

Local and National Telehealth Guidelines

Payer Policy is FLUID!!!!

You must Verify Benefits!!! Ask these questions:

- Are physical therapists eligible for telehealth payment?
- If so, Which CPT codes be completed via telehealth?
- What modifiers are required? Do I need to use a modifier (GT, 95) or place of service code (02)?
- Does the payment rate match the currently contracted in-office rate?
- Are there any restrictions on the location of the physical therapist or the patient?
- Can PTAs provide telehealth?
- What device(s) or application(s) can be utilized?
- What, if any, consents are required?
- Are there any special documentation requirements?

Updated 1/6/2021

Local Telehealth Updates					
Insurer	Billing Codes	Modifiers & POS ***	Co-Pay/Co-insurance	Reimbursement	Notes
BCBS of WI Thru December 31st	Physical therapy (PT) evaluation codes 97161, 97162, 97163, and 97164 PT/OT treatment codes 97110, 97112,	Mod: 95 POS: "02"	Waiving all cost-sharing: Co pay, co-insurance, deductibles.	Payment parity at contracted rates	<p>See: https://providernews.anthem.com/wisconsin/article/information-from-anthem-for-care-providers-about-covid-19-10</p> <p>What codes would be appropriate to consider for telehealth (audio and video) for physical, occupational, and speech therapies?</p> <p>Anthem will waive member cost shares for telehealth visits for the following physical, occupational and speech therapies for visits coded with Place of Service (POS) "02" and modifier 95 or GT:</p> <ul style="list-style-type: none"> • Physical therapy (PT) evaluation codes 97161, 97162, 97163, and 97164 • Occupational (OT) therapy evaluation codes 97165, 97166, 97167, and 97168 • PT/OT treatment codes 97110, 97112, 97530, and 97535

	97530, and 97535				<ul style="list-style-type: none"> • Speech therapy (ST) evaluation codes 92521, 92522, 92523, and 92524 • ST treatment codes 92507, 92526, 92606, and 92609 <p>PT/OT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533, and 97537-97546.</p>
Children's Community Healthplan	See WI Medicaid Guidelines	Verify			Continues re: WI Medicaid
CIGNA January 1, 2021 COMMERCIAL PLAN Updates	See 97000 Codes	Mod: 95= Synchronous A-V Technology POS: 11			<p>Q: Will Cigna allow for physical, occupational, and speech therapists to provide virtual care?</p> <p>https://static.cigna.com/assets/chcp/secure/pdf/resourceLibrary/clinReimPolsModifiers/Notifications/R31_Virtual_Care.pdf</p> <p>Yes. PT/OT/ST providers who bill on HCFA 1500 (private Practices & Some Rehab Agencies) can now deliver virtual care for any service if it is on their current fee schedule and if CMS covers it virtually. Both in-network & out of Network Providers are covered. Please note that virtual care services billed on a UB-04 claim will not be reimbursed under the new policy.</p> <p>We maintain all current medical necessity review criteria for virtual care at this time.</p> <ul style="list-style-type: none"> • Our national ancillary partner American Specialty Health (ASH) is applying the same virtual care guidance, so any provider participating through ASH and providing PT/OT services to Cigna customers is covered by the same guidance.
Humana UPDATE: Through the Public	See Medicare Guidelines				<p>https://www.humana.com/provider/coronavirus/telemedicine</p> <p>Humana follows Medicare Guidelines for all products: Check back for anticipated UPDATES</p>

<p>Health Crisis Which has now been extended to April 20, 2021</p>					<ul style="list-style-type: none"> • Temporary expansion of telehealth service scope and reimbursement rules • To ease systemic burdens arising from COVID-19 and support shelter-in-place orders, Humana is encouraging the use of telehealth services to care for its members. Please refer to CMS, state and plan coverage guidelines for additional information regarding services that can be delivered via telehealth. • Temporary expansion of telehealth channels <ul style="list-style-type: none"> ○ Humana understands that not all telehealth visits will involve the use of both video and audio interactions. For providers or members who don't have access to secure video systems, we will temporarily accept telephone (audio-only) visits. These visits can be submitted and reimbursed as telehealth visits. ○ Please follow CMS or state-specific guidelines and bill as you would a standard telehealth visit. • Temporary expansion of telehealth to broader types of providers <ul style="list-style-type: none"> ○ Both participating/in-network primary and specialty providers can render care using telehealth services, provided that CMS and state-specific guidelines are followed.
<p>Network Health Plan Website says Telehealth Expires when CMS ends Medicare coverage, January 22nd, 2021</p>	<p>See Medicare Guidelines</p>	<p>Mod: 95 POS "02"</p>			<p>Per CMS Coverage!</p>
<p>Medica</p>		<p>Mod: 95 POS "02"</p>			<p>The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a telemedicine</p>

