits Coverage

Covered services for established patients only.

MD/APP	<ul style="list-style-type: none"><li>• 99421 (5-10 mins)</li><li>• 99422 (11-20 mins)</li><li>• 99423 (21+ mins)</li></ul>
Other Eligible Provider Types	<ul style="list-style-type: none"><li>• 98970 (5-10 mins)</li><li>• 98971 (11-20 mins)</li><li>• 98972 (21+ mins)</li></ul>

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# ***Remote Patient Monitoring***

May only be provided to established patients.

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# *Audio-Only Services*

- Full list in Appendix T in CPT book.
- 93 modifier required.
- Medicare is allowing coverage for services that would routinely be done using video/audio to be performed using only audio (i.e. telephone).





# Place of Service

*Current State – December 31, 2024*

**Video Visits, Virtual Check-ins, Telephone Visits, E-visits, Interprofessional Consults:** POS as if the patient presented in person.

*January 1, 2025 – Forward*

- **Video Visits:** POS 02 (telehealth provided other than patient home); POS 10 (telehealth provided in patient home).
- **Virtual Check-ins, Telephone Visits, E-visits, Interprofessional Consults:** POS as if the patient presented in person.



# ***Modifiers***

- Video visits: 95
- Stroke: G0
- Audio-only: 93
- Mental health: FQ
- Asynchronous: GQ
- Cost sharing waived: CS



# Originating Site – Professional (Q3014)

*Current State – December 31, 2024*

Any location, including patient's home.

*January 1, 2025 – Forward*

An eligible originating site located outside of a Metropolitan Statistical Area (MSA) **OR** within a Rural Health Professional Shortage Area (HPSA).

*\*Exclusions:* services for the diagnosis, evaluation or treatment of a mental health disorder or an acute stroke.





# ***Originating Site – Hospital (780)***

Patient must physically be located in a hospital facility.

*\*Exception:* Behavioral health services provided in the patient's home.



# Eligible Providers

## Current State – December 31, 2024

- Physician
- Nurse Practitioner
- Physician Assistant
- Clinical Nurse Specialist
- Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Psychologist
- Licensed Independent Social Worker
- Registered Dietician
- Nutritional Professionals
- Physical Therapist
- Occupational Therapist
- Speech Language Pathologist
- Audiologist

## January 1, 2025 – Forward

- Physician
- Nurse Practitioner
- Physician Assistant
- Clinical Nurse Specialist
- Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Psychologist
- Licensed Independent Social Worker
- Registered Dietician
- Nutritional Professionals

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# ***RHC and FQHC Flexibilities***

Full information regarding new and expanded flexibilities for RHCs and FQHCs can be found [here](#).

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# ***RHC and FQHC In Person Requirement***

*Current State – December 31, 2024*

Eligible to furnish telehealth to meet in person requirement.

*January 1, 2025 – Forward*

Patient required to be seen in person, excluding mental health services.

- Mental health services may be provided via telehealth as long as an in person visit was furnished within the previous 6 months.
- In general, there must be an in person mental health visit at least every 12 months while the patient is receiving telehealth services to diagnose, evaluate, or treat mental health disorders.

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# RHC and FQHC Mental Health Visits via Telehealth

RHC		
Facility Code	Professional Code	Modifiers
0900	90834	<ul style="list-style-type: none"> <li>• 95 (audio-video)</li> <li>• FQ or 93 (audio only)</li> <li>• CG (required)</li> </ul>

FQHC		
Facility Code	Professional Code	Modifiers
0900	G0470	<ul style="list-style-type: none"> <li>• 95 (audio-video)</li> <li>• FQ or 93 (audio only)</li> </ul>
0900	90834	N/A

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# ***Patient Cost Sharing***

Patient cost sharing requirements for telehealth services enforced.

*\*Exception:* Cost sharing waived preventive services furnished via telehealth in RHCs and FQHCS through 12/31/2024.

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# ***Provider Location Reporting***

*Current State – December 31, 2024*

Practitioners can render telehealth services from their home without reporting their home address on their Medicare enrollment.

*January 1, 2025 – Forward*

Practitioners are required to report their home address on their Medicare enrollment if rendering telehealth services from their home.

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# Physician Direct Supervision

*Current State – December 31, 2024*

May be virtually present and immediately available via live interactive audio/video technology.

*January 1, 2025 – Forward*

Must be physically present and immediately available.

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# Teaching Physician Regulations

*Current State – December 31, 2024*

May meet required presence and participation via live interactive audio/video technology.

*January 1, 2025 – Forward*

Must be physically present to meet required presence and participation.

*\*Exception:* May meet required presence and participation via live interactive audio/video technology for services if patient and resident are both in a Rural Health Professional Shortage Area (HPSA).

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# ***Primary Care Exception: AMCs***

Only E/M levels 1-3, annual visits, interprofessional consults and virtual check-ins may be provided by residents.

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# ***Resident & Fellow Moonlighting***

Residents and fellows may furnish and separately bill for services in the inpatient, outpatient, and emergency department settings that are not related to their approved GME programs.

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# Frequency Limitations

*Current State – December 31, 2023*

No frequency limitations on telehealth services.

*January 1, 2024 – Forward*

- Subsequent Inpatient Care may only be billed **once every three days.**
- Subsequent Skilled Nursing Facility Care may only be billed **once every fourteen days.**
- Critical Care Consultations may only be billed **once per day.**





# ***SC Medicaid***

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# ***SC Medicaid Manuals***

- [Community Mental Health \(CMH\) Services Provider Manual](#)
- [Hospital Services Provider Manual](#)
- [Physicians Services Provider Manual](#)

*Full listing of provider manuals can be found [here](#).*



# Coverage

- SC Medicaid’s resource for coverage and billing rules for telehealth services can be found on the [SCDHHS website](#) and searching “telehealth”.
- Current telehealth flexibilities can be found [here](#).
- SC Medicaid coverage is currently based on the following:
  - 1) Distant site provider type
  - 2) Service (CPT or HCPCS code)





# ***CPT/HCPCS Code***

Click [here](#) for a full list of CPT/HCPCS codes payable when furnished via telehealth.



# Telephone Visits Coverage

*Current State – May 12, 2024*

Covered services for established patients only.

*May 13, 2024 – Forward*

Non-covered services.

- MD/APP
  - 99441 (5-10 mins)
  - 99442 (11-20 mins)
  - 99443 (21-30 mins)
- Other Eligible Provider Types
  - 98966 (5-10 mins)
  - 98967 (11-20 mins)
  - 98968 (21-30 mins)

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# ***E-Visits Coverage***

Non-covered services.

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# *Place of Service & Modifier*

- Place of service
  - Video Visits: POS 02
  - Psych Rehab, Telephone Visits, E-visits, and Interprofessional Consults: POS as if the patient presented in person
- GT modifier



# *Originating Site*

- Any location, including patient home.
- Referring site eligible for Q3014.



# ***Distant Site (Location of Provider)***

Any location.

*\*\*\*Note: provider must licensed in SC*





# Eligible Providers

## Current State – May 12, 2024

- Physician
- Nurse Practitioner
- Physician Assistant
- Physical Therapist
- Occupational Therapist
- Speech Language Pathologist
- Clinical Psychologist\*
- Clinical Social Worker\*
- Licensed Professional Counselor\*
- Licensed Marriage & Family Therapist\*

*\*audio/psychotherapy/psych intake only*

## May 13, 2024 – Forward

- Physician
- Nurse Practitioner
- Physician Assistant



# Physician Direct Supervision

*Current State – May 12, 2024*

May be virtually present and immediately available via live interactive audio/video technology.

*May 13, 2024 – Forward*

Must be physically present and immediately available.

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# *Teaching Physician Regulations*

Must be physically present or immediately available, as applicable, to meet required presence and participation.

