12TH ANNUAL TELEHEALTH SUMMIT OF SOUTH CAROLINA

PALMETTO CARE CONNECTIONS™
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OCTOBER 28-30, 2024

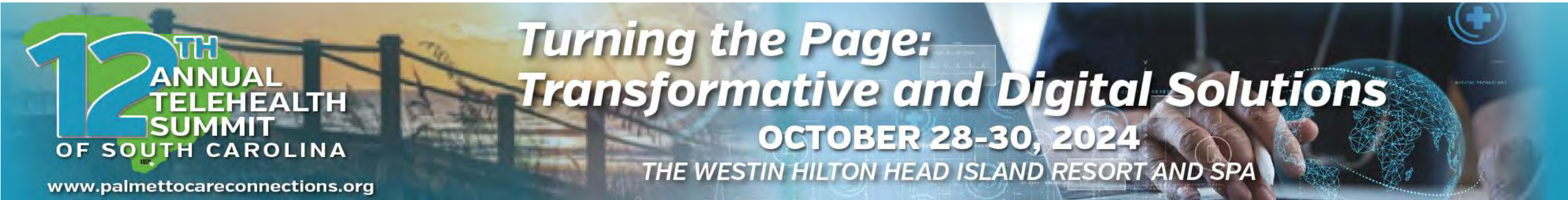
# Pre-Summit Session A: Billing and Reimbursement Bootcamp

## Monday, October 28
## 1:00 PM - 3:00 PM

**Amanda Gardner, MHA, RHIA**
Medical University of South Carolina

**Kellie Mendoza, MHA, CHC, CHPC, CPC**
Medical University of South Carolina

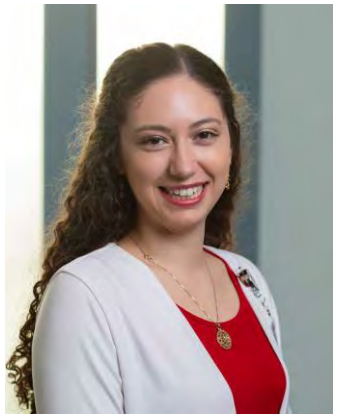
# Telehealth Billing & Reimbursement Boot Camp



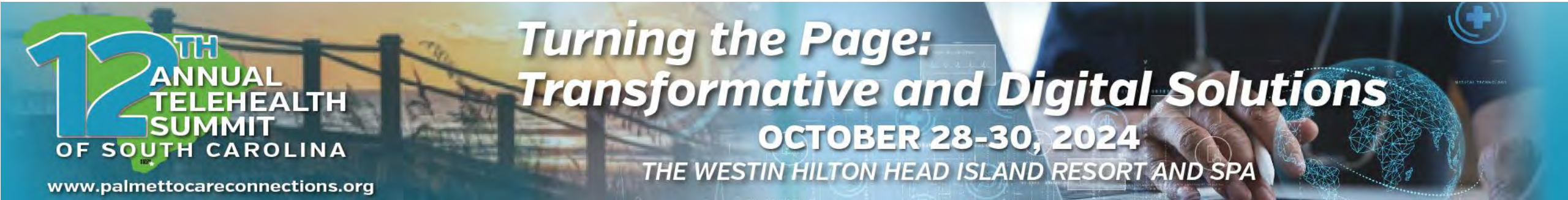
# Presenters

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 18 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).

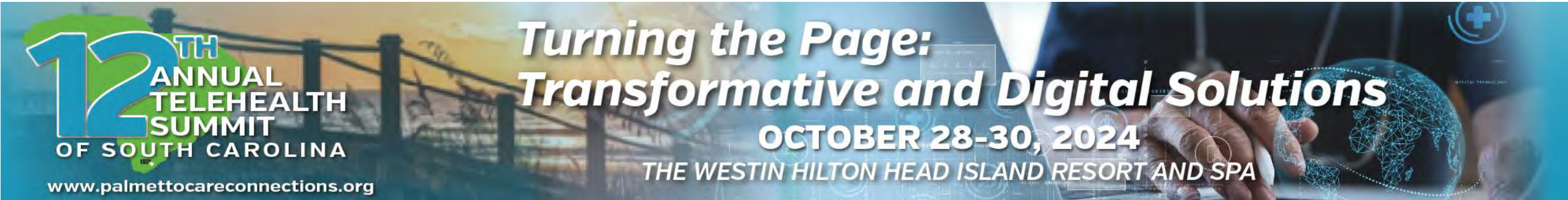


Amanda Gardner joined the MUSC Physicians Compliance Department in 2020 and serves as the Corporate Compliance Regulatory Manager. Amanda is responsible for research/investigation and interpretation of applicable laws and regulations for the billing and business relations of MUSC Physicians and other organizations where MUSC Physicians provides compliance oversight via contract. She ensures implementation of appropriate policies and compliance training, conducts investigations, and responds to all regulatory matters. 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).



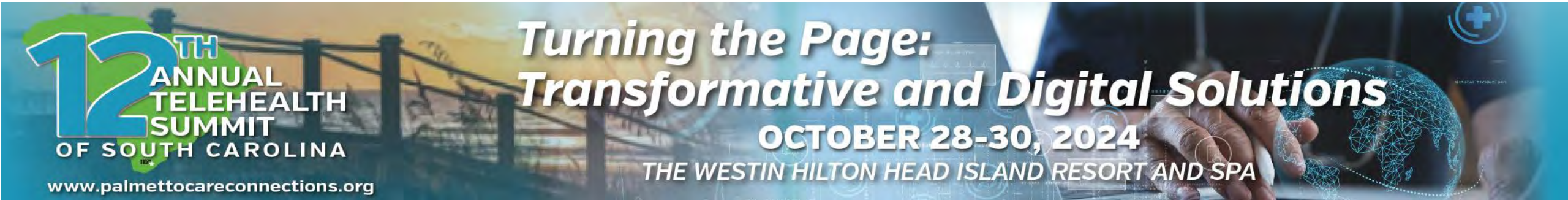
# Disclaimer

*This presentation and the content herein are solely based on information published in payer policies as of October 25, 2024. 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.*

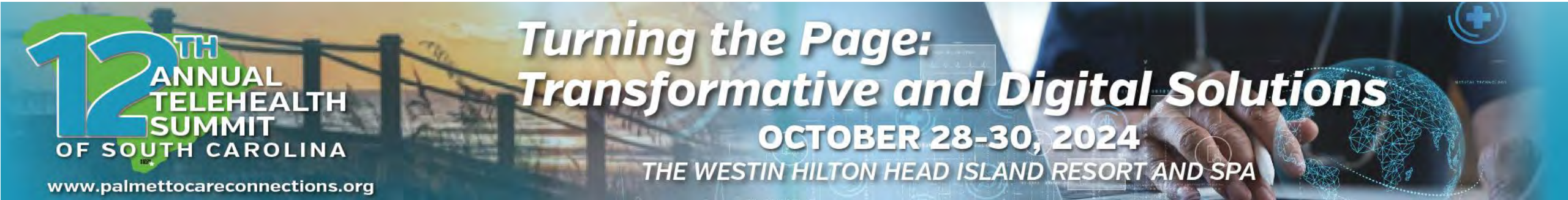


# Objectives

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

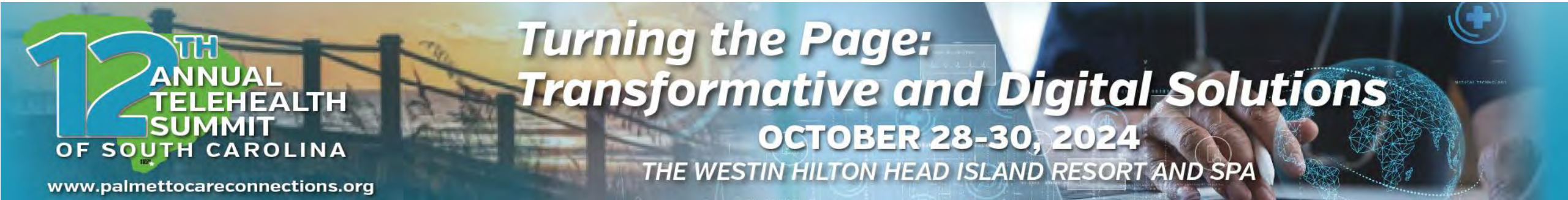


# Common Virtual Services: Documentation & Billing



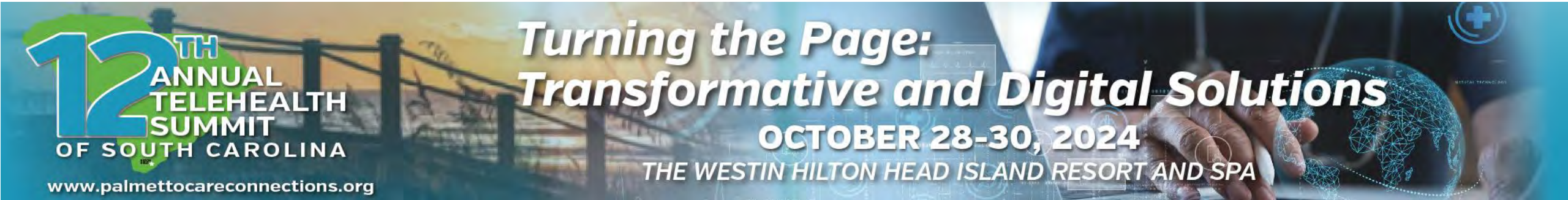
# Patient Informed Consent

- Consent requirements vary by state
- SC requires written informed consent be documented
  - Verbal vs. written
- CMS Best Practices



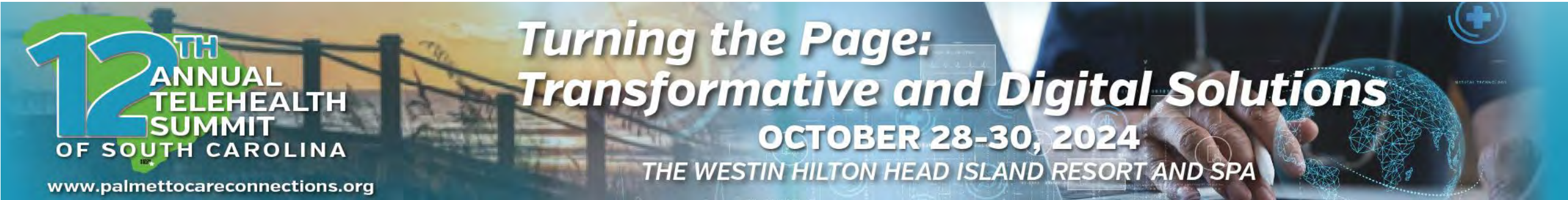
# Video Visit

- A video visit is a visit performed using **live, interactive video and audio**
- Platform used must be **HIPAA Compliant**
- Current State: Provider must select E/M code as if the service was provided in person; E/M category is based on patient status (inpatient vs. outpatient)
  - Examples:
    - 99202-99215; 99242-99245 (Office or other outpatient visits)
    - 99281-99285 (Emergency department visits)
    - 99252-99255; 99221-99223; 99231-99233, 99238 (Inpatient visits)
    - G0425-G0427 (Medicare telehealth consults, emergency department or inpatient)
    - G2025 (RHC/FQHC)
- Jan. 1, 2025: AMA will release new E/Ms for video visits
  - Coding will be dependent upon payer policies, CMS/DHHS have not yet issued a statement on how telehealth claims should be submitted



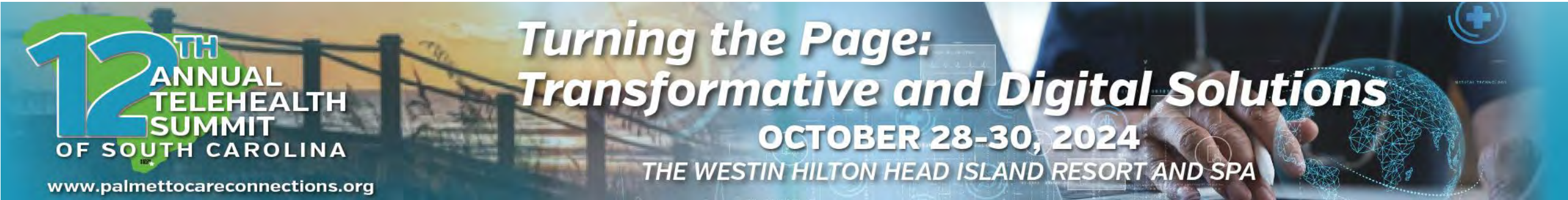
# Video Visit Required Documentation

- Documentation must include the following:
  - A statement that the service was provided using interactive audio & video;
  - 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 and their role in the encounter, as applicable



# OIG Audit of Telehealth Services Provided During the Pandemic

- From March to November 2020, there were $1.4 billion in Medicare Part B payments for more than 19 million E/M services
  - 105 of 110 sampled E/M services complied with Medicare requirements
- Why is this important?
  - Like services provided face to face, billed telehealth services must be supported by the actual performance of the service
  - Performance of service = documentation



# Telephone Visit (Virtual Check-in)

## Current State

- 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

## Jan. 1, 2025

- AMA will release new E/Ms for audio only visits for eligible E/M billing providers
- Non-MD/APP services will likely continue to be billed using 98966-68

# Telephone Visit (Virtual Check-in) CPT Codes

## Current State

**MD/APP**

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

**Other Eligible Provider Types**

- mins)
- 98967 (11-20 mins) or G2252 (11-20 mins)

**RHC/FQHC**

- G0071 (5 mins)

## Expected Jan. 1, 2025

**MD/APP**

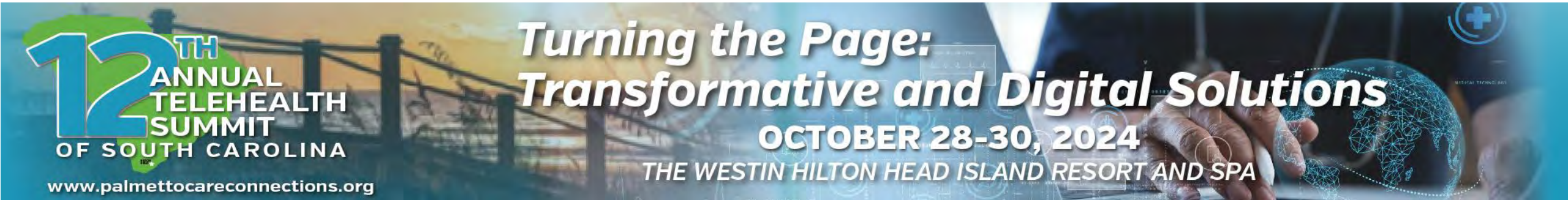
- G2012 (5-10 mins)
- 98008 (new pt 15 mins)
- 98009 (new pt 30 mins)
- 98010 (new pt 45 mins)
- 98011 (new pt 60 mins)
- 98012 (est pt 10 mins)
- 98013 (est pt 20 mins)
- 98014 (est pt 30 mins)
- 98015 (est pt 40 mins)

**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)

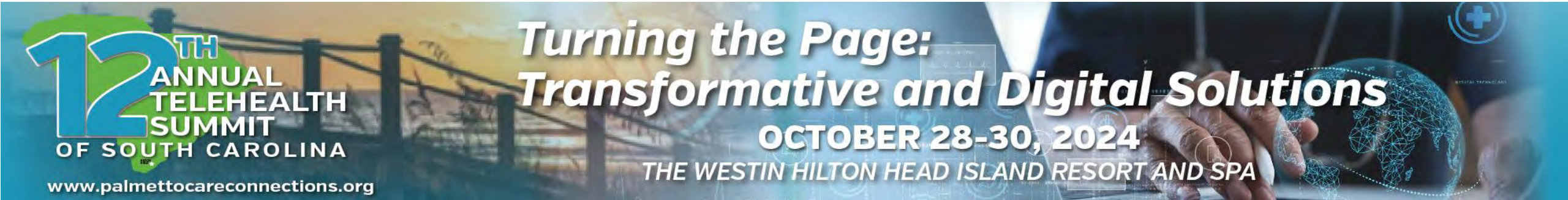
**RHC/FQHC**

- G0071 (5 mins)



# Telephone Visit Required Documentation

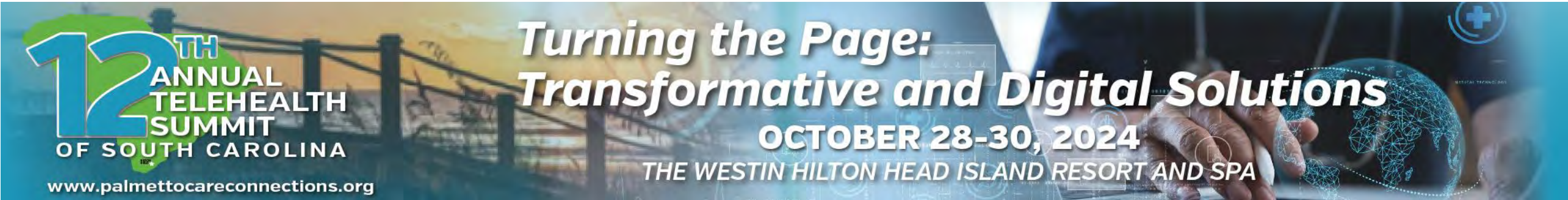
- A statement that the patient provided verbal consent for the billing of the service (each service)
- Medical necessity of the visit
- Total time (actual not time range)



# Common Question

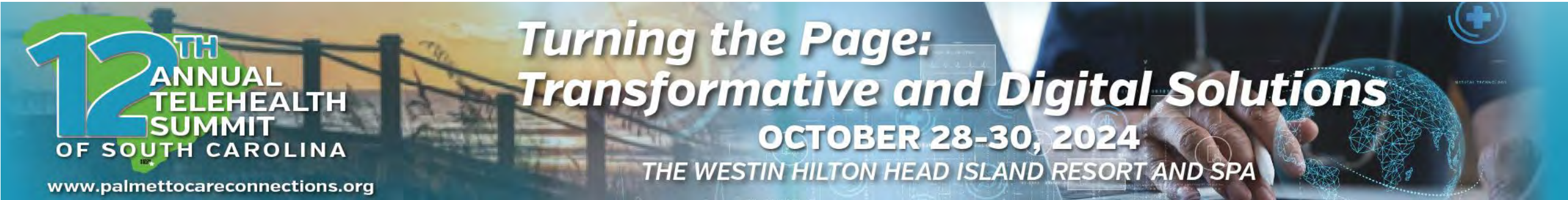
**Q:** What do I do if I start a visit as a video visit, but the patient is unable to connect and the service is ultimately done via telephone?

**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**

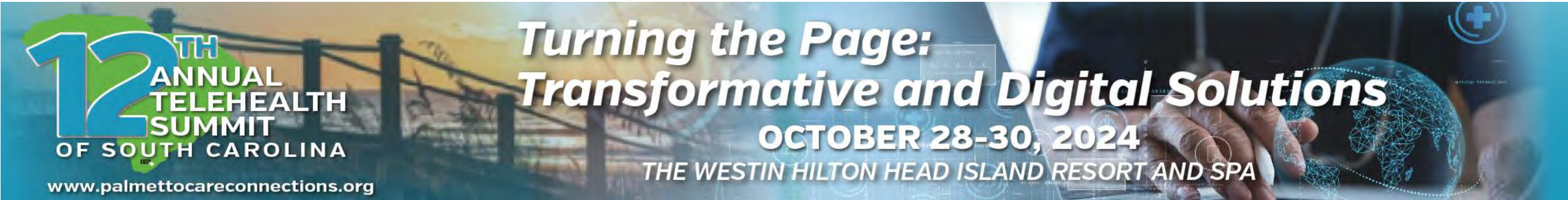
- 99421 (5-10 mins)
- 99422 (11-20 mins)
- 99423 (21+ mins)

**Other Eligible Provider Types (Non-Medicare)**

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

# E-visit Required Documentation

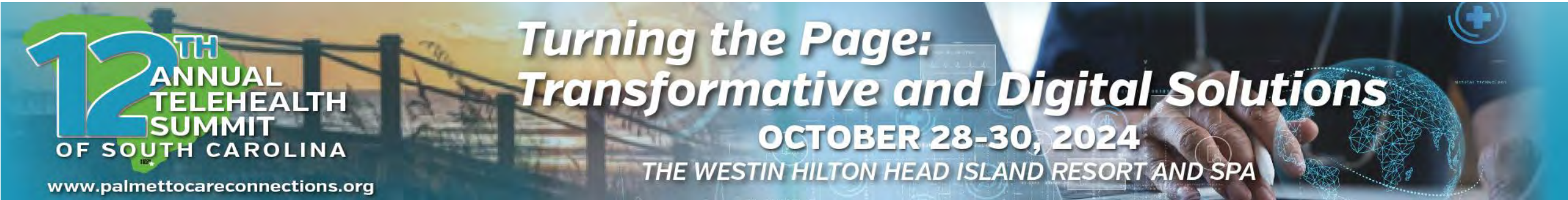
- A statement that the patient provided consent for the billing of the service (annually)
- Medical necessity of the visit
- Total time (actual not time range)



# Interprofessional Consult (E-consult)

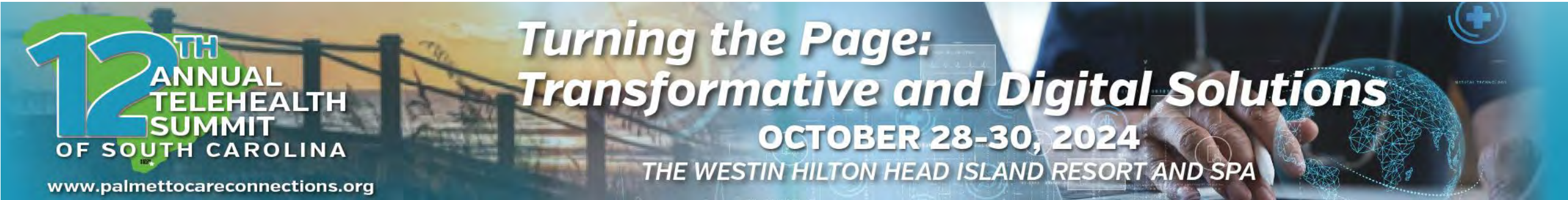
- An Interprofessional consult, AKA e-consult, is a time-based visit in which a patient's treating physician/APP requests the opinion/treatment advice of a consulting physician/APP to assist in the diagnosis and/or management of the patient's problem. The service is provided without face-to-face patient 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
- **Physician to physician service**



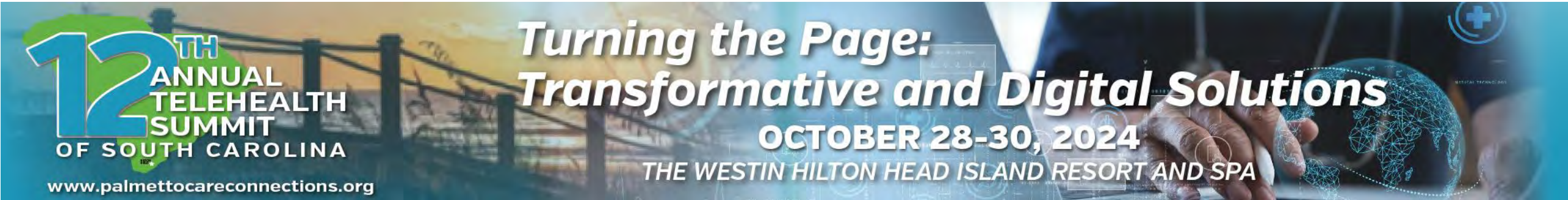
# Interprofessional Consult (E-consult) CPT Codes

| 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 | | 11-20 mins | |
| 99448 | Consulting provider | | 21-30 mins | |
| 99449 | Consulting provider | | ≥ 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 |



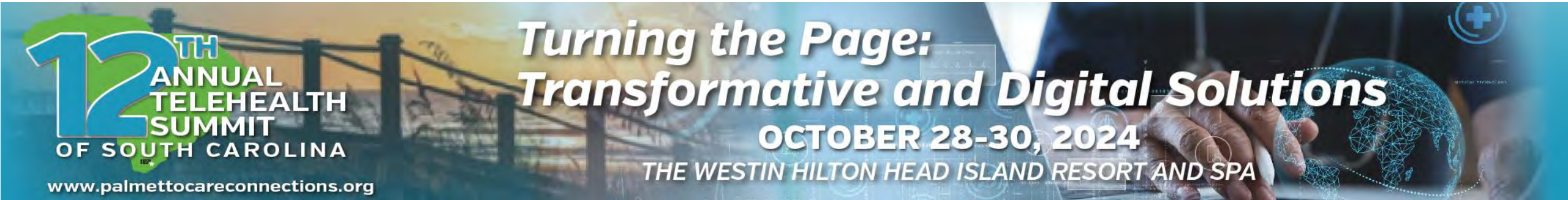
# E-consult Required Documentation

- 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 (actual not time range)



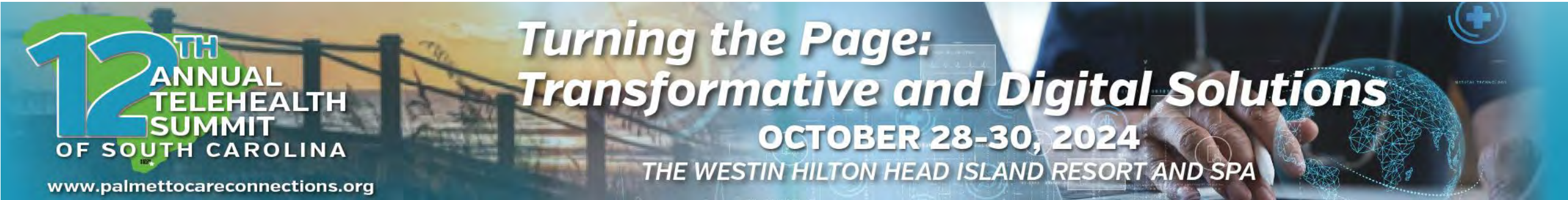
# New vs Established?

If a physician provides an interprofessional consult for a patient they have never seen before, and then the patient presents a few months later for an office visit with the same physician, the patient will be considered a new patient.



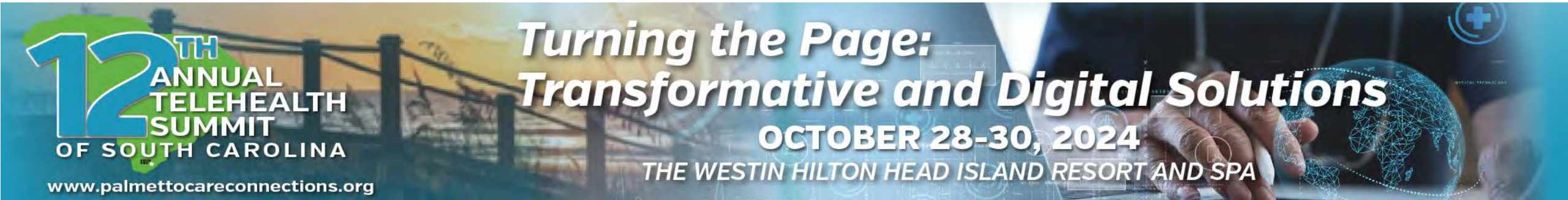
# Remote Physiologic & Therapeutic Monitoring

- Provider must obtain patient's consent for all RPM and RTM 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 and RTM services 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)



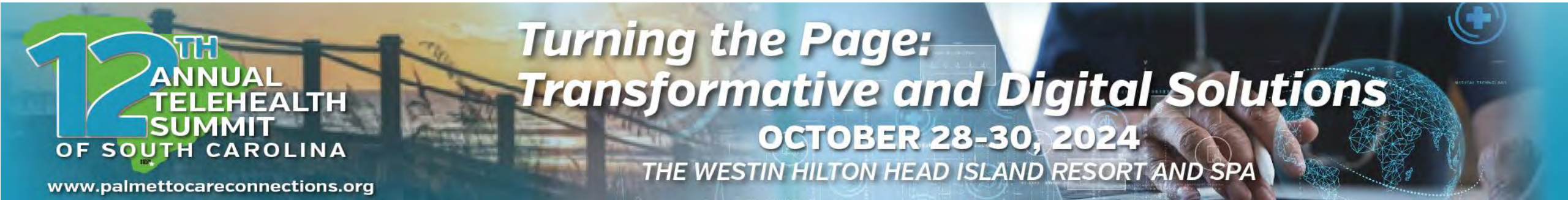
# Remote Physiologic Monitoring CPT Codes

| CPT CODE | WHEN WOULD I SUBMIT THIS CODE? | TIMING | WHO CAN PROVIDE THE SERVICE? |
|---|---|---|---|
| **99453**-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 ; do not report 99453 if monitoring less than 16 days | Clinical staff under general supervision of the physician or physician/qualified healthcare professional |
| **99454**- 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 | Each 30 days; do not report 99454 if monitoring less than 16 days | |
| **99457**- 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<br>**+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; *interactive communication must include two-way audio with video or other kinds of data transmission* | Every calendar month | |
| **99091**- 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 | 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 **billing provider**; per NCCI cannot report 99453 or 99454 in addition to this code | Each 30 days | Limited to physician or qualified healthcare professional |



# Remote Therapeutic Monitoring CPT Codes

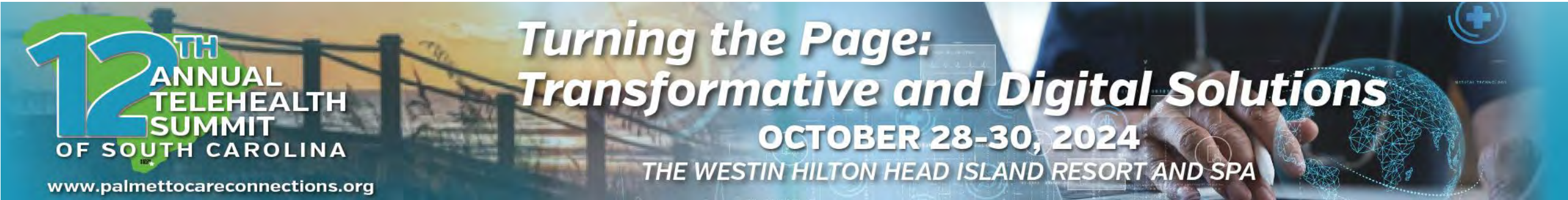
| CPT CODE | WHEN WOULD I SUBMIT THIS CODE? | TIMING | WHO CAN PROVIDE THE SERVICE? |
|---|---|---|---|
| **98975**-Remote therapeutic monitoring (e.g., therapy adherence, therapy response); initial set-up and patient education on use of equipment | Used to report the set-up and patient education on how to use of the device(s) | Reported for each episode of care; do not report 98975 if monitoring less than 16 days | Clinical staff under general supervision of the physician or physician/qualified healthcare professional |
| **98976**- Remote therapeutic monitoring (e.g., therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor *respiratory system*, each 30 days | Used to report supply of the device; time spent assessing and evaluating data related to the patient's adherence and response to therapies performed on the respiratory or musculoskeletal system or to cognitive behavioral therapy services; data may be objective, such as integrated data that is device-generated, or subjective, such as input reported by the patient | Each 30 days; do not report 98976/98977/98978 if monitoring less than 16 days | |
| **98977**- Remote therapeutic monitoring (e.g., therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor *musculoskeletal system*, each 30 days | | | |
| 98978-Remote therapeutic monitoring (e.g., therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor *cognitive behavioral therapy*, each 30 days | | | |
| **98980**- Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes<br>**+98981**- each additional 20 minutes per month | Used to report time spent reviewing and integrating the data collected during remote monitoring to inform treatment goals; monitor the patient's progress and adherence to the treatment plan, and provide clinical feedback to the patient/caregiver | Every calendar month; do not report 98980/98981 for time less than 20 minutes | Limited to physician or qualified healthcare professional |



# SC Telehealth & Telemedicine Modernization Act Responsibilities

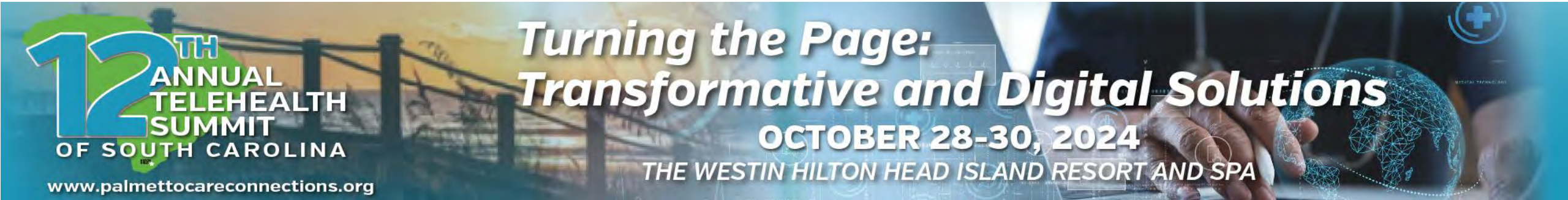
(4) be licensed to practice medicine in this State; provided, however, a licensee need not reside in this State if he has a valid, current South Carolina medical license; further, provided, that a licensee who resides in this State and intends to practice medicine via telemedicine to treat or diagnose patients outside of this State shall comply with other applicable state licensing boards;

(4) verify the identity and location of the patient and inform the patient of the licensee's name, location, and professional credentials



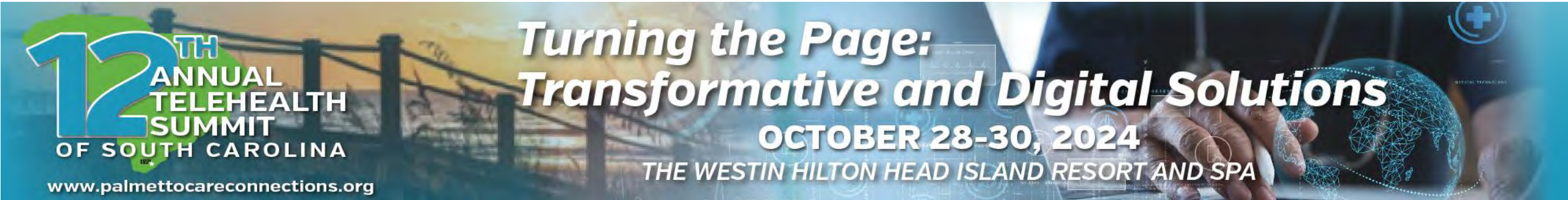
# Important Revisions: SC Telehealth & Telemedicine Modernization Act

- In S.C., an in-person evaluation is required to prescribe new C-II and C-III narcotics except in the following scenarios:
  - When the practice of telemedicine is being conducted while the patient is physically located in a hospital and being treated by a practitioner acting in the usual course of professional practice
  - When buprenorphine is being prescribed as a medication for opioid use disorder
  - For patients enrolled in palliative care or hospice
  - Any other case where an exception has been approved by the S.C Medical Board
- An established patient is not required to have an in-person evaluation for the refill of a current medication as previously prescribed



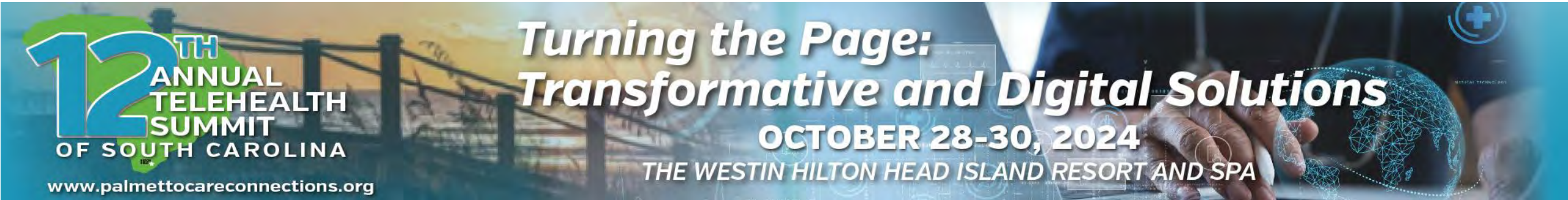
# Important Revisions: SC Telehealth & Telemedicine Modernization Act

Definition of telehealth created as “the use of electronic communications, information technology, or other means to deliver clinical health care, patient and professional health-related education, public health, or health administration between a licensee in one location and a patient in another location with or without an intervening licensee ”



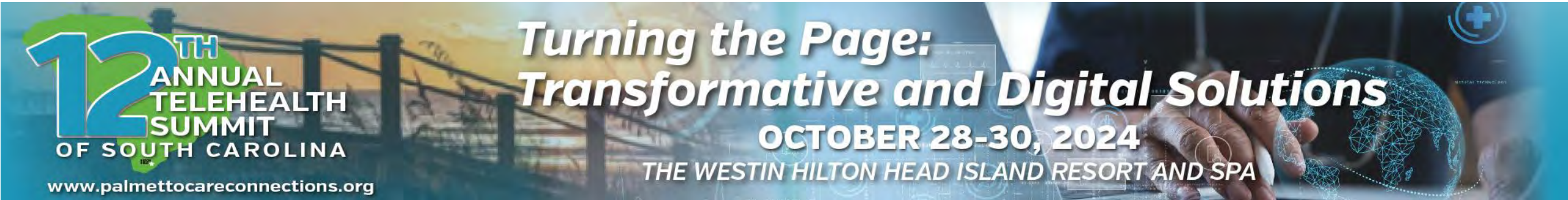
# Important Revisions: SC Telehealth & Telemedicine Modernization Act

Amendment to the Nurse Practice Act that an APRN may perform medical acts and prescribe C-II and C-III medications via telemedicine and telehealth pursuant to a practice agreement without having to be licensed to practice medicine in SC



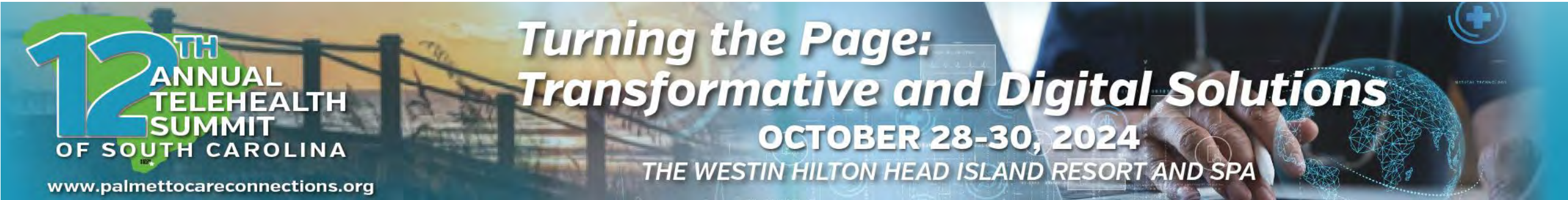
# State Licensure Requirements Vary

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.

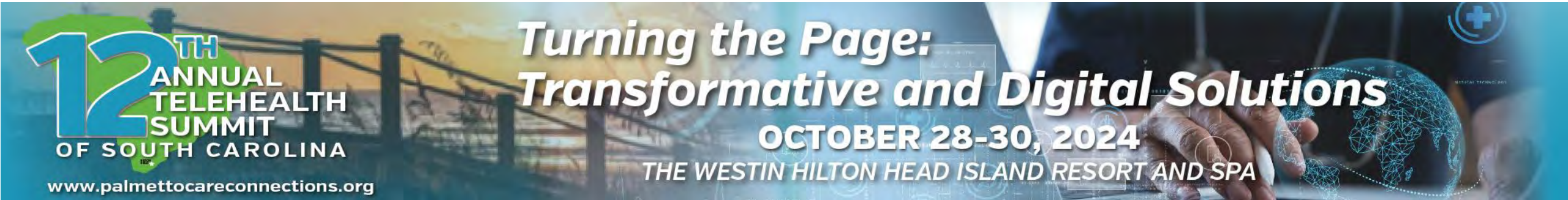


# You May Want to Consider Internal Audits of Telehealth Services

- Audits to verify conditions of payment are met:
  - State licensure
  - Provider locality for diagnostic tests
  - Supervision
  - Consent
  - Documentation of time
  - Charge consistent with service performed
  - HIPAA compliant technology



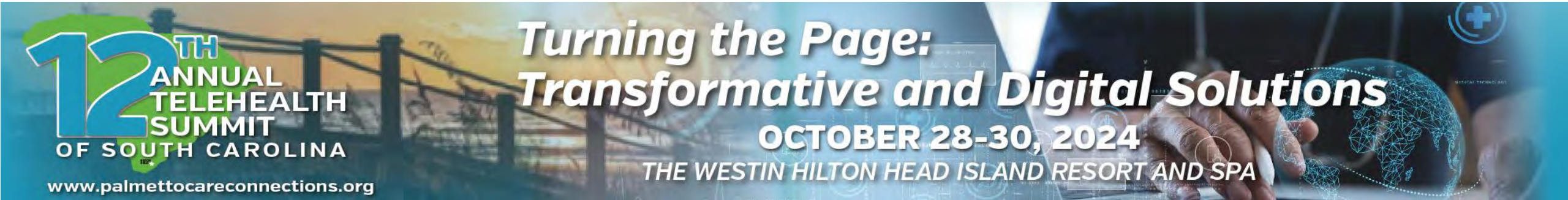
# Current State of Reimbursement



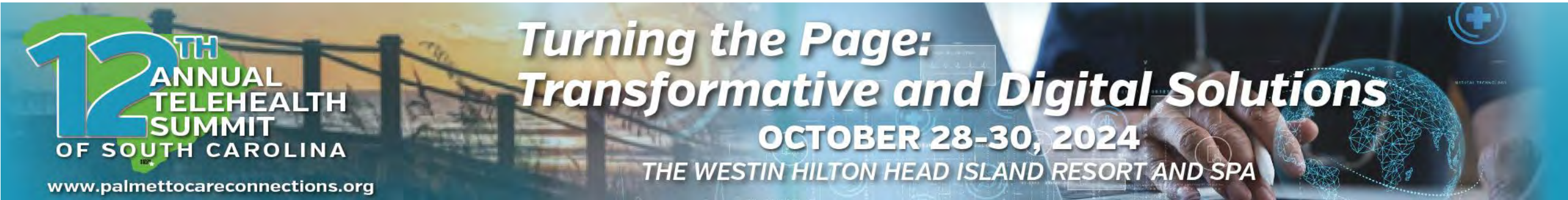
# Telehealth Reimbursement

Generally, telehealth coverage is based on:

- CPT code
- Performing provider type
- Originating site



# Medicare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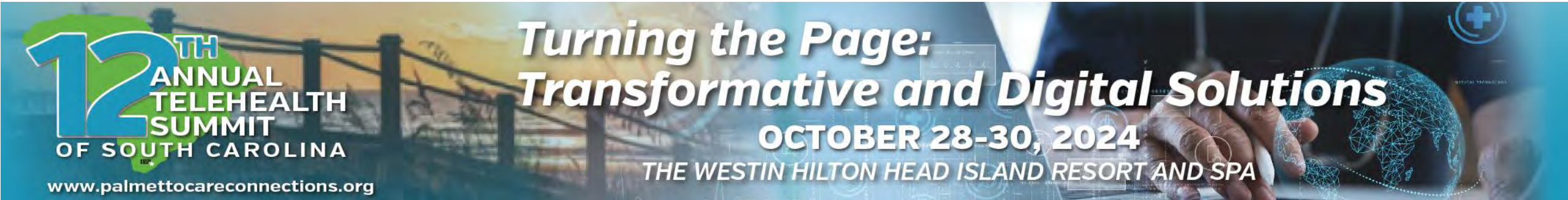
THE WESTIN HILTON HEAD ISLAND RESORT AND SPA

# 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



# 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

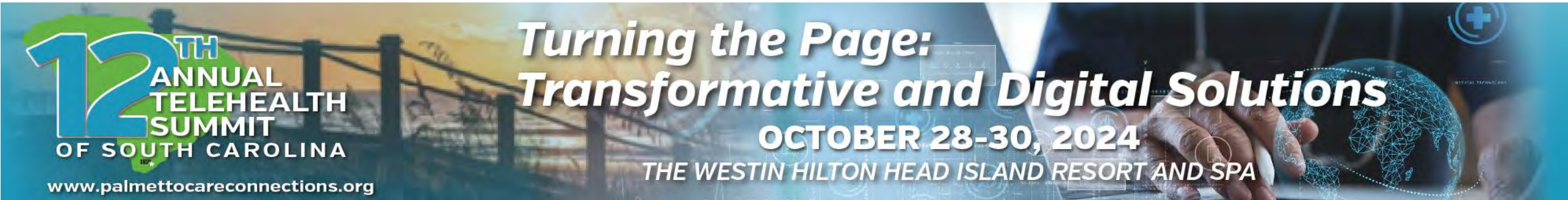
**MD/APP**

- G2012 (5-10 mins)
- 98008 (new pt 15 mins)*
- 98009 (new pt 30 mins)*
- 98010 (new pt 45 mins)*
- 98011 (new pt 60 mins)*
- 98012 (est pt 10 mins)*
- 98013 (est pt 20 mins)*
- 98014 (est pt 30 mins)*
- 98015 (est pt 40 mins)*

**Other Eligible Provider Types**

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

***Dependent upon CMS' adoption of new AMA E/M codes



# Virtual Check-in Coverage

## Covered services for established patients only

| | |
|---|---|
| MD/APP | • G2012 (5-10 mins) |
| Other Eligible Provider Types | • G2251 (5-10 mins)<br>• G2252 (11-20 mins) |
| RHC/FQHC | • G0071 (5 mins) |

# E-visits Coverage

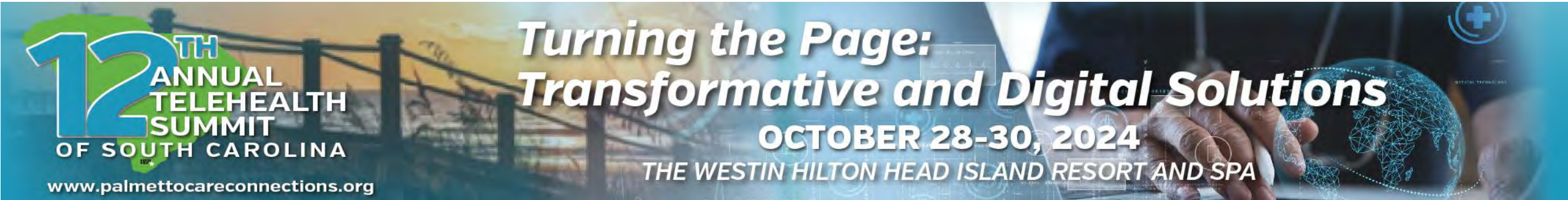
## Covered services for established patients only

**MD/APP**

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

**Other Eligible Provider Types**

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

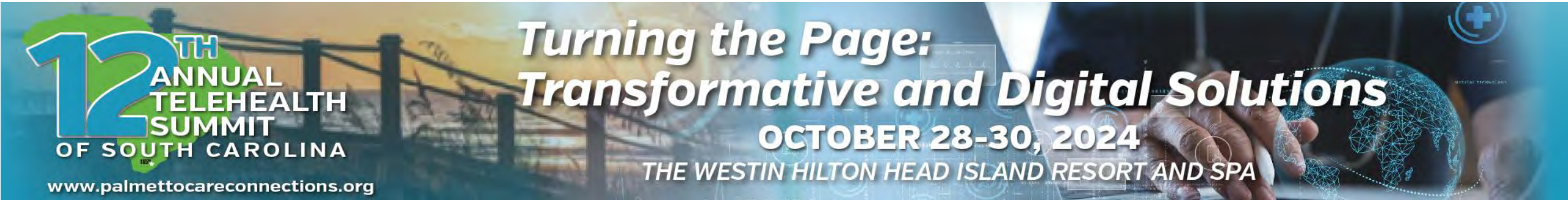


# Remote Patient Monitoring & Remote Therapeutic Monitoring

- RPM may only be provided to established patients
- RTM may be provided to new and established patients

**RPM**
- 99091
- 99453 - 99454
- 99457 - 99458

**RTM**
- 98975 – 98978
- 98980 - 98981

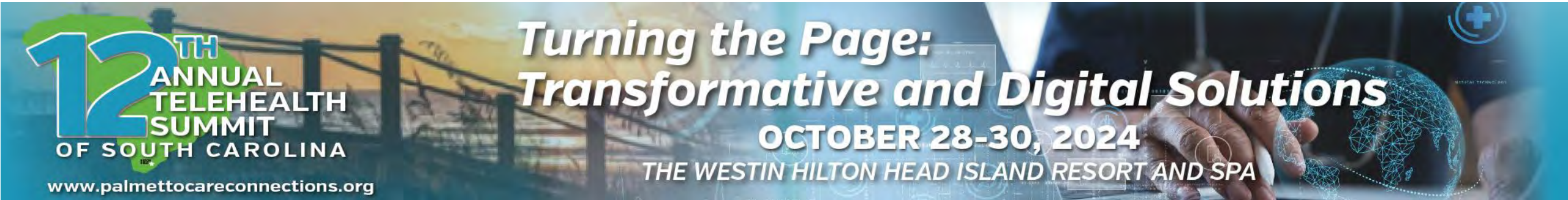


# Psychiatric Collaborative Care Model (CoCM)

## Covered services

CPT
- 99492 - 99494

< 30 mins
- G2214



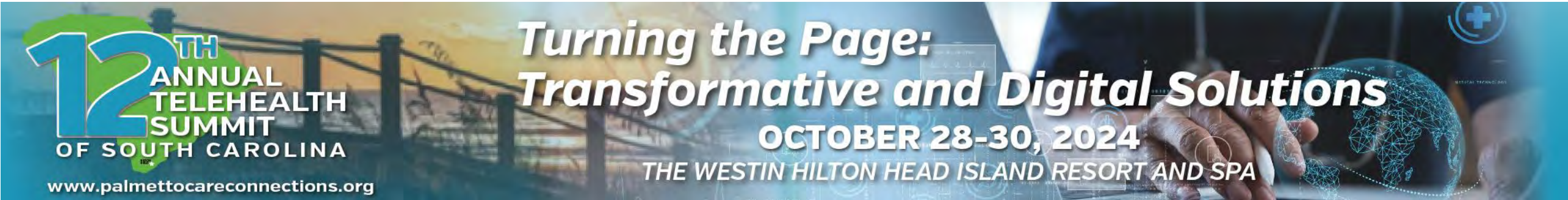
# Audio-Only Services

- Full list in Appendix T in CPT book
- 93 modifier required
  - Use after Jan 1. 2025 dependent upon CMS' coding rules and use of new AMA E/M codes
- Medicare allows coverage for services that would routinely be done using video/audio to be performed using only audio (i.e., telephone)

# Place of Service

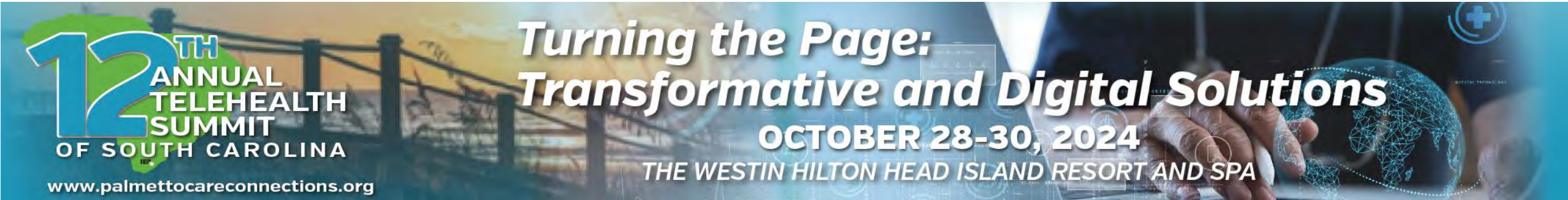
- **Video Visits:** POS 02 (telehealth provided other than patient home); POS 10 (telehealth provided in patient home)

- **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



# Originating Site – Professional (Q3014)

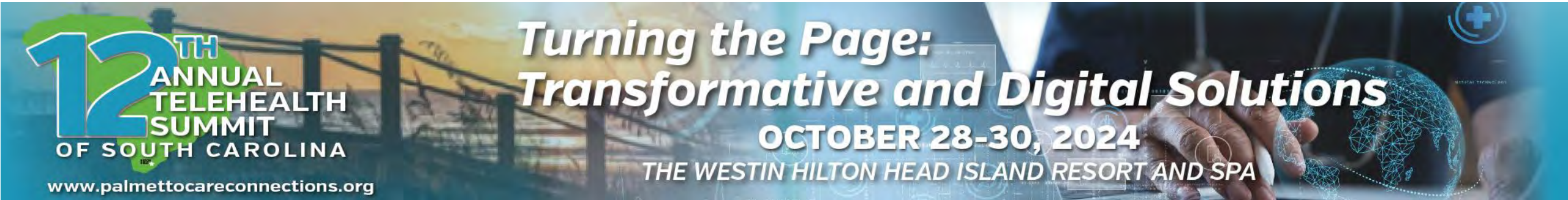
*Current State – December 31, 2024*

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)

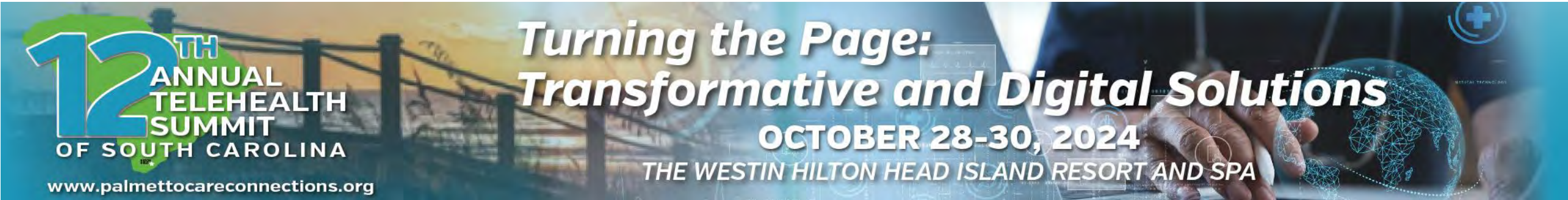
**Exclusions:* services for the diagnosis, evaluation or treatment of a mental health disorder or an acute stroke



# 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*

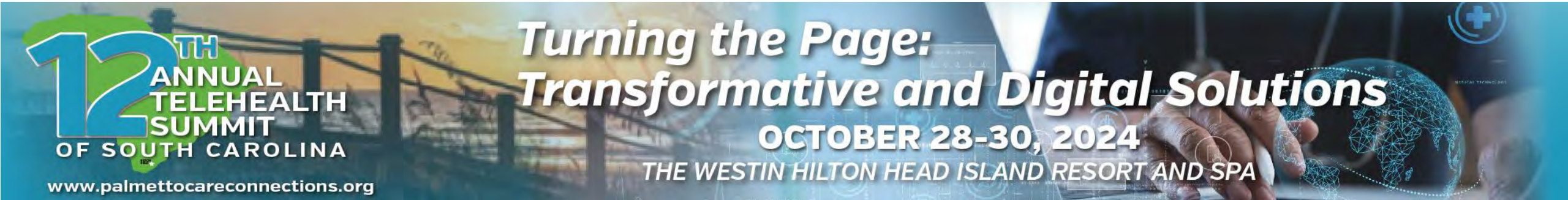
- Physician
- Nurse Practitioner
- Physician Assistant
- Clinical Nurse Specialist
- Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Psychologist
- Licensed Independent Social Worker
- Registered Dietician
- Nutritional Professionals
- Licensed Professional Counselor
- Licensed Marriage & Family Therapist
- **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
- Licensed Professional Counselor
- Licensed Marriage & Family Therapist

# RHC and FQHC Flexibilities

Full information regarding flexibilities for RHCs and FQHCs can be found here.



# RHC and FQHC In Person Requirement

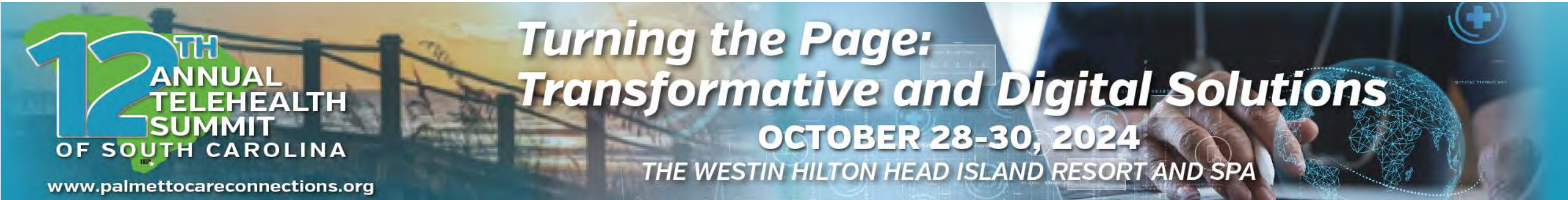
*Current State – December 31, 2024*

Eligible to furnish telehealth to meet in person requirement

*January 1, 2025 – Forward*

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

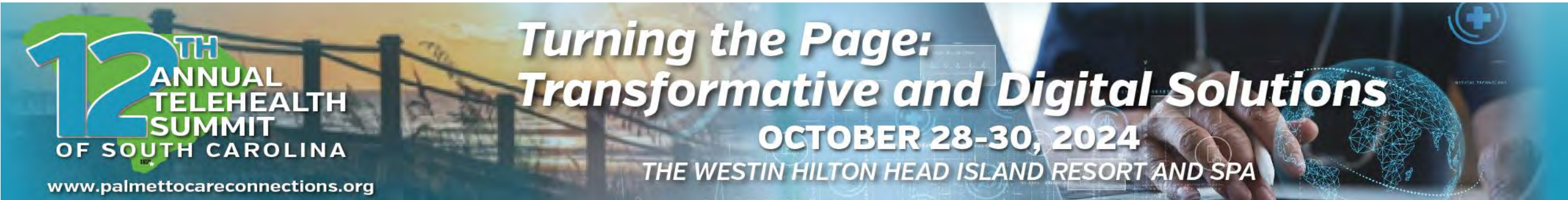
- Mental health services may be provided via telehealth if an in-person visit was furnished within the previous 6 months
- In general, there must be an in person mental health visit at least every 12 months while the patient is receiving telehealth services to diagnose, evaluate, or treat mental health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



# RHC and FQHC Mental Health Visits via Telehealth

| RHC | | |
|---|---|---|
| Facility Code | Professional Code | Modifiers |
| 0900 | 90834 | • 95 (audio-video)<br>• FQ or 93 (audio only)<br>• CG (required) |

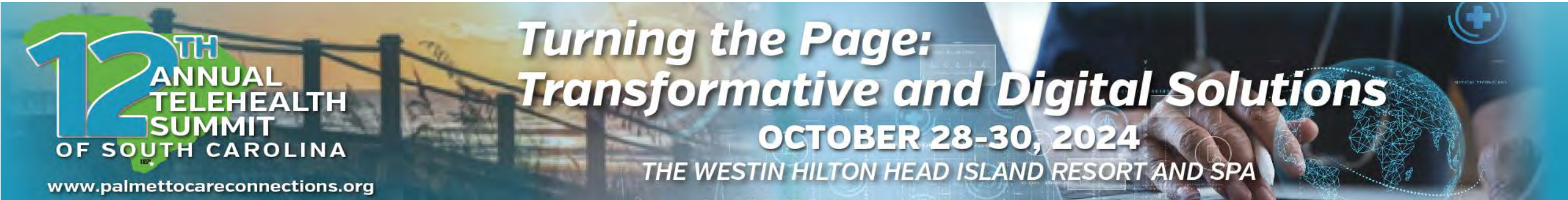
| FQHC | | |
|---|---|---|
| Facility Code | Professional Code | Modifiers |
| 0900 | G0470 | • 95 (audio-video)<br>• FQ or 93 (audio only) |
| 0900 | 90834 | N/A |



# 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



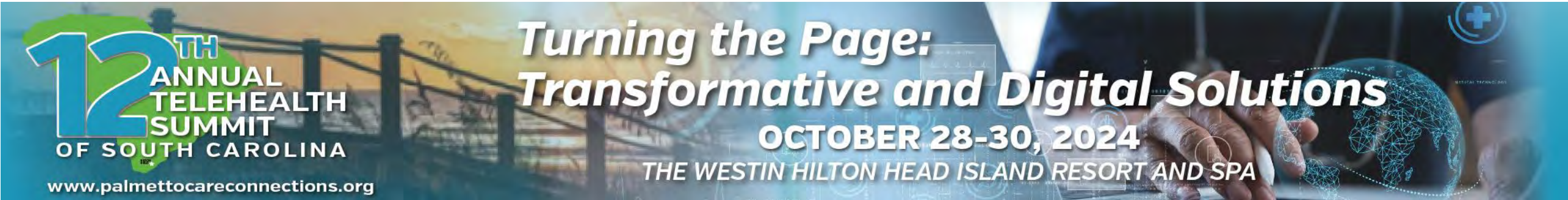
# Provider Location Reporting

*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



# Tele Radiology Provider Location

- Tele radiology is the process of transmitting medical images from one location to another for interpretation and consultation
- Provider locality considerations:
  - Rules for interjurisdictional reassignment apply to all remote practitioners or practitioners located in another MAC jurisdiction than the practice to which they have reassigned their benefits
  - Payment varies among localities and is determined based on the location where the service is performed
  - If the provider performing the professional component is not located in the same payment locality as the technical component, the service cannot be billed globally

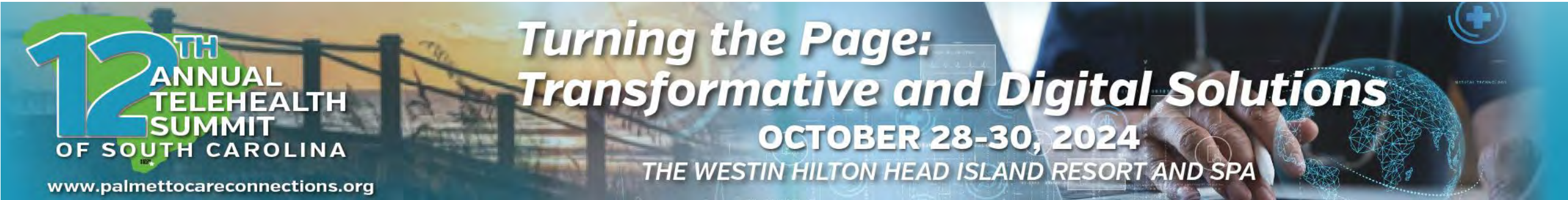
# Physician Direct Supervision

*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



# Teaching Physician Regulations

## *Current State – December 31, 2024*

May meet required presence and participation via live interactive audio/video technology if the service is furnished virtually (i.e., 3-way video visit with all parties in separate locations)

**Exception:* For residency training sites that are located outside of a Metropolitan Statistical Area (MSA), i.e., Orangeburg, virtual supervision is permissible even if services are performed in person by the resident

## *January 1, 2025 – Forward*

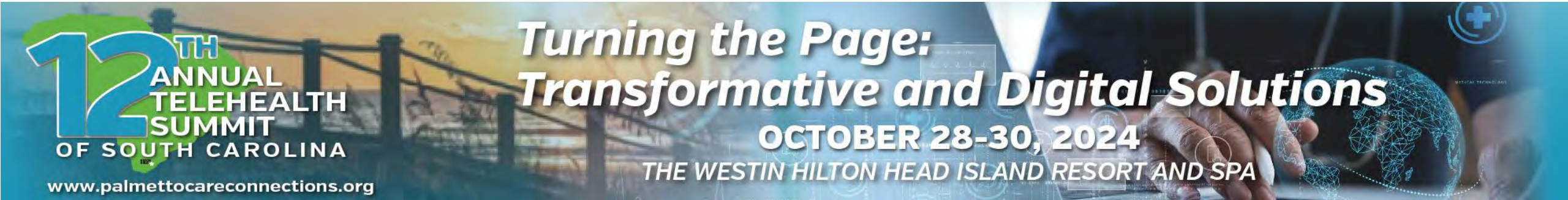
Must be physically present to meet required presence and participation

**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)

# Primary Care Exception: AMCs

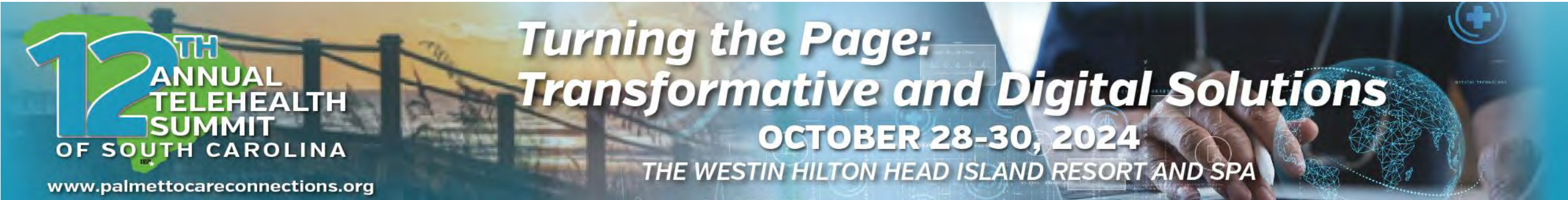
- E/M levels 1-3 and Welcome to Medicare/Annual Wellness Visits (G0402, G0438, and G0439) may be provided by residents located in **all residency training sites**

- E-visits (99421 – 99423), interprofessional consult (99452), and virtual communications (G2010 and G2012) may be provided by residents located in **residency training sites outside of a Metropolitan Statistical Area (MSA)**



# 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



# Frequency Limitations

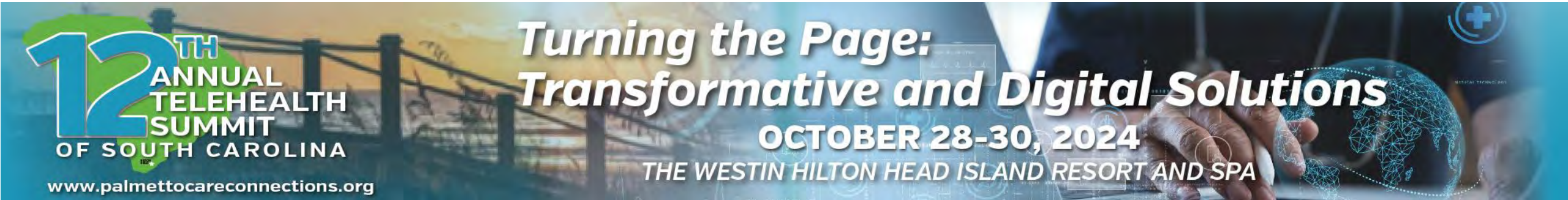
*Current State – December 31, 2024*

No frequency limitations on telehealth services

*January 1, 2025 – 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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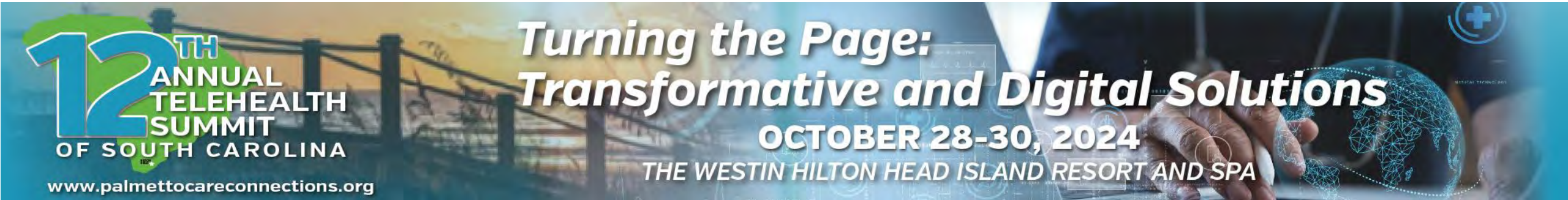
THE WESTIN HILTON HEAD ISLAND RESORT AND SPA

# SC Medicaid Manuals

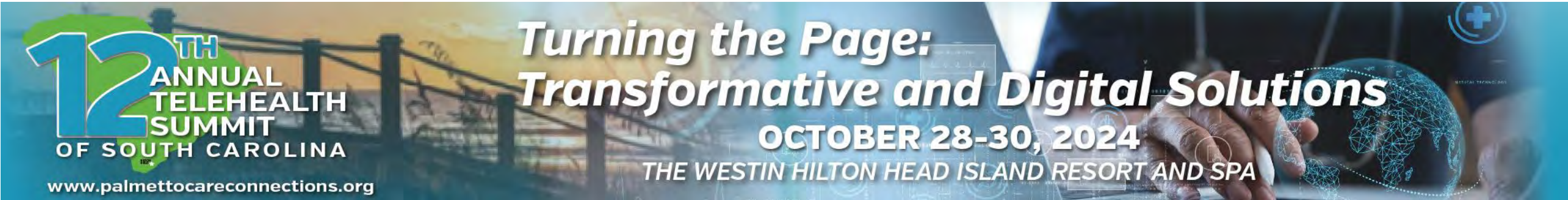
- Community Mental Health (CMH) Services Provider Manual
- Hospital Services Provider Manual
- Physicians Services Provider Manual
- 2024-2025 Telehealth Proviso Report Final | SCDHHS

*Full listing of provider manuals can be found here*



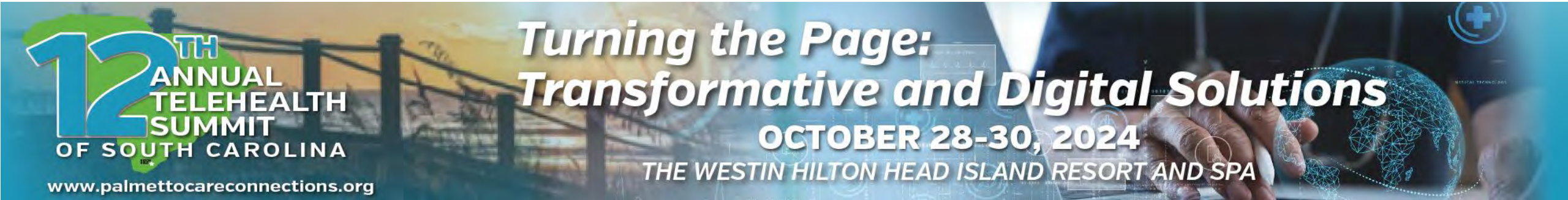
# Coverage

- 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
- Future state (eff. 01/01/25) of telehealth coverage can be found here
- SC Medicaid coverage is currently based on the following:
  1) Distant site provider type
  2) Service (CPT or HCPCS code)



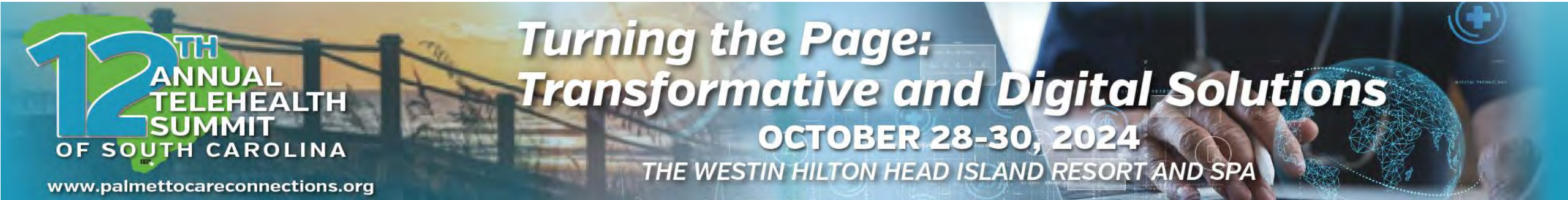
# CPT/HCPCS Code

Click here for a full list of CPT/HCPCS codes payable when furnished via telehealth



# Audio-Only Services

Medicaid allows coverage for behavioral health services that would routinely be done using video/audio to be performed using only audio (i.e., telephone)



# Telephone Visits Coverage

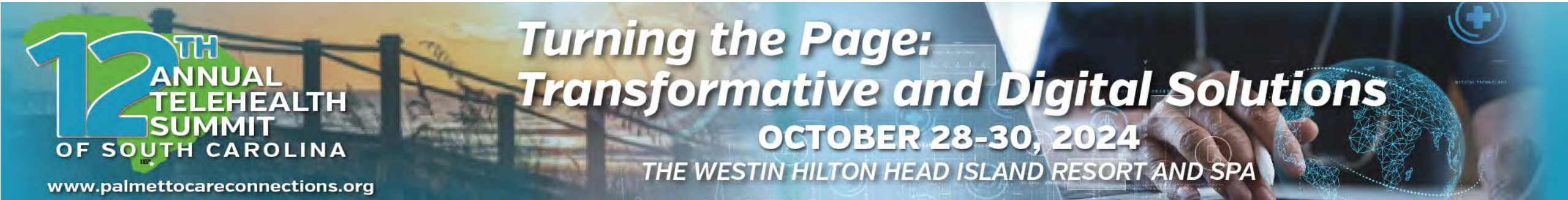
*Current State – December 31, 2024*

Covered services for established patients only

*January 1, 2025 – Forward*

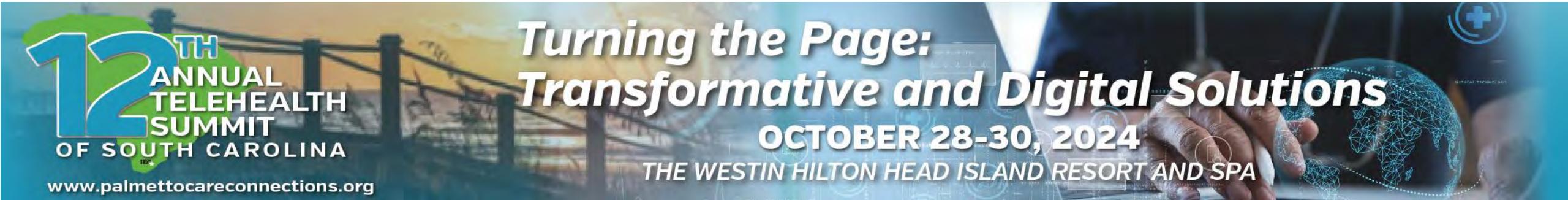
Covered services for MD/APPs

Non-covered for other eligible provider types



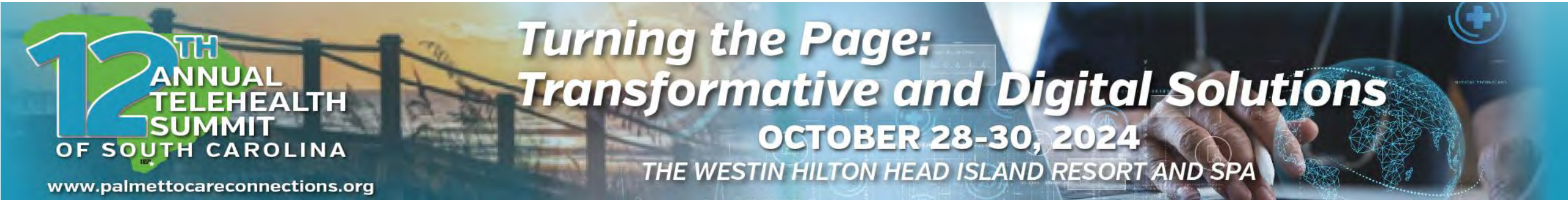
# E-Visits Coverage

## Non-covered services



# Remote Patient Monitoring & Remote Therapeutic Monitoring

Non-covered services

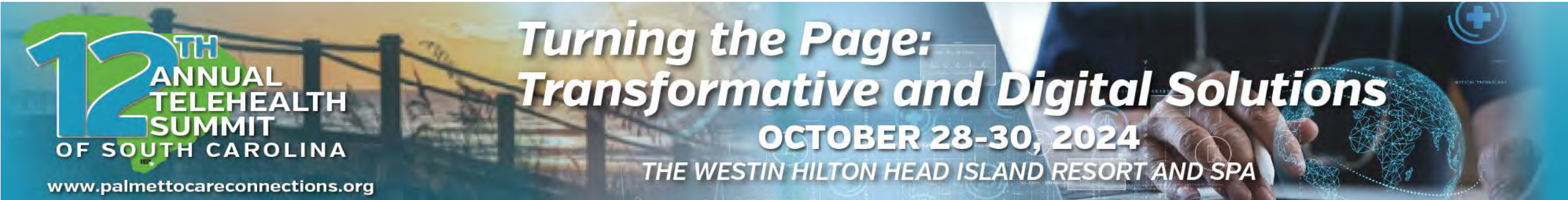


# Psychiatric Collaborative Care Model (CoCM)

## Covered services

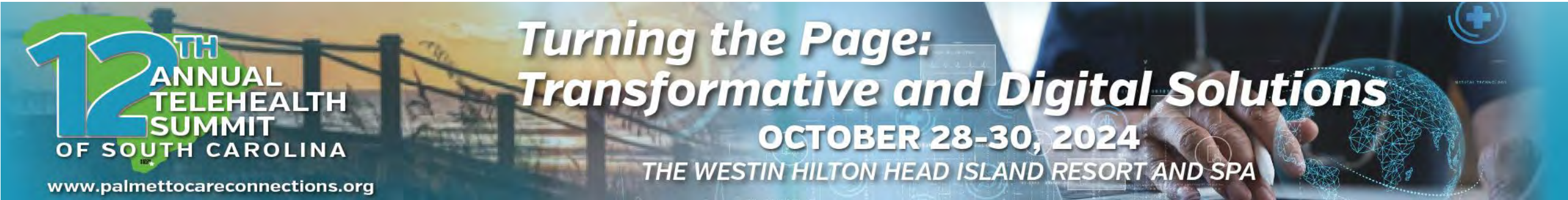
**CPT**
- 99492 - 99494

**< 30 mins**
- G2214



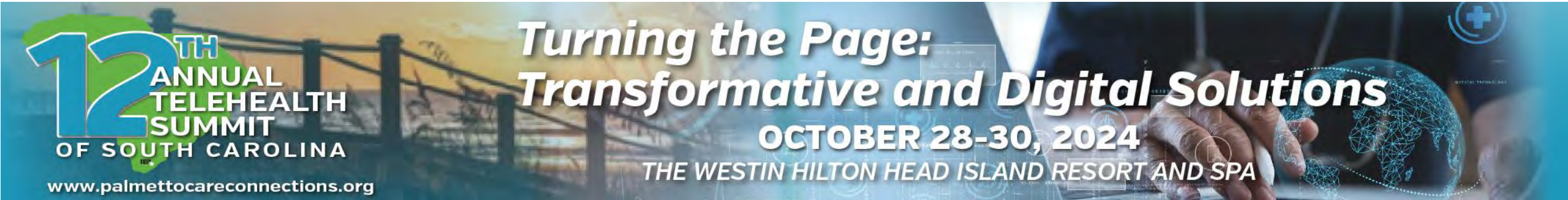
# Place of Service & Modifier

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



# Originating Site

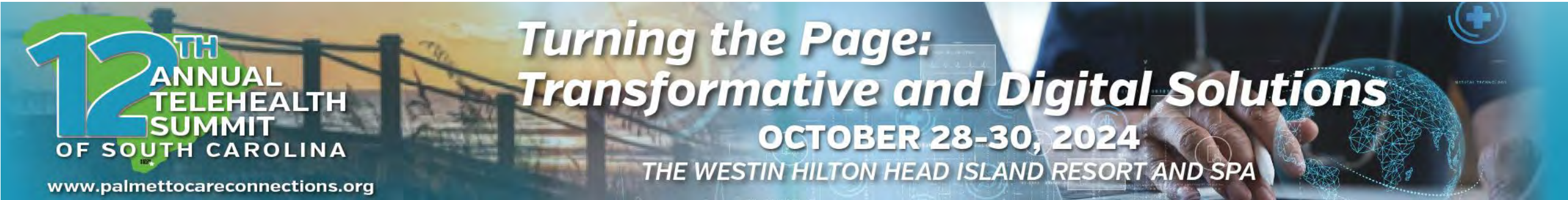
- Any location, including patient home
- Referring site eligible for Q3014



# Distant Site (Location of Provider)

Any location

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



# Eligible Providers

## *Current State – December 31, 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*

*providers enrolled under CMHC, RBHS or LIP categories

## *January 1, 2025 – Forward*

- Physician
- Nurse Practitioner
- Physician Assistant
- Clinical Psychologist*
- Clinical Social Worker*
- Licensed Professional Counselor*
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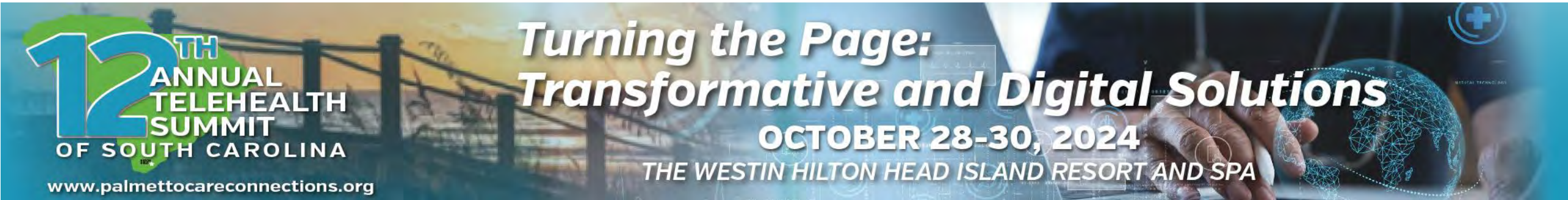
*providers enrolled under CMHC, RBHS or LIP categories



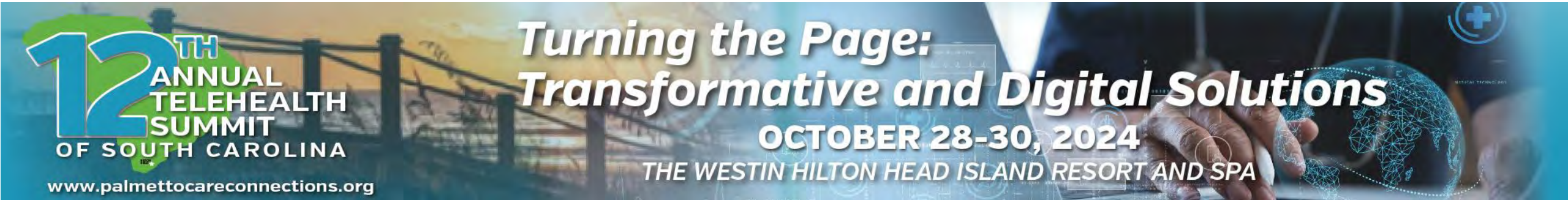
# Physician Direct Supervision

*Current State – December 31, 2024*

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

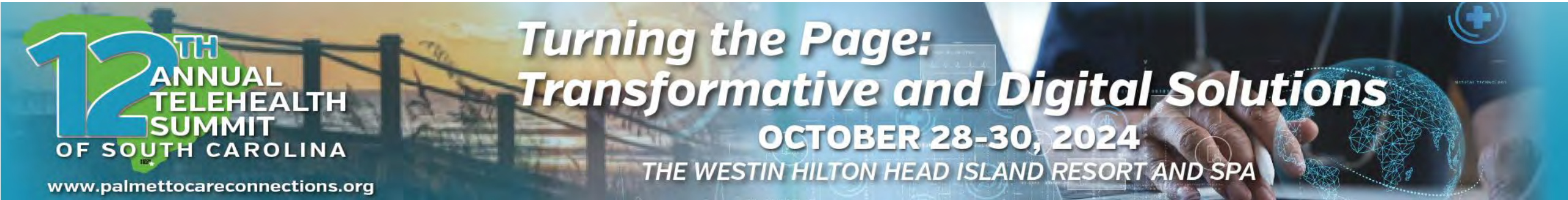
*January 1, 2025 – Forward*

Must be physically present and immediately available



# Teaching Physician Regulations

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



# Resident & Fellow Moonlighting

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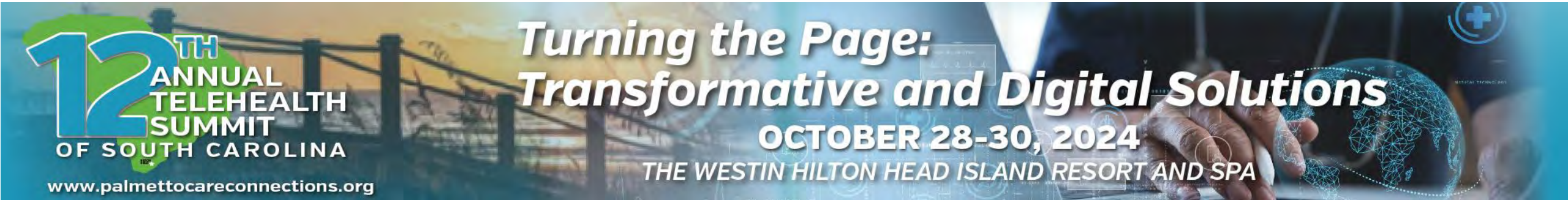
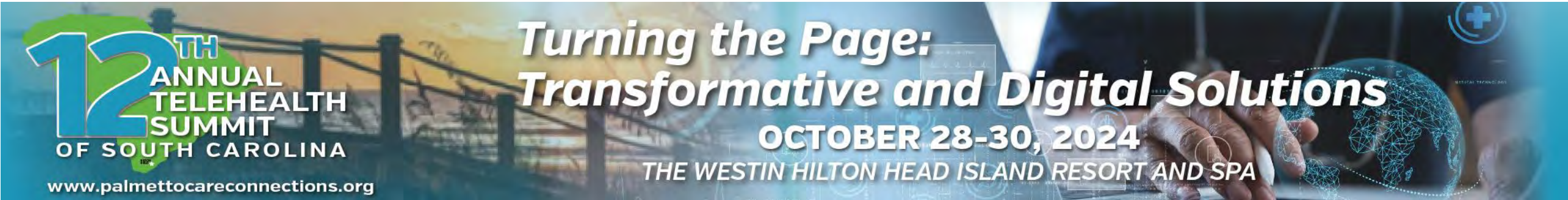


# Behavioral Health

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



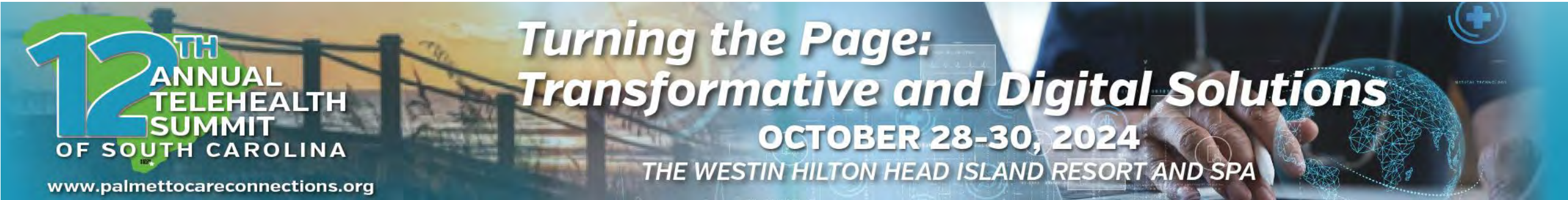
# BabyNet Enrolled Children

*Current State – December 31, 2024*

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

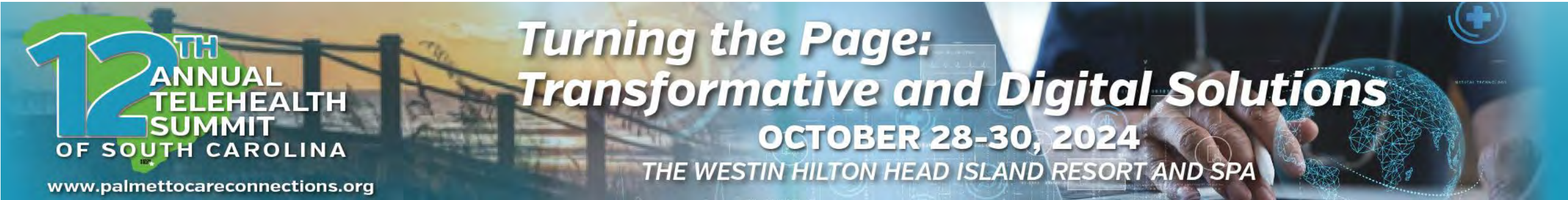
*January 1, 2025– Forward*

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

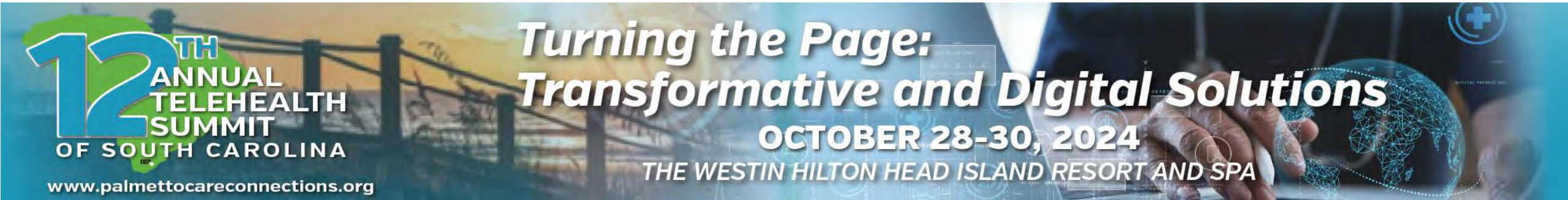


# Occupational Therapy Services

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



# TRICARE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# How Do I Find the Payer Policy?

Quick search in Google: "Tricare Policy Manual"

Manuals found here; click on the tab "Manuals by Date"