					<p>service may be the same codes that describe an encounter when the health care provider and patient are at the same site https://www.medica.com/-/media/documents/provider/emergency-telemedicine-policy-mhcp.pdf?la=en&hash=2352181061199DA4F1623DA741C05BE3</p>
<p>Prevea 360 UPDATE: Follow CMS January 22nd, 2020</p>	97000 Codes	Mod: 95 POS: "02"			<p>https://www.prevea360.com/For-Providers/What-you-need-to-know-about-coronavirus.aspx</p> <p>We are referring to the CMS Medicare Telemedicine Health Care Provider Fact Sheet for our expanded telemedicine coverage guidance effective for dates of service beginning March 6, 2020. Our expanded coverage will remain in effect until further notice.</p>
<p>Quartz Health Plan</p>	97000 Codes	Mod: CR POS: "02"			<p>Refers to WI Medicaid and Telehealth Update: https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf</p>
<p>Security Health Plan</p>	97000 Codes	Mod: 95 POS: 11			<p>PT evaluation and treatment can be done via telehealth. All product lines - For an in-network provider, prior authorization (PA) is still required via eviCore prior to an initial evaluation. Medicare Advantage only - PA is not required to provide treatment for a Medicare Advantage member from a non-affiliated provider. Medicare Advantage – Any Medicare-covered professional service may be performed via telehealth as long as the service is within the scope of practice and can be performed with the functional equivalency of a face-to-face service. This can be done as a telephonic consult, where both provider and member are talking on the phone while the member is at home. The telephone services codes may be used to bill for the services.</p>
<p>WEA No current stated Expiration Date- will give 30 day notice.</p>		Mod: 95 POS: "02"		Waiver of Co-pays	<p>https://www.weatrust.com/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=1439&language=en-US&PortalId=0&TabId=186</p> <p>Prior Auth Required 97000 Codes along w/GT modifier are covered *Location-as long as there is video & audio/face-face</p>

<p>WPS NOT UPDATED: Thru 12/31/2020 21</p>	<p>97000 Codes</p>	<p>Mod: 95 POS: "02"</p>			<p>https://www.wpshealth.com/resources/files/telehealth-telemedicine-temporary.pdf</p> <p>Must have a valid license (or certification) for the state in which the patient is physically located at the time telehealth services are provided. Eligible telehealth providers may only provide services that fall within the scope of practice of the specific license/certification. Eligible</p>
<p>United Healthcare UPDATED For in-network providers, UnitedHealthcare will extend the expansion of telehealth access through December 31st, 2020.</p>	<p>97000 Codes See notes</p>	<p>Mod: 95 POS: 02</p>	<p>For providers who submit claims on a UB-04 claim form, UHC will no longer reimburse for outpatient therapy services delivered via telehealth beginning on January 1, 2021 unless mandated by an Executive Order by the State Wisconsin's PHE is Set to expire on April 20 but may be renewed in 60 day increments) due to the public health emergency due to COVID-19.</p>	<p>Waive for In-Network Providers Co-pays</p> <p>Contracted Rates</p>	<p>https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf</p> <p>UnitedHealthcare will reimburse eligible codes on a CMS 1500 form, using the place of service (POS) that would have been reported had the services been furnished in person, along with a 95 modifier, or on a UB04 form with revenue code 780. Covered PT Codes: 97161-97164; 97110, 97112, 97116, 97530, 97535, 97750, 97760, 97661, 97755.</p> <p>UHC will reimburse when using interactive audio-video technology.</p> <p>In-Network Providers are covered more liberally than out of Network providers: SEE: https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-pt-ot-st.html</p>

WI Medicaid UPDATED: Telehealth coverage ongoing as the DHS formulates more specific policies.	Medicaid Approved CPT Codes for Telehealth	Mod: CR POS: "02"			<p>See WI Medicaid Update:</p> <p>ForwardHealth's temporary telehealth policy will remain in effect until permanent policy is published. ForwardHealth has implemented temporary telehealth policy in response to COVID-19, pursuant to Wis. Stat. § 49.45(61). ForwardHealth will publish additional guidance about the topics addressed in the ForwardHealth Updates listed below when the temporary policies transition to permanent telehealth policy. For information on temporary telehealth policy currently in effect, please refer to the following ForwardHealth Updates:</p> <ul style="list-style-type: none"> • The March 2020 Update (2020-09), titled "Changes to ForwardHealth Telehealth Policies for Covered Services, Originating Sites, and Federally Qualified Health Centers." • The March 2020 Update (2020-12), titled "Temporary Changes to Telehealth Policy and Clarifications for Behavioral Health and Targeted Case Management Providers." • The March 2020 Update (2020-15), titled "Additional Services to Be Provided via Telehealth."
WI Worker's Comp					<p>In Wisconsin there is no provision in our law, ch. 102. Wis. Stats. or administrative rules, chs. DWD 80 and DWD 81 that address telemedicine or telehealth.</p> <p>Treatment in the form of telemedicine/telehealth to injured employees is compensable under our law if the treatment is required to cure and relieve an employee of the effects of a work-related injury and is a reasonable expense. Per e-mail to Lynn Steffes, PT, DPT from DWD Monday March 23rd, 2020.</p>
Align	Telehealth 97000	Verify			
Homelink	Telehealth 97000	Verify			
MedRisk	Telehealth 97000	Verify			
One Call	Telehealth 97000	Verify			

