



## Local and National Telehealth Guidelines

### Pertaining to Governor Gina Raimondo’s Executive Orders in Response to the COVID 19 Crisis

Updated 8/10/2020

| Local Telehealth Updates |   |                        |  |                                    |  |
|--------------------------|---|------------------------|--|------------------------------------|--|
| Insurer                  | Billing Codes   | Modifiers & POS<br>*** | Co-Pay/Co-insurance                                      | Reimbursement                      | Notes: <b>Telehealth Payer Policy is fluid! Please always verify ALL benefits.</b>   |
| <b>BCBS of RI</b>        | CPT: 97000 codes: 97110, 97535, 97530, 97112, 97161, 97162, 97163<br>(See Policy for specifics) | Mod: CR<br>POS: "02"   | Waiving cost-sharing: Co pay, co-insurance, deductibles. | Payment parity at contracted rates | <p>This policy is effective for dates of service on or after <b>March 18, 2020</b>. For dates of service prior to <b>March 18, 2020</b>, please refer to the BCBSRI policies that were in effect for prior dates of service.</p> <p>This policy applies to BCBSRI participating providers only.</p> <p><b>Notice of the implementation, update or withdrawal of this policy will be communicated to BCBSRI providers via a notice on BCBSRI’s provider website/portal under Alerts and Updates.</b></p> <p>FAQ document is available on BCBSRI.com</p> <p><b>BC extended their temporary telehealth policy until Sept 2nd 2020.</b> <a href="#">Temporary Telehealth Policy Blue Cross Blue Shield of RI</a></p> |
| <b>NHP</b>               | CPT 97000 Codes<br>(See Policy for specifics)   | Mod: CR<br>POS: "02"   | Waiving cost sharing: Co-insurance, copays.              | Payment parity at contracted rates | <p><b>Neighborhood Health Plan RI updates Temporary Telemedicine/Telephone-only Services for COVID-19 Pandemic</b></p> <p>Neighborhood Health Plan RI updates Temporary Telemedicine/Telephone-only Services for COVID-19 Pandemic with extension of coverage through July 5<sup>th</sup>. This applies to participating providers only.</p> <p>UPDATE: NHP is extending through <b>August 2<sup>nd</sup>, 2020.</b><br/><a href="#">Temporary Telemedicine Policy 7/27/2020</a></p>   |

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|  |   |                                  |   |                             | <p>Additionally, Per OHIC Bulletin 2020-01, professional providers are allowed to provide service to any patient, regardless of the patient’s originating site. This includes service for a patient residing in a nursing facility or is undergoing treatment in an inpatient hospital setting.</p>  |
| <p><b>Tufts RI</b><br/>Source:<br/>Tufts<br/>website</p> | <p>CPT<br/>97000 Codes<br/>(See Policy for<br/>specifics)</p> | <p>Mod: 95<br/>POS:<br/>“02”</p> | <p>Waiving<br/>cost-<br/>sharing: Co<br/>pay, co-<br/>insurance,<br/>deductibles.</p> | <p>Contracted<br/>rates</p> | <p><b>Telehealth/telemedicine</b></p> <ul style="list-style-type: none"> <li>• Tufts Health Plan will compensate in-network providers at 100% of their contracted rate for services rendered, as specified in provider agreements.</li> <li>• Out-of-network (OON) providers will be reimbursed using our standard processes for reimbursing OON claims when coverage is allowed (e.g. PPO members whose plan includes OON coverage, and for HMO members when OON services are authorized).</li> <li>• All Tufts Health Plan contracting providers can provide telemedicine services to our members (medical, behavioral health and ancillary health visits) whether or not an existing relationship exists.</li> <li>• For fully insured members, Tufts Health Plan will waive member cost share for any in-network <u>primary care and behavioral health</u> service, and OON primary care and behavioral health services when authorized because services are not available in network.</li> <li>• This will also include <u>telephone consultation</u>. <b>Note:</b> <u>For Medicare products, under CMS rules, special codes already exist for certain telephonic services and those codes will be paid at the CMS fee schedule.</u></li> <li>• Documentation requirements for a telehealth service are the same as those required for any face-to-face encounter, with the addition of the following: <ul style="list-style-type: none"> <li>○ A statement that the service was provided using telemedicine or telephone consult;</li> <li>○ The location of the patient;</li> </ul> </li> </ul> |

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|---------------------------|--|----------------------------|----------------------|----------------|---|
|                           |  |                            |                      |                | <ul style="list-style-type: none"> <li>○ The location of the provider; and</li> <li>○ The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.</li> <li>● This applies for all diagnoses and is not specific to a COVID-19 diagnosis</li> <li>● This is intended to prevent people from having to leave their house to receive care</li> <li>● <b>Note for Behavioral Health Providers:</b> For the time period specified above, there are no restrictions on service type. Additionally, the usage of audio without video is acceptable.</li> </ul> <p><b>Billing Guidelines</b></p> <p>Commercial Products (including Tufts Health Freedom Plans) and Tufts Health Public Plans (Tufts Health Direct, Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify)</p> <ul style="list-style-type: none"> <li>● Providers must submit claims with POS 02 and the appropriate modifiers to indicate when telehealth services have been rendered for professional claims.* For facility claims, providers should submit Revenue Code 780 (Telemedicine, general) and the appropriate modifiers.</li> </ul> <p><a href="https://tuftshealthplan.com/provider/provider-information/coronavirus-updates-for-providers">https://tuftshealthplan.com/provider/provider-information/coronavirus-updates-for-providers</a></p> <p><b>Updated 8/10/20 20 – Telehealth coverage in Network until further notice, Out of Network: July 20<sup>th</sup>, 2020</b></p> |
| <b>Harvard Pilgrim HC</b> | 97000 codes (See policy for specifics) | Mod: GT or 95<br>POS: “02” | Waiving cost-sharing | Payment parity | <p><b>Update 8/10/2020</b> See provider policy on TH for details.<br/><a href="https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/EXTERNAL%20COVID19%20PROVIDER%20INFO%20V50%2008.10.2020.PDF">https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/EXTERNAL%20COVID19%20PROVIDER%20INFO%20V50%2008.10.2020.PDF</a></p> <p>Harvard Pilgrim is waiving the cost share for all telemedicine services, not only COVID-19 services (no copays, deductibles, or coinsurance) delivered by in network providers for dates of service of 3/6/2020 – 9/30/2020 for commercial and 3/1/2020 through 12/31/2020 for Medicare Advantage</p>  |

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|   |                                 |         |  | <ul style="list-style-type: none"> <li>• Referral requirements for all telemedicine/telehealth services, not only COVID-19 claims, are waived through 9/28/2020.</li> <li>• Telemedicine services may be utilized for any clinically appropriate, medically necessary covered service, provided the service can be administered effectively via telemedicine/telehealth technology — including PT/OT/ST, lactation services, and home care. Providers should carefully evaluate whether certain services are appropriate to provide via telemedicine/telehealth, with care plan, patient need, and ability to effectively deliver remotely all considered. For example, certain home health aide services would not be eligible for telemedicine reimