

## 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 5/28/2020**

Local Telehealth Updates					
Insurer	Billing Codes	Modifiers & POS ***	Co-Pay/Co-insurance	Reimbursement	Notes
<b>BCBS of WI</b> <b>90 Days</b> <b>Starting</b> <b>March 17<sup>th</sup>-</b> <b>June 15<sup>th</sup></b>	Physical therapy (PT) evaluation codes 97161, 97162, 97163, and 97164  PT/OT treatment	Mod: 95 POS: "02"	Waiving all cost-sharing: Co pay, co-insurance, deductibles	Payment parity at contracted rates	See: <a href="https://providernews.anthem.com/wisconsin/article/information-from-anthem-for-care-providers-about-covid-19-10">https://providernews.anthem.com/wisconsin/article/information-from-anthem-for-care-providers-about-covid-19-10</a> <b>What codes would be appropriate to consider for telehealth (audio and video) for physical, occupational, and speech therapies?</b> For 90 days effective March 17, 2020, 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: <ul style="list-style-type: none"> <li>• Physical therapy (PT) evaluation codes 97161, 97162, 97163, and 97164</li> </ul>

	codes 97110, 97112, 97530, and 97535			<ul style="list-style-type: none"> <li>Occupational (OT) therapy evaluation codes 97165, 97166, 97167, and 97168</li> <li>PT/OT treatment codes 97110, 97112, 97530, and 97535</li> <li>Speech therapy (ST) evaluation codes 92521, 92522, 92523, and 92524</li> <li>ST treatment codes 92507, 92526, 92606, and 92609</li> </ul> <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>
<b>Children's Community Healthplan</b>	See WI Medicaid Guidelines	Verify		
<b>CIGNA NOW Thru July 31st</b>	See 97000 Codes	Mod: 95 POS: 11		<p><b>Q: Will Cigna allow for physical, occupational, and speech therapists to provide virtual care?</b></p> <p>Yes. PT/OT/ST providers can now deliver virtual care for <b>any service if it is on their current fee schedule</b> and if CMS covers it virtually. We have removed the previous guidance that only a select number of codes on the fee schedule could be billed. PT/OT/ST providers should also submit virtual claims with a GQ, GT, or 95 modifier and a face-to-face place of service code (e.g., POS 11).</p> <p>Important notes</p> <ul style="list-style-type: none"> <li>While we encourage PT/OT/ST providers to follow CMS guidance regarding the use of software programs for virtual care, we are not requiring the use of any specific software program at this time.</li> <li>We maintain all current medical necessity review criteria for virtual care at this time.</li> <li>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.</li> <li><a href="https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html">https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html</a></li> </ul>

Humana	See Medicare Guidelines				<b>Humana follows Medicare Guidelines for all products: Check back for anticipated UPDATES</b>
<b>Network Health Plan Website says Telehealth Expires May 31st</b>	See Medicare Guidelines	Mod: 95 POS "02"			Per CMS Coverage!
Medica		Mod: 95 POS "02"			<b>The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a telemedicine service may be the same codes that describe an encounter when the health care provider and patient are at the same site</b> <a href="https://www.medica.com/-/media/documents/provider/emergency-telemedicine-policy-mhcp.pdf?la=en&amp;hash=2352181061199DA4F1623DA741C05BE3">https://www.medica.com/-/media/documents/provider/emergency-telemedicine-policy-mhcp.pdf?la=en&amp;hash=2352181061199DA4F1623DA741C05BE3</a>
Prevea 360	97000 Codes	Mod: 95 POS: "02"			<a href="https://www.prevea360.com/For-Providers/What-you-need-to-know-about-coronavirus.aspx">https://www.prevea360.com/For-Providers/What-you-need-to-know-about-coronavirus.aspx</a>  We are referring to the <a href="#">CMS Medicare Telemedicine Health Care Provider Fact Sheet</a> 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.
Quartz Health Plan	97000 Codes	Mod: CR POS: "02"			Refers to WI Medicaid Telehealth Update: <a href="https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf">https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf</a>
Security Health Plan	97000 Codes	Mod: 95 POS: 11			PT evaluation and treatment can be done via telehealth. <b>All product lines</b> - For an in-network provider, prior authorization (PA) is still required via eviCore prior to an initial evaluation. <b>Medicare Advantage only</b> - PA is <b>not</b> required to provide treatment for a <b>Medicare Advantage</b> member from a non-affiliated provider. <b>Medicare Advantage</b> – 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. <b>This can be done as a telephonic consult, where both provider and member are</b>

					<b>talking on the phone while the member is at home. The telephone services codes may be used to bill for the services.</b>
<b>WEA</b>		Mod: 95 POS: "02"			<p><a href="https://www.weatrust.com/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&amp;EntryId=1439&amp;language=en-US&amp;PortalId=0&amp;TabId=186">https://www.weatrust.com/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&amp;EntryId=1439&amp;language=en-US&amp;PortalId=0&amp;TabId=186</a></p> <p>Prior Auth Required 97000 Codes along w/GT modifier are covered *Location-as long as there is video &amp; audio/face-face *Codes 98970,98971, 98972 are non-covered *Copays &amp; co-insurance <b>WAIVED</b> *No other exclusions</p>
<b>WPS</b>	97000 Codes Effective thru 5/31	Mod: 95 POS: "02"			<p><a href="https://www.wpshealth.com/resources/files/telehealth-telemedicine-temporary.pdf">https://www.wpshealth.com/resources/files/telehealth-telemedicine-temporary.pdf</a></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>
<b>United Healthcare Effective thru June 18th</b>	97000 Codes See notes	Mod: 95 POS: 11		Contracted Rates	<p><a href="https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-pt-ot-st.html">https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-pt-ot-st.html</a></p> <p>March 18, 2020 until June 18, 2020.</p> <p>Cost sharing will be waived for in-network telehealth services for PT/OT/ST services for Medicare Advantage, Medicaid, Individual and fully insured Group Market health plan members, with opt-in available for self-funded employers.</p> <p><b>UnitedHealthcare will not reimburse providers for audio-only visits. All visits must be performed using live video-conferencing that involves the presence of both parties at the same time and a communication link between them that allows a real-time audio and visual interaction to take place. E-mailing "stored" exercise videos and discussing or reviewing by phone is not reimbursable. Providers must always comply with the requirements of the state that issues their license in providing services.</b></p> <p>UnitedHealthcare will reimburse eligible codes on a CMS 1500 form, <b>using the place of service (POS) that would have been reported had the services</b></p>