<p>Medicare UPDATED: The Public Health Crisis & therefore the Telehealth Coverage has NOW been extended to April 20, 2021 based on the updated Public Health Emergency.</p>	<p>e visits G2061 G2062 G2063 G2010, G2012 98970, 98971, 98972</p>	<p>Mod: CR POS: "11 or 12"</p>	<p>Deductible/Co- ins apply</p>	<p>G2061: \$12.27 G2062: \$21.65 G2063: \$33.92</p>	<p>Medicare Telehealth clinicians can now provide more services to beneficiaries via telehealth so that clinicians can take care of their patients while mitigating the risk of the spread of the virus. Under the public health emergency, all beneficiaries across the country can receive Medicare telehealth and other communications technology-based services wherever they are located. Clinicians can provide these services to new or established patients. In addition, health care providers can waive Medicare copayments for these telehealth and other non-face-to-face services for beneficiaries in Original Medicare.</p> <p>CMS is waiving the which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site. The waiver of these requirements expands the types of health care professionals that can furnish distant site telehealth services to include all those that are eligible to bill Medicare for their professional services-physical therapists, occupational therapists, and speech language pathologists can use telehealth to provide many Medicare services</p> <p>Medicare will allow Physical and Occupational Therapy and SLP to provide the following services via telehealth. CPT codes 97161- 97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507. NOT 97140 OR 97530!</p> <p>All Virtual Services (E-visits, Remote Evaluations, Telephone Assessment & Management Services, Virtual Check-Ins and Telehealth) can now be performed by therapists for NEW and established patients with acute or chronic conditions. For a complete list of all Medicare telehealth services including how the virtual service is conducted, please click here</p> <p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p>
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<p>Aetna UPDATED Lasts until January 31st, 2021</p>	<p>Physical therapy (PT) evaluation codes 97161, 97162, 97163, and 97164</p> <p>PT/OT treatment codes 97110, 97112, 97116, 97530, and 97535, 97755, 97760, 97761</p>	<p>Mod: 95=synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system</p> <p>Mod: GT=delivered via interactive audio and video telecommunications systems</p> <p>POS: "02"</p>	<p>Waiving all cost sharing. Parity in Payment</p>	<p>https://www.aetna.com/health-care-professionals/covid-faq/telemedicine.html</p> <p>4/3/2020: Aetna advised that telehealth services delivered by physical therapists may be billed on a UB04 using the modifier GT or 95. 4/22/2020: The Aetna e-visit approach is slightly different from the CMS system, allowing PTs to bill for either CPT codes associated with evaluation and management (98970, 98971, 98972) or HCPC codes for assessment and management (G2061, G062, and G2063). CMS only allows PTs to bill for the G codes. Providers should check with Aetna's provider page for updates and changes.</p> <p>https</p> <p>Yes. Providers can temporarily use non-public facing synchronous video chat platforms, such as Skype® and FaceTime®, to complete telemedicine visits as long as these platforms are allowed in their states and they are able to meet the standard of care via a telehealth encounter. Health care providers should not, however, use public-facing video applications, such as Facebook Live®, Twitch® or TikTok®.</p>

					For more information, refer to the temporary Federal guidelines concerning use of these platforms during the COVID-19 pandemic . ⁸
TriCare Telehealth coverage is ongoing.	97000 Codes				Coronavirus Disease (COVID-19) and TRICARE's telemedicine benefit. March 18, 2020 **Update: If a beneficiary meets all other criteria for a covered service for speech therapy and for continuation of PT/OT, (but not initiation of PT/OT), it is covered using telemedicine, using any coding modifiers as you would for a TRICARE network provider office visit. https://www.humanamilitary.com/provider/education-and-resources/quick-access/policy-updates-and-alerts/covid-19-telemedicine-031320
TriCare West	97000 Codes				See CMS Guidelines