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# ***Resident & Fellow Moonlighting***

Residents and fellows may furnish and separately bill for services in the **inpatient, outpatient, and emergency department** settings that are not related to their approved GME programs.

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# Behavioral Health

*Current State – May 12, 2024*

Psychiatric diagnostic evaluations and individual and family psychotherapy are allowable via telehealth.

*May 13, 2024 – Forward*

Psychiatric diagnostic evaluations and individual and family psychotherapy must be provided in person.



# ***BabyNet Enrolled Children***

*Current State – May 12, 2024*

Service coordination, individualized family service plan meeting and team participation, family training and occupational therapy are allowable via telehealth.

*May 13, 2024 – Forward*

Service coordination, individualized family service plan meeting and team participation, family training and occupational therapy must be provided in person.

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# *Occupational Therapy Services*

Non-covered services (unless provided to a member enrolled in BabyNet).

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# ***TRICARE***

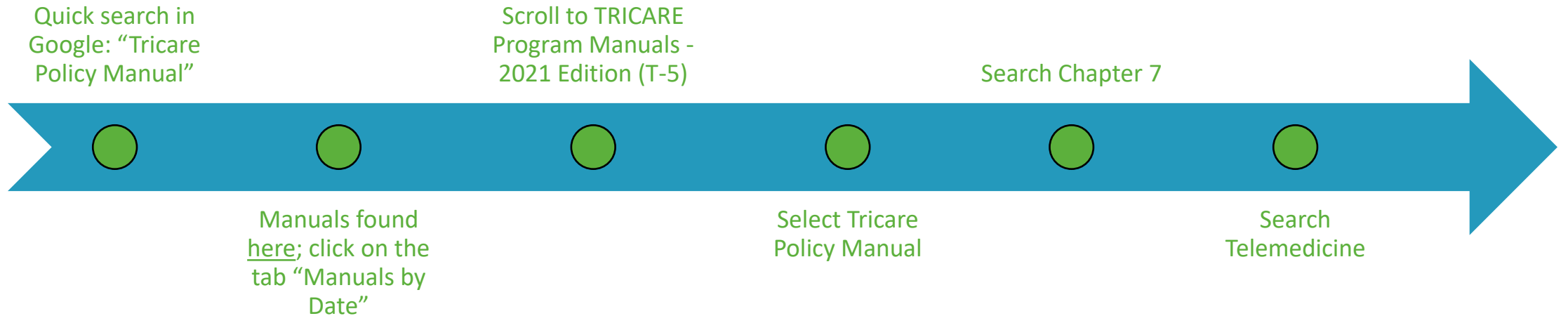
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# How Do I Find the Payer Policy?



[Link to current Telemedicine policy.](#)

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# Coverage

TRICARE coverage is based on the following:

- 1) Originating site (also known as referring site)
- 2) Distant site provider type
- 3) Service (CPT or HCPCS code)



# ***CPT/HCPCS Code***

The use of interactive telecommunications systems may be used to provide diagnostic and treatment services for otherwise covered TRICARE benefits when such services are medically or psychologically necessary and appropriate medical care.



# Telephone Visits Coverage

Covered services.



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# ***E-Visits Coverage***

Non-covered services.

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# *Place of Service & Modifier*

- Place of service 02
- Modifier
  - Synchronous: GT or 95
  - Asynchronous: GQ



# *Originating Site*

Payment is made only when the originating site is where an otherwise authorized TRICARE provider normally offers professional medical or psychological services. No payment shall be made when the originating site does not satisfy the requirement (e.g., no payment will be made when the originating site is the beneficiary's home).





# *Eligible Providers*

TRICARE authorized provider providing services within their scope of practice under all applicable state(s) law(s) where services provided.



# ***Aetna***

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# Coverage

- Aetna's resource for coverage and billing rules for telehealth services can be found in their [Telemedicine and Direct Patient Contact Payment Policy](#).
- Aetna coverage is currently based on the following:
  - 1) Service (CPT or HCPCS code)





# ***CPT/HCPCS Code***

Aetna's full list of CPT/HCPCS codes payable when furnished via telehealth are listed in their [Telemedicine and Direct Patient Contact Payment Policy](#).

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# *Telephone Visits Coverage*

Non-covered services.

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# ***E-visits Coverage***

Non-covered services.

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# *Place of Service & Modifier*

- Place of service 02
- Modifier
  - Synchronous: GT or 95
  - Asynchronous: GQ
  - Stroke: G0
  - Supervising practitioner present via two-way A/V communication: FR



# *Originating Site*

Not addressed in telemedicine policy.

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# ***Eligible Providers***

All participating and nonparticipating physicians, facilities, and other qualified health care professionals.

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# ***BCBS***

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# ***Telehealth and Telemedicine Policies***

- Medical policies found [here](#).
- Click on medical policies and then find “T” under alphabetical list.
- Click on the “T” and look for the two policies:
  - [CAM176 Telehealth](#)
  - [CAM 032 Telemedicine](#)



# Telehealth vs Telemedicine Policies

## Telemedicine – CAM 32

- Physician to physician
- Requires two-way interactive video and audio
- Clinicians who are currently contracted and eligible to submit claims to BCBS of SC are covered providers
- Limited covered referring sites
- Services submitted with GT modifier
- Referring physician site eligible for Q3014

## Telehealth – CAM 176

- Patient to clinician
- Requires two-way interactive communication
- Clinicians who are currently contracted and eligible to submit claims to BCBS of SC are covered providers
- No limitation on covered sites
- Services submitted with 95 modifier
- Q3014 not mentioned in policy





# Coverage

BCBS of SC coverage is based on the following:

- 1) Referring site (also known as originating)
- 2) Distant site provider type
- 3) Service (CPT or HCPCS code)



# CPT/HCPCS Code

Review each policy below for a full list of CPT/HCPCS codes payable when furnished via telehealth and telemedicine.

- CAM176 Telehealth
- CAM 032 Telemedicine



# *Telephone Visits Coverage*

Non-covered services.

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# ***E-Visits Coverage***

Non-covered services.

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# *Place of Service & Modifier*

- Place of service
  - POS as if the patient presented in person
- Modifier
  - Telemedicine: GT
  - Telehealth: 95



# *Originating Site – Q3014*

- **Telemedicine**
  - Physician office
  - Hospital
  - RHC and FQHC
  - Community Mental Health Center
  - Patient home
  - Public school
  - Act 301 Behavioral Health Centers





# Eligible Providers

## Telehealth

- Physician
- Nurse Practitioner
- Physician Assistant
- Clinical Nurse Specialist
- Clinical Psychologist
- Clinical Social Worker
- Licensed Professional Counselor
- Licensed Marriage & Family Therapist
- Speech Therapist
- Occupational Therapist
- Physical Therapist

## Telemedicine

- Providers who meet the Plan's contracting requirements and are currently contracted are eligible to submit claims for telemedicine and telepsychiatry when the service is within the scope of their practice.



# *Cigna*

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# Coverage

- Cigna's coverage and billing rules for telehealth services can be found in their [Virtual Care Reimbursement Policy](#).
- Cigna coverage is based on:
  - 1) Service (CPT or HCPCS code)





# ***CPT/HCPCS Code***

Full list of CPT/HCPCS codes payable when furnished via telehealth are found in the [Virtual Care Reimbursement Policy](#).

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# Telephone Visits Coverage

Covered services.



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# ***E-Visits Coverage***

Non-covered services.

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# ***Place of Service & Modifier***

- Place of service 02
- Modifier
  - Synchronous: GT or 95
  - Asynchronous: GQ
  - Stroke: G0

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# *Originating Site*

Not addressed in telemedicine policy.