					<b>been furnished in person</b> , along with a 95 modifier, or on a UB04 form with revenue code 780.
<b>WI Medicaid</b>	Medicaid Approved CPT Codes for Telehealth	Mod: CR POS: "02"			<p>See WI Medicaid Update:  <b>Temporary Change in Allowable Telehealth Services</b>  Beginning on March 12, 2020, and for the duration of the Wisconsin public health emergency for COVID-19, ForwardHealth will allow telehealth services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, for currently covered services that can be delivered with functional equivalency to the face-to-face service. This applies to all service areas and all enrolled professional and paraprofessional providers allowable within current ForwardHealth coverage policy. Services that are not currently covered on a face-to-face basis are not covered via telehealth.</p> <p>Paraprofessional providers are providers who do not hold a license to practice independently but are providing services under the direction of a licensed provider. Paraprofessional providers are subject to supervision requirements, which may include face-to-face supervision. During Wisconsin's public health emergency, ForwardHealth will allow supervision requirements to be met via telehealth, but this flexibility does not change or replace licensure or certification requirements of the provider's supervising body or other regulatory authorities. When possible, face-to-face supervision requirements should be met via audio-visual technologies. Supervision must be documented according to existing benefit policy.</p> <p>Providers must keep complete and accurate documentation according to existing benefit policy requirements. Providers are expected to perform services within their scope of practice and to exercise professional judgment in determining whether services can be delivered appropriately and effectively via telehealth. Providers must make a good faith effort to provide clinically appropriate services during the public health emergency. Providers must adhere to all ForwardHealth benefit policy requirements in all respects.</p> <p>Providers may not require the use of telehealth as a condition of treating a member. Providers must develop and implement their own methods of informed consent to confirm that a member agrees to receive services via</p>

					telehealth. ForwardHealth considers verbal consent to receiving services via telehealth an acceptable method of informed consent when it is documented in the member's medical record.
<b>WI Worker's Comp</b>					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. 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 23 <sup>rd</sup> , 2020.
<b>Align</b>	Telehealth 97000	Verify			
<b>Homelink</b>	Telehealth 97000	Verify			
<b>MedRisk</b>	Telehealth 97000	Verify			
<b>One Call</b>	Telehealth 97000	Verify			
<b>Medicare</b>	e visits G2061 G2062 G2063 G2010, G2012 98970, 98971, 98972	Mod: CR POS: "11 or 12"	Deductible/Co-ins apply	G2061: \$12.27 G2062: \$21.65 G2063: \$33.92	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.  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>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. <b>NOT 97140 OR 97530!</b></p> <p>All Virtual Services (E-visits, Remote Evaluations, Telephone Assessment &amp; 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 <a href="#">click here</a></p> <p><b>G2010:</b> 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> <p><b>G2012:</b> Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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; 5-10 minutes of medical discussion</p> <p><b>G2061:</b> Qualified non-physician healthcare professional online <b>assessment and management</b> service, for an established patient, for up to seven days, <b>cumulative time</b> during the 7 days; 5–10 minutes</p> <p><b>G2062:</b> Qualified non-physician healthcare professional online <b>assessment and management</b> service, for an established patient, for up to seven days, <b>cumulative time</b> during the 7 days; 11-20 minutes</p>
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<b>Aetna</b>	Physical therapy (PT) evaluation codes 97161, 97162, 97163, and 97164  PT/OT treatment codes 97110,	Mod: 95 POS: "02"	Waiving all cost sharing	<p><a href="https://www.aetna.com/health-care-professionals.html">https://www.aetna.com/health-care-professionals.html</a></p> <p><a href="http://www.aetna.com/cpb/medical/data/300_399/0325.html">http://www.aetna.com/cpb/medical/data/300_399/0325.html</a></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: Aetna would require no copay on telemedicine visits for any reason for 90 days—and would allow PTs to bill for e-visits consistent with the recent e-visit waiver policy announced by CMS, retroactive to March 9. 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>

	97112, 97116, 97530, and 97535, 97755,977 60, 97761			<p>https</p> <p><b>For the next 90 days, until June 4, 2020, Aetna will waive member cost sharing for any covered telemedicine visit – regardless of diagnosis.</b></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®. For more information, refer to the <a href="#">temporary Federal guidelines concerning use of these platforms during the COVID-19 pandemic.</a><sup>8</sup></p>
<b>TriCare</b>	97000 Codes			<p>Coronavirus Disease (COVID-19) and TRICARE’s telemedicine benefit. March 18, 2020 <b>**Update:</b> 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.</p> <p><a href="https://www.humanamilitary.com/provider/education-and-resources/quick-access/policy-updates-and-alerts/covid-19-telemedicine-031320">https://www.humanamilitary.com/provider/education-and-resources/quick-access/policy-updates-and-alerts/covid-19-telemedicine-031320</a></p>
<b>TriCare West</b>	97000 Codes			See CMS Guidelines