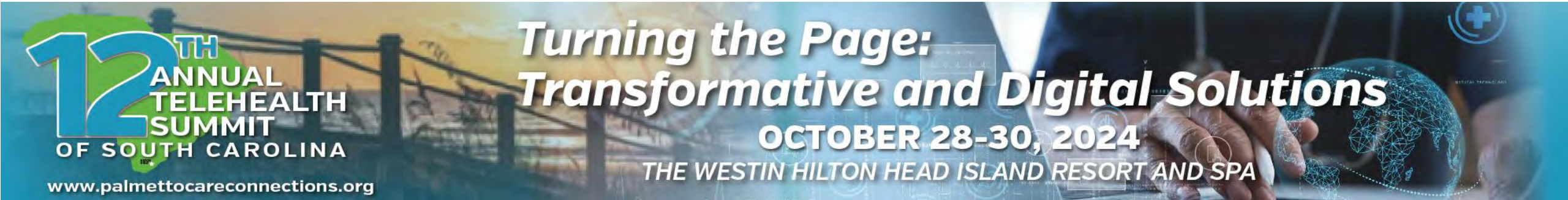
Scroll to TRICARE Program Manuals - 2021 Edition (T-5)

Select Tricare Policy Manual

Search Chapter 7

Search Telemedicine

*Link to current Telemedicine policy*



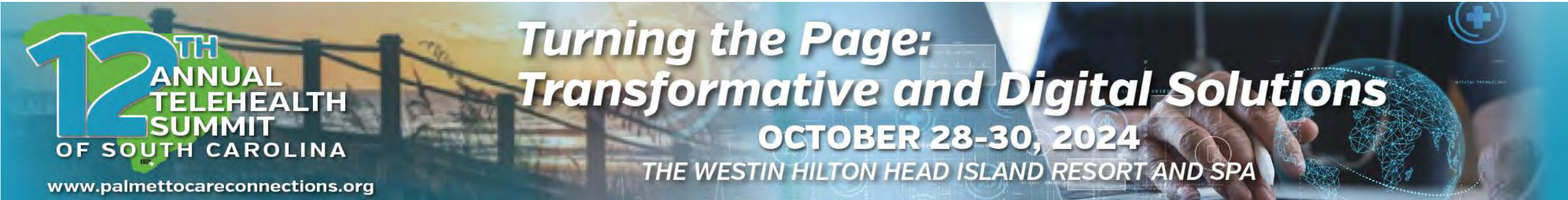
# Coverage

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)

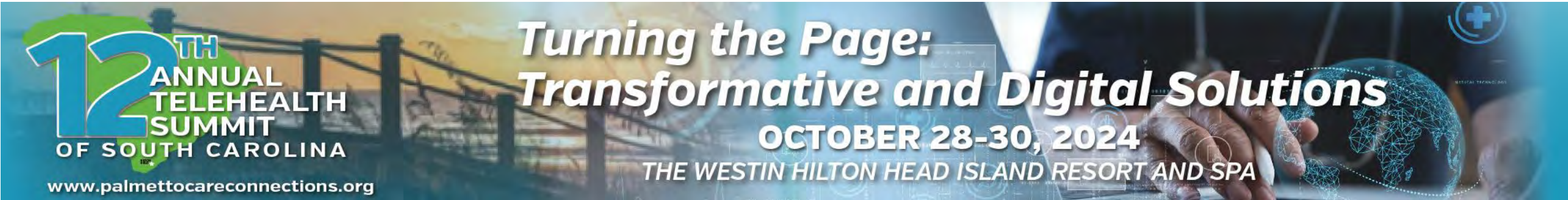
# CPT/HCPCS Code

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



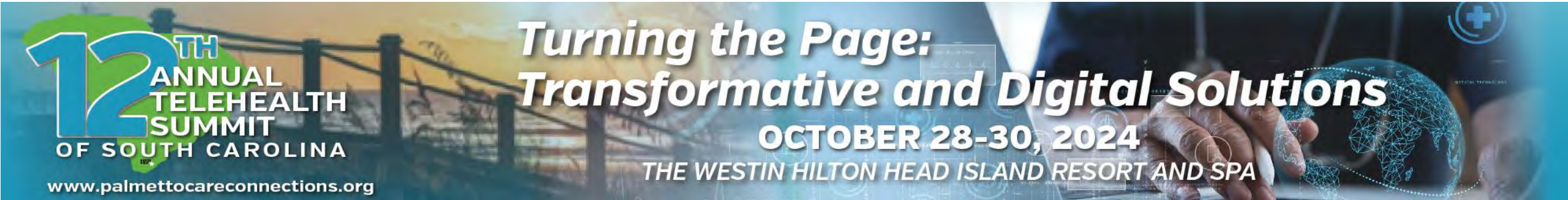
# Telephone Visits Coverage

## Covered services



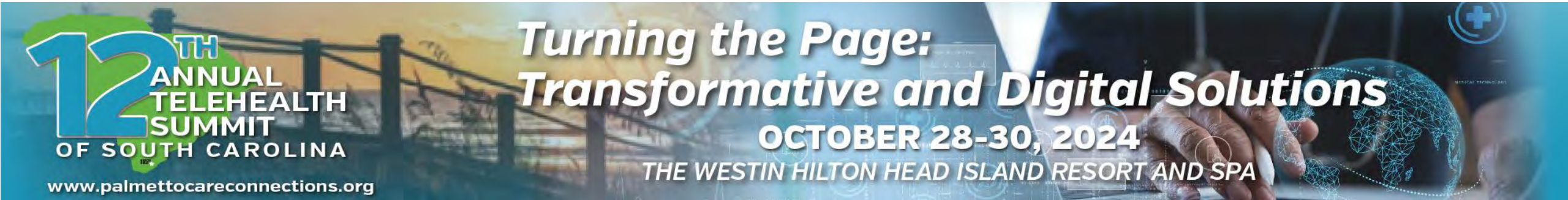
# E-Visits Coverage

## Non-covered services



# Place of Service & Modifier

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

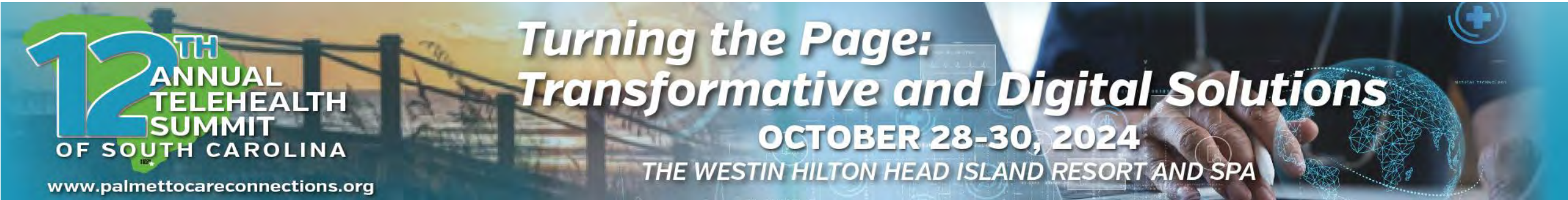


# Originating Site

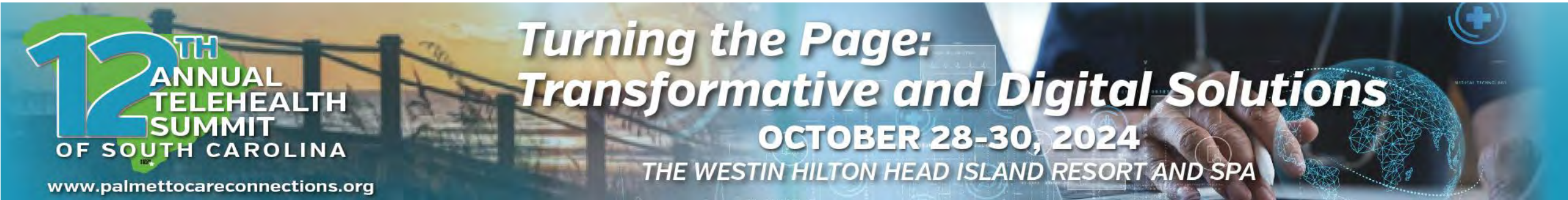
Payment is made only when the originating site is where an otherwise authorized TRICARE provider normally offers professional medical or psychological services. No payment shall be made when the originating site does not satisfy the requirement (e.g., no payment will be made when the originating site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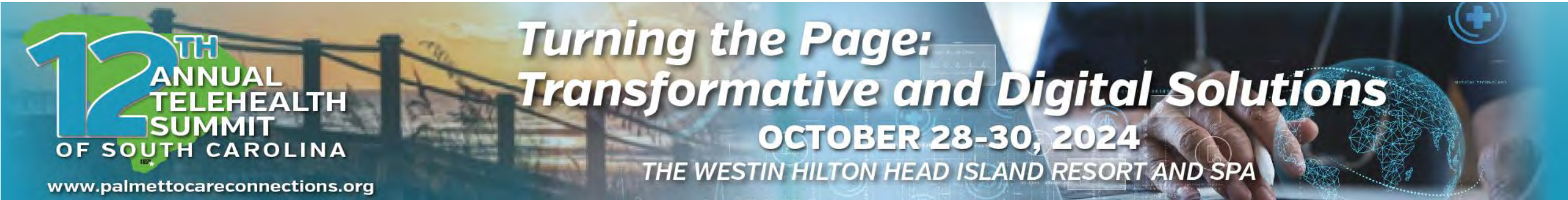
# Coverage

- 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)

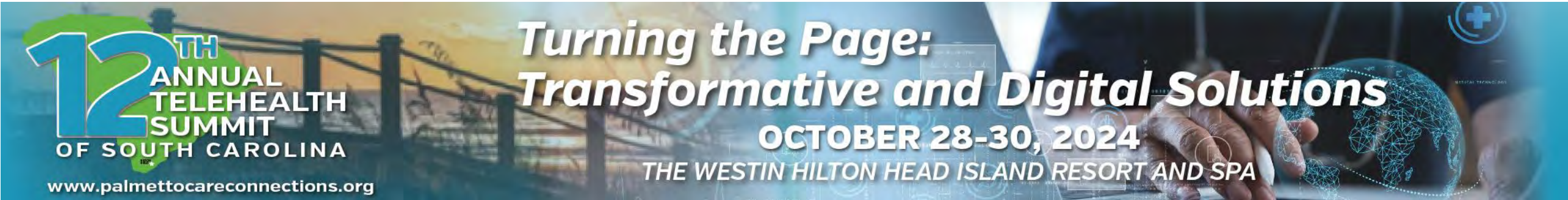
# CPT/HCPCS Code

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



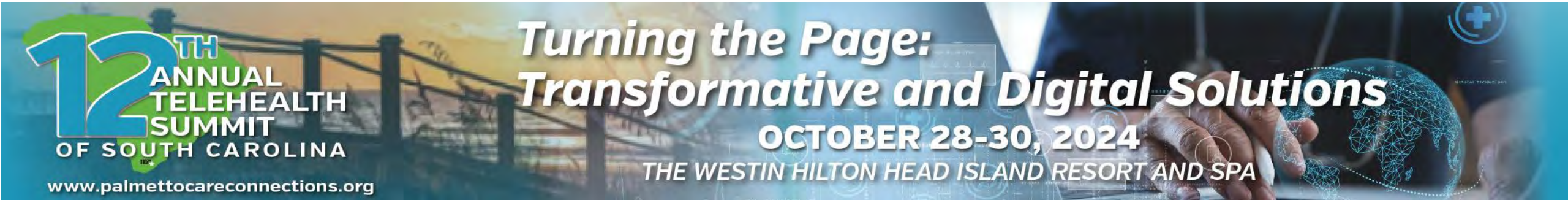
# Telephone Visits Coverage

Non-covered services



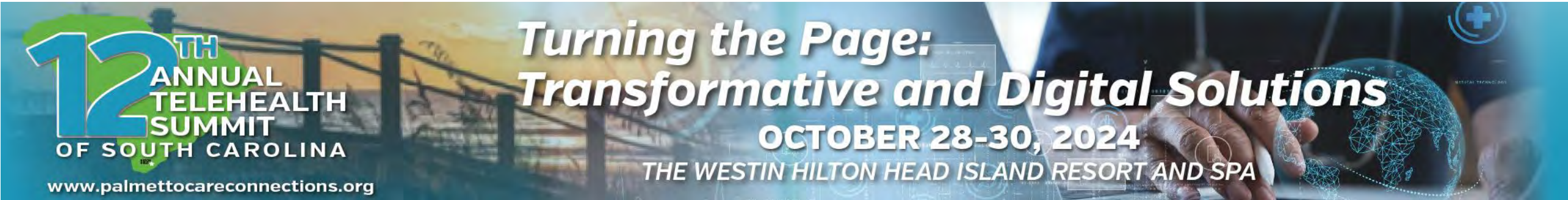
# E-visits Coverage

## Non-covered services



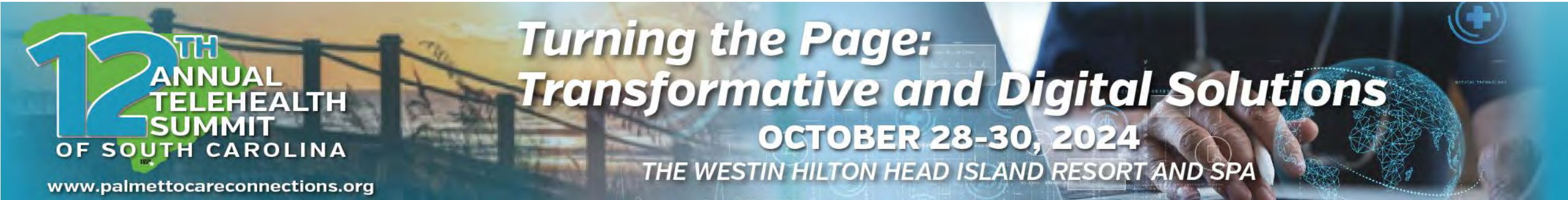
# Psychiatric Collaborative Care Model (CoCM)

## Non-covered services



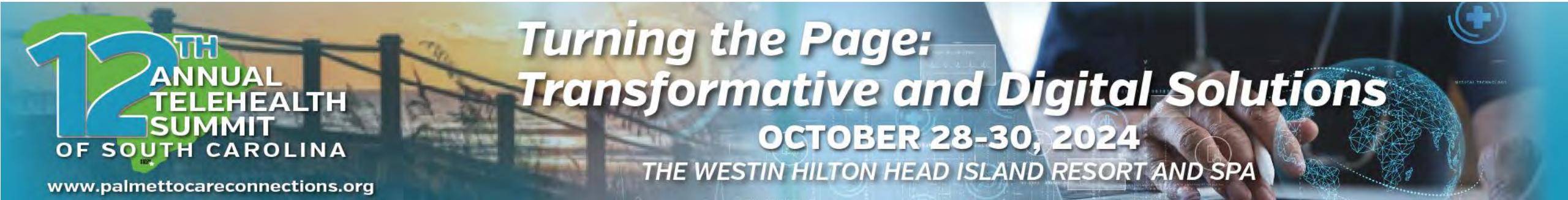
# Remote Patient Monitoring & Remote Therapeutic Monitoring

Non-covered services



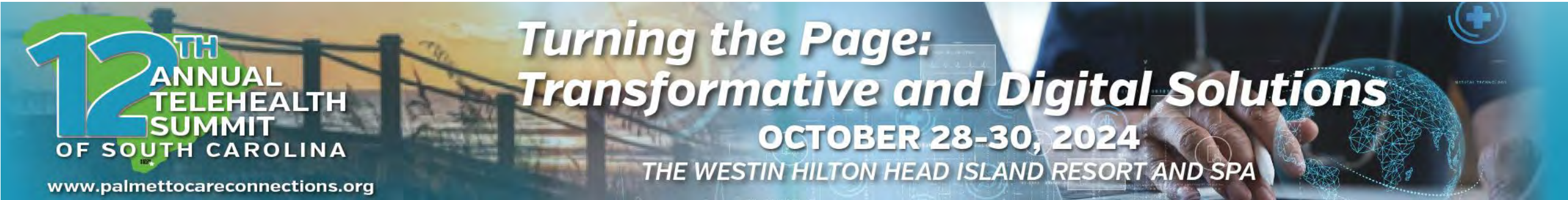
# Place of Service & Modifier

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



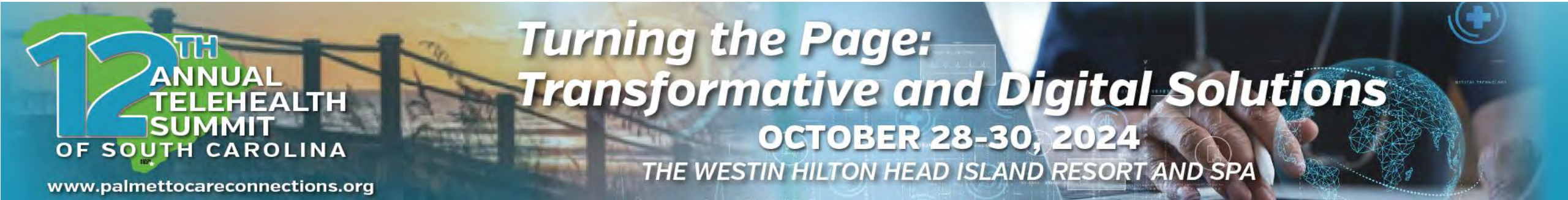
# Originating Site

Not addressed in telemedicine policy

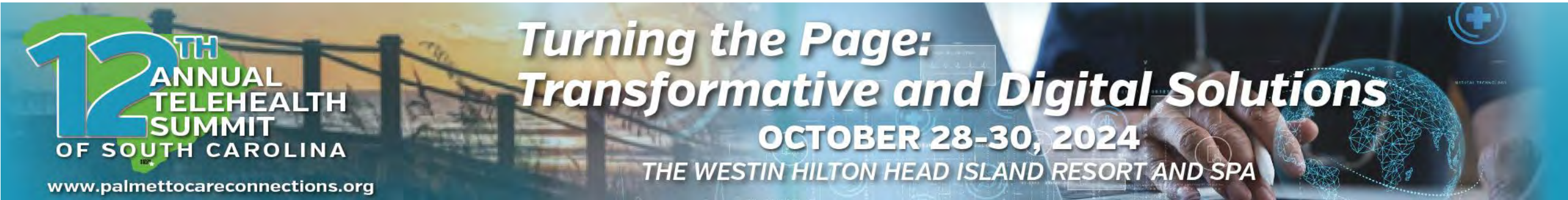


# Eligible Providers

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



BCBS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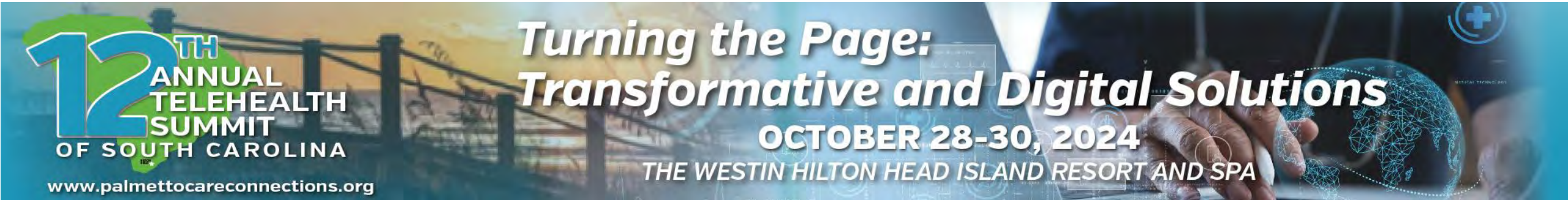
# Telehealth and Telemedicine Policies

- 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



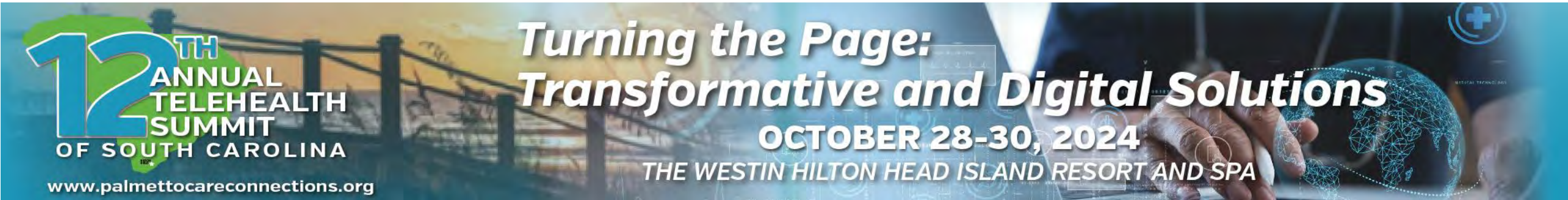
# Telehealth vs Telemedicine Policies

## 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

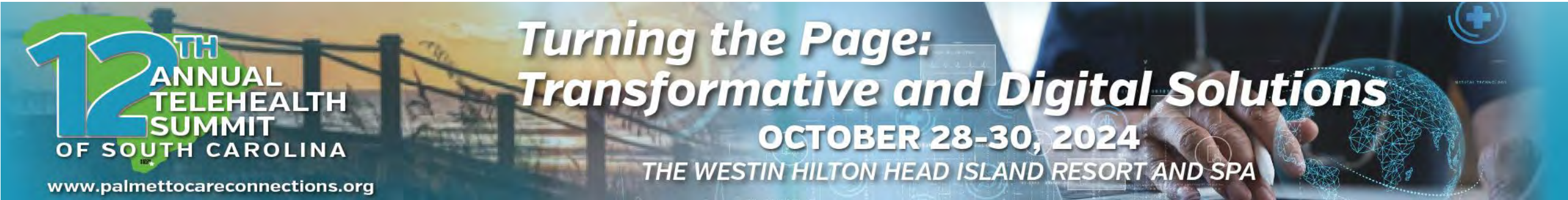
- Patient to clinician
- Requires two-way interactive communication
- Clinicians who are currently contracted and eligible to submit claims to BCBS of SC are covered providers
- No limitation on covered sites
- Services submitted with 95 modifier
- Q3014 not mentioned in policy



# Coverage

BCBS of SC coverage is based on the following:

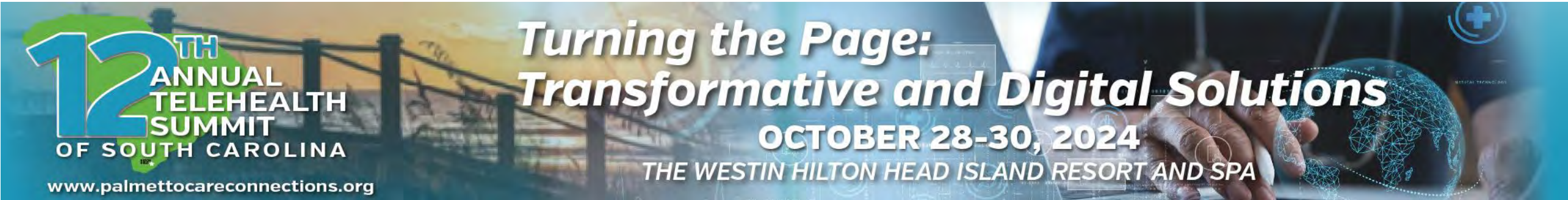
1) Referring site (also known as originating)
2) Distant site provider type
3) Service (CPT or HCPCS code)



# CPT/HCPCS Code

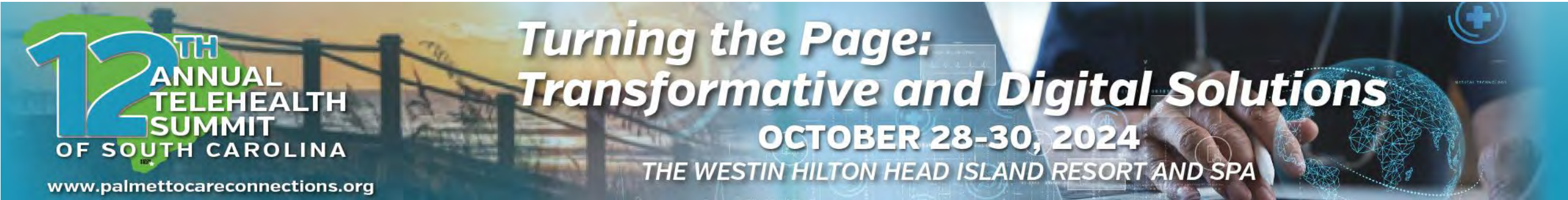
Review each policy below for a full list of CPT/HCPCS codes payable when furnished via telehealth and telemedicine

- CAM176 Telehealth
- CAM 032 Telemedicine



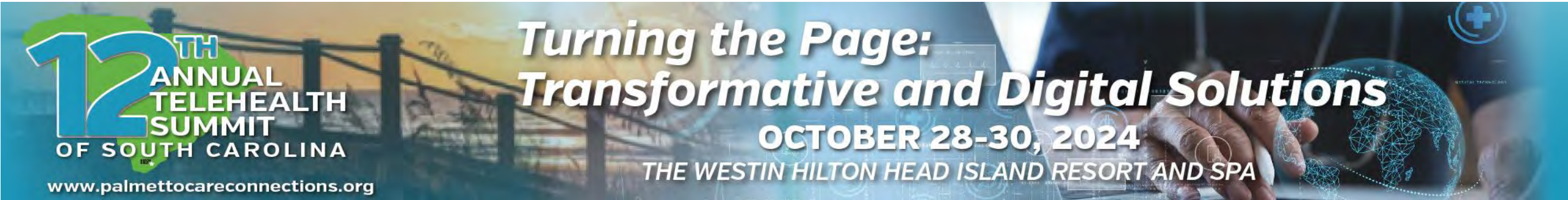
# Telephone Visits Coverage

Non-covered services



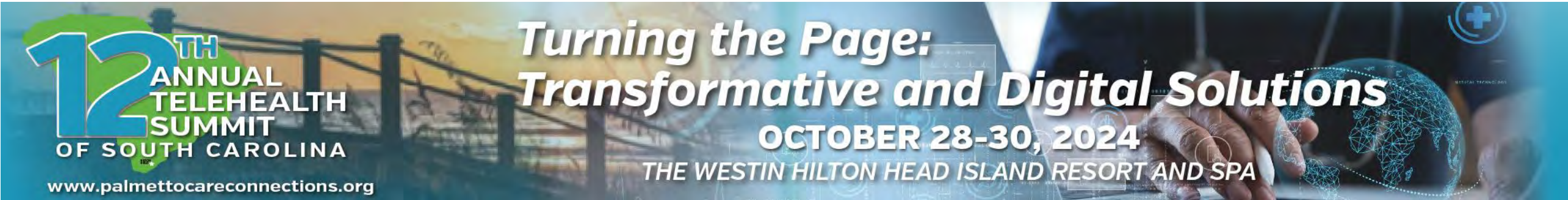
# E-Visits Coverage

Non-covered services



# Remote Patient Monitoring & Remote Therapeutic Monitoring

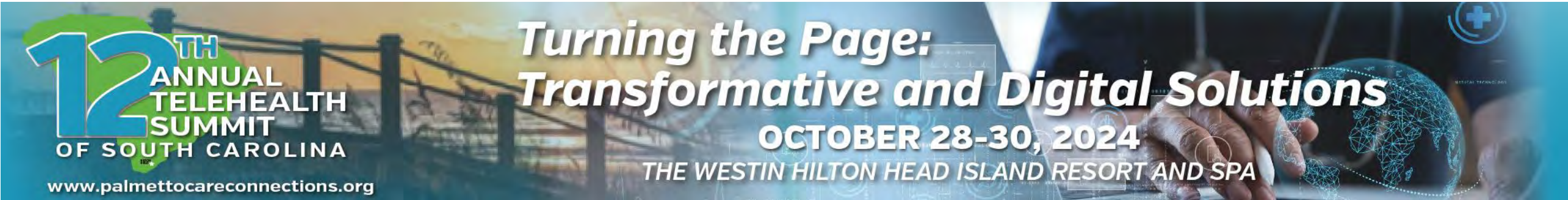
Non-covered services



# Psychiatric Collaborative Care Model (CoCM)

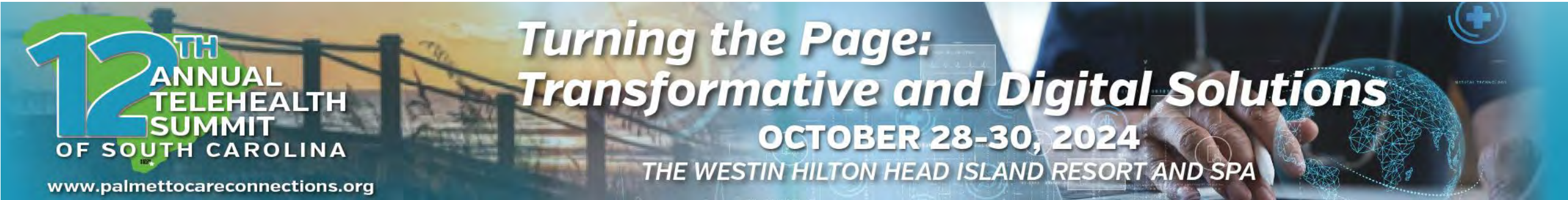
## Covered services

CPT
- 99492 - 99494



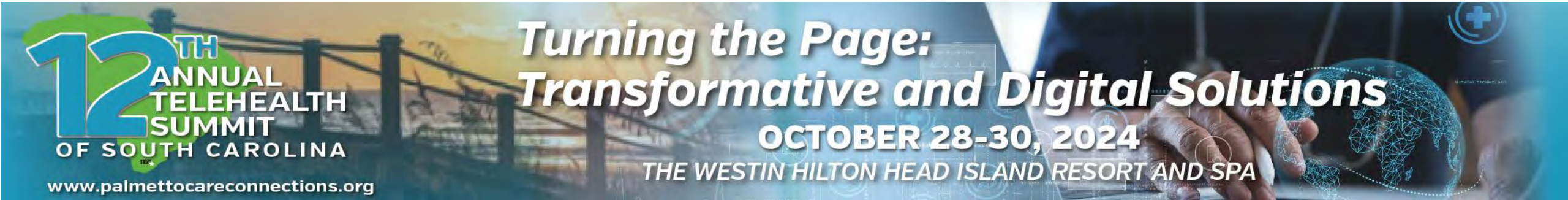
# Place of Service & Modifier

- 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



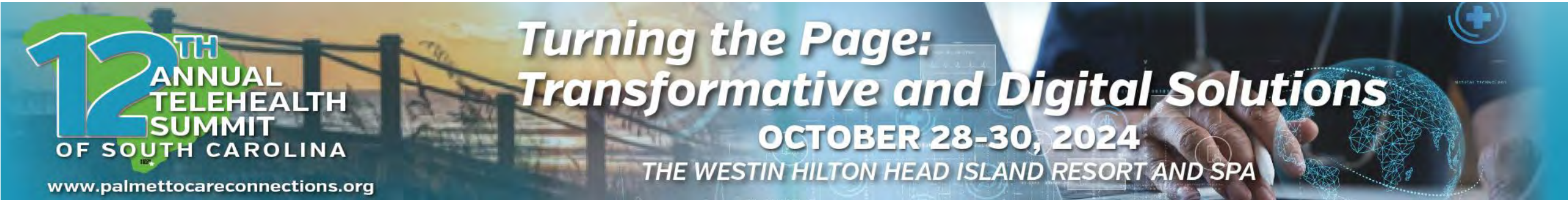
# Eligible Providers

## *Telehealth*

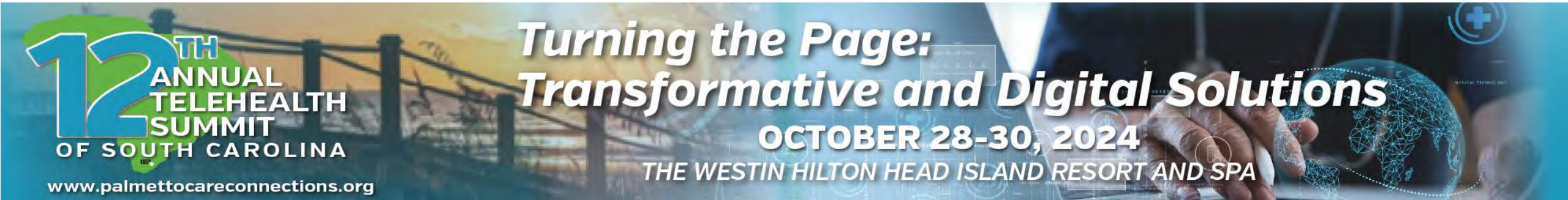
- Physician
- Nurse Practitioner
- Physician Assistant
- Clinical Nurse Specialist
- Clinical Psychologist
- Clinical Social Worker
- Licensed Professional Counselor
- Licensed Marriage & Family Therapist
- Speech Therapist
- Occupational Therapist
- Physical Therapist

## *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

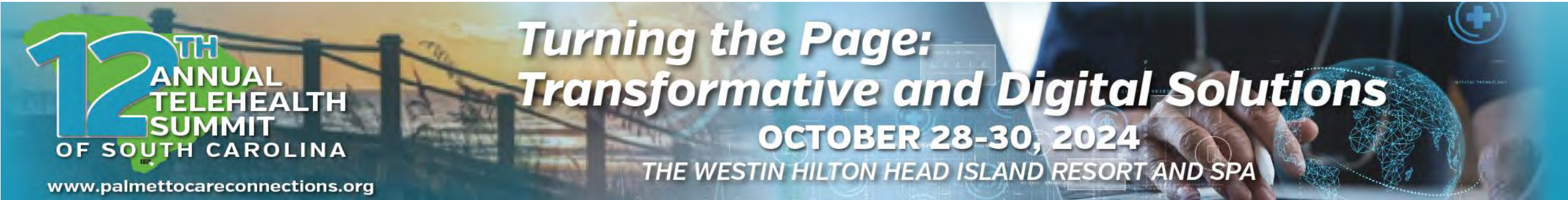
- Cigna's coverage and billing rules for telehealth services can be found in their Virtual Care Reimbursement Policy

- Cigna coverage is based on:

1) Service (CPT or HCPCS code)

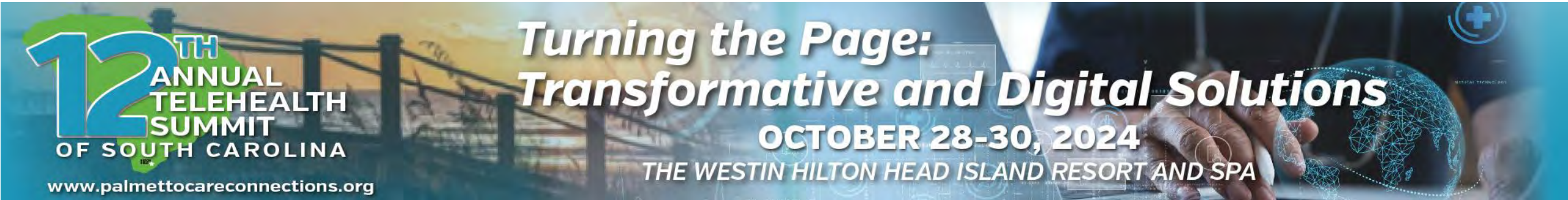
# CPT/HCPCS Code

Full list of CPT/HCPCS codes payable when furnished via telehealth are found in the Virtual Care Reimbursement Policy



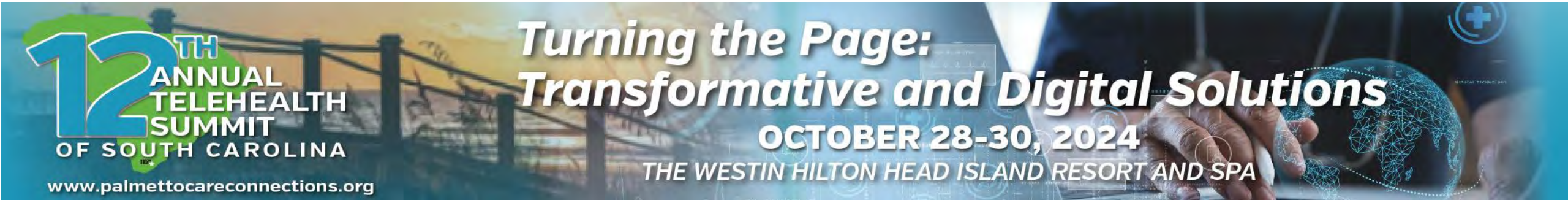
# Telephone Visits Coverage

## Covered services



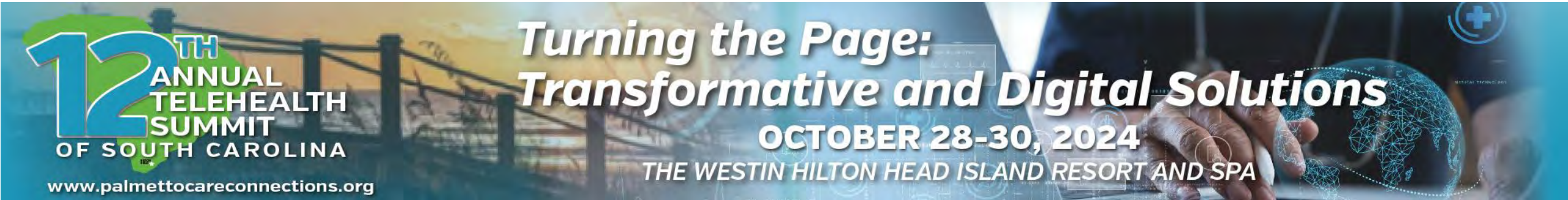
# E-Visits Coverage

Non-covered services



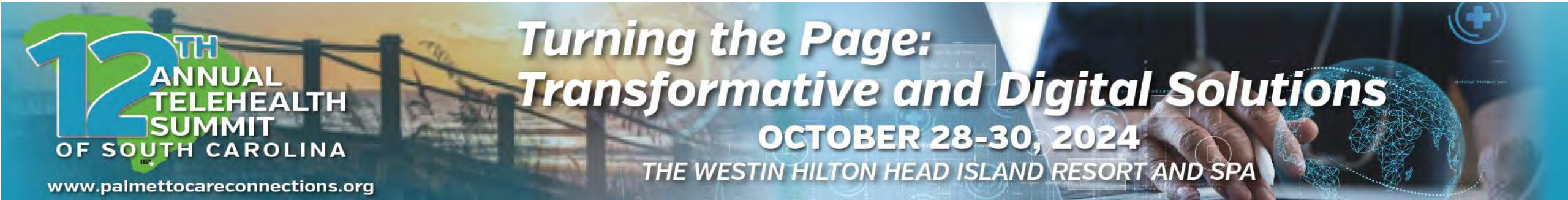
# Remote Patient Monitoring & Remote Therapeutic Monitoring

Non-covered services



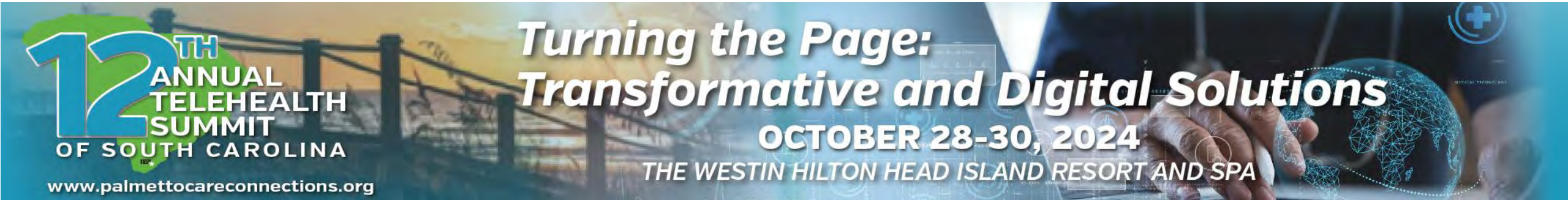
# Psychiatric Collaborative Care Model (CoCM)

## Non-covered services



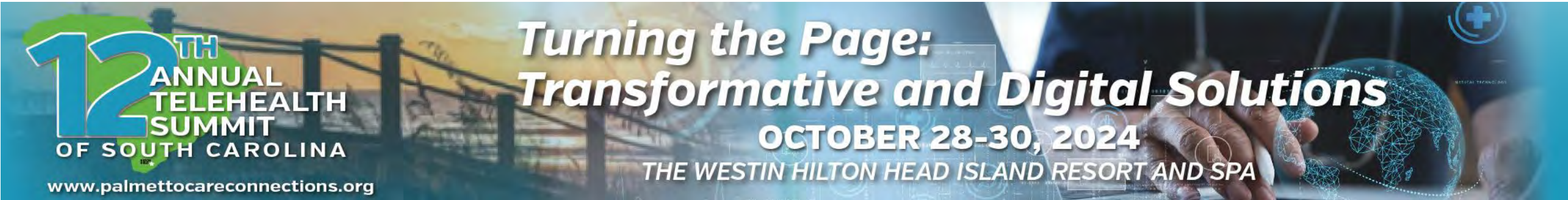
# Place of Service & Modifier

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



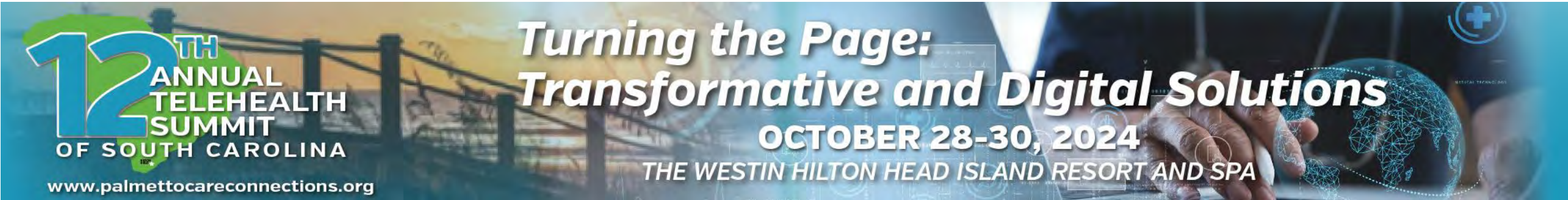
# Originating Site

Not addressed in telemedicine policy

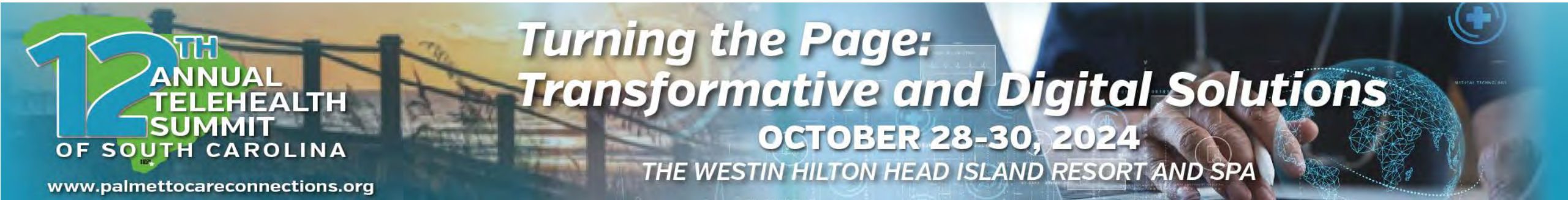


# Eligible Providers

Policy only references physician and other qualified health care professionals



# United Healthcare



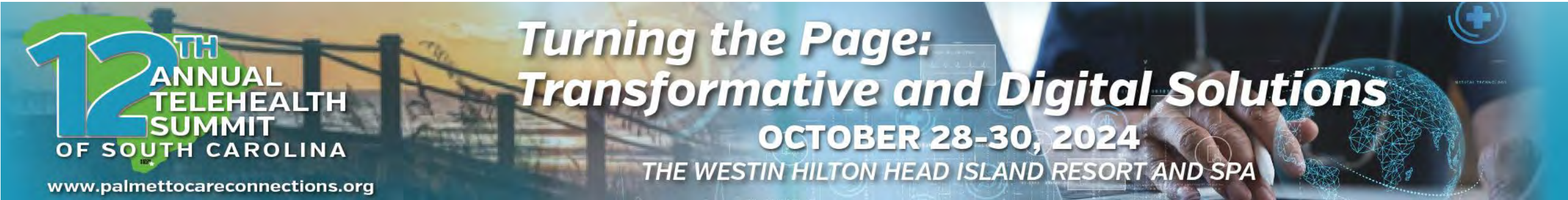
# Policy

- 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:

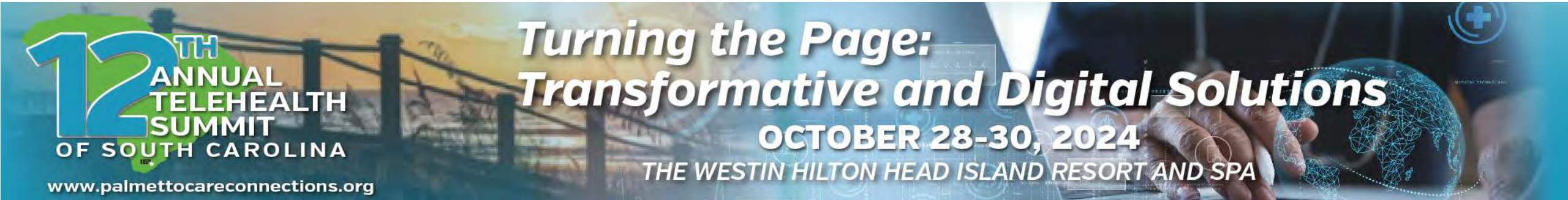
1) Originating site
2) Distant site provider type
3) Service (CPT or HCPCS code)



# CPT/HCPCS Code

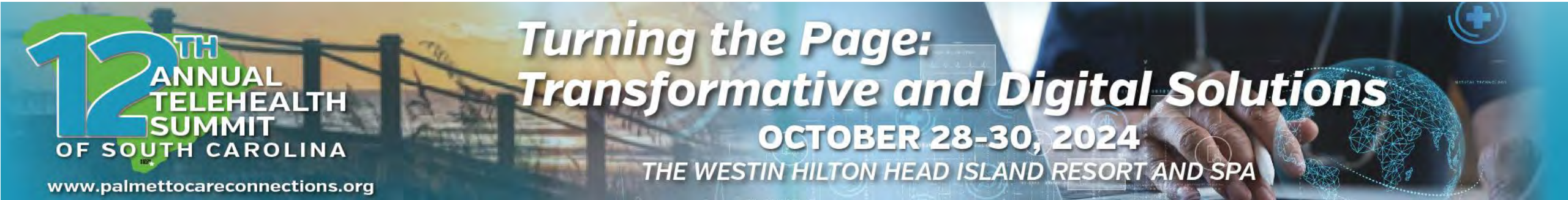
CPT/HCPCS codes payable when furnished via telehealth:

- 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

## Covered services



# Virtual Check-in Coverage

## Covered services

| | |
|---|---|
| MD/APP | • G2012 (5 mins) |
| Other Eligible Provider Types | • G2251 (5-10 mins)<br>• G2252 (11-20 mins) |

# E-visits Coverage

## Covered services

**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)

# Remote Patient Monitoring & Remote Therapeutic Monitoring

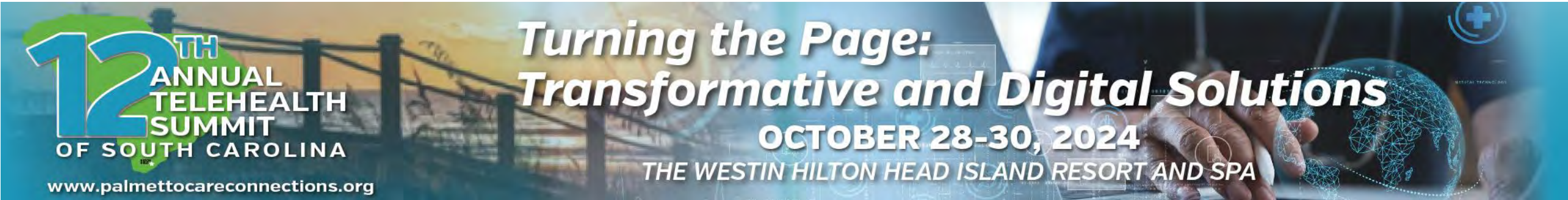
## Covered services

**RPM**

- 99091
- 99453 - 99454
- 99457 - 99458

**RTM**

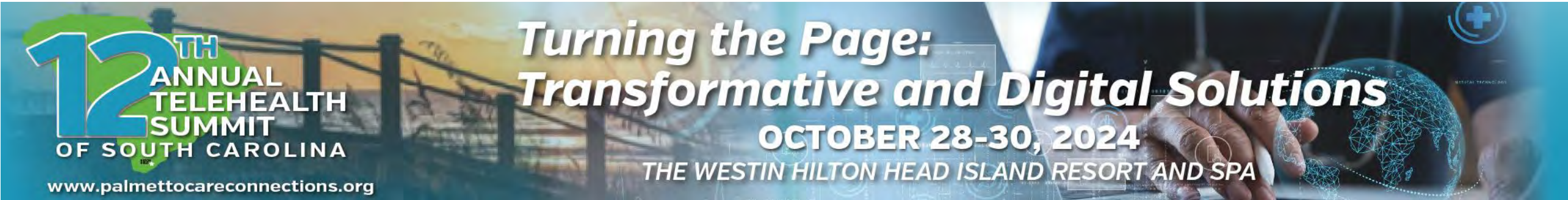
- 98975 – 98978
- 98980 - 98981



# Psychiatric Collaborative Care Model (CoCM)

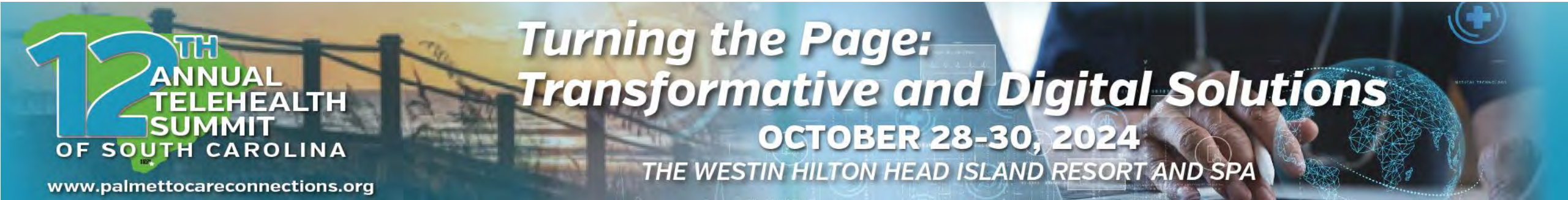
## Covered services

CPT
- 99492 - 99494



# Place of Service & Modifier

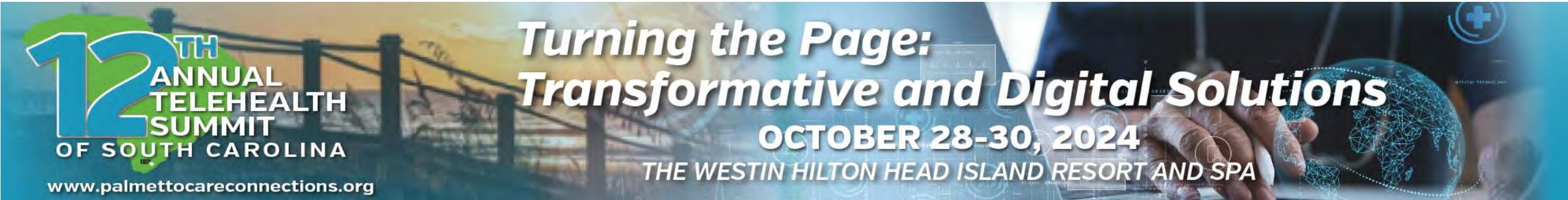
- Place of service
  - Telehealth provided other than patient home: POS 02
  - Telehealth provided in patient home: POS 10
- Modifier
  - o 95 or GT
  - o Stroke: G0
  - o Mental health: FQ
  - o Audio-only: 93



# Originating Site – Q3014

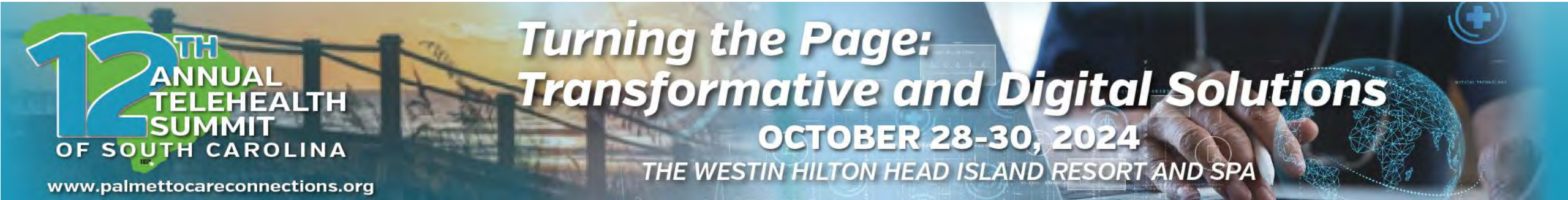
- Physician office
- Hospital
- Critical Access Hospital
- RHC and FQHC
- Hospital-based or critical access hospital-based renal dialysis center (including satellites)
- Skilled Nursing Facility
- Community Mental Health Center
- Mobile Stroke Unit
- Patient home*

**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*



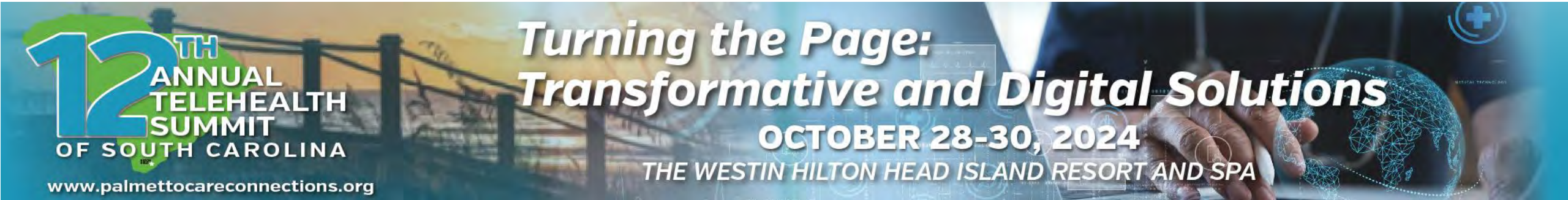
# Eligible Providers

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



# 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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