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# ***Eligible Providers***

Policy only references physician and other qualified health care professionals.





# *United Healthcare*

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# *Policy*

- Policy very similar to Medicare.
- CMS designated covered providers.
- CPT code list differs based on use of GT, GQ or 95 modifier.
  - Synchronous & asynchronous services covered



# Coverage

UHC coverage is based on the following:

- 1) Originating site
- 2) Distant site provider type
- 3) Service (CPT or HCPCS code)





# ***CPT/HCPCS Code***

CPT/HCPCS codes payable when furnished via telehealth:

- Telehealth Eligible Services Codes
- PT/OT/ST Telehealth Eligible Codes
- Communication Technology-Based Services and Remote Physiologic Monitoring Eligible Codes
- Telehealth Audio-Only Eligible Services Codes



# *Telephone Visits Coverage*

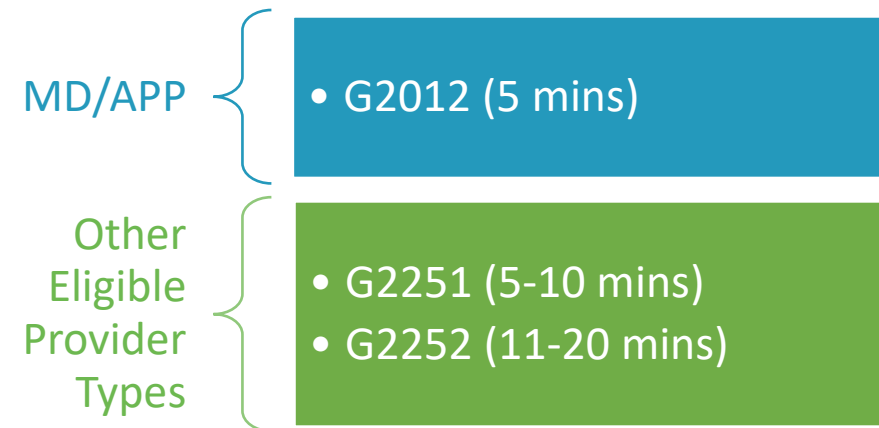
Non-covered services.

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# Virtual Check-in Coverage

Covered services.



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# E-visits Coverage

Covered services.

MD/APP	<ul style="list-style-type: none"><li>• 99421 (5-10 mins)</li><li>• 99422 (11-20 mins)</li><li>• 99423 (21+ mins)</li></ul>
Other Eligible Provider Types (Non-Medicare)	<ul style="list-style-type: none"><li>• 98970 (5-10 mins)</li><li>• 98971 (11-20 mins)</li><li>• 98972 (21+ mins)</li></ul>

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# *Place of Service & Modifier*

- Place of service:
  - Telehealth provided other than patient home: POS 02
  - Telehealth provided in patient home: POS 10
- Modifier
  - 95 or GT
  - Stroke: G0
  - Mental health: FQ
  - Audio-only: 93

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# Originating Site – Q3014

- Physician office
- Hospital
- Critical Access Hospital
- RHC and FQHC
- Hospital-based or critical access hospital-based renal dialysis center (including satellites)
- Skilled Nursing Facility
- Community Mental Health Center
- Mobile Stroke Unit
- Patient home\*

*\*For monthly end stage renal, ESRD-related clinical assessments or for purposes of treatment of a substance use disorder or a co-occurring mental health disorder.*





# *Eligible Providers*

- Physician
- Nurse Practitioner
- Physician Assistant
- Nurse-midwife
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist
- Clinical Psychologist
- Clinical Social Worker
- Registered Dietitian or Nutrition Professional
- Speech Language Pathologist
- Occupational Therapist
- Physical Therapist

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# *Tips When Reviewing Payer Policies*

- If you don't understand, ask your payer!
- Scenarios with request for approval are best!
- Look for changes frequently!
- Share what you learn from policies with your providers; they may be able to help you advocate coverage at some point!



# Questions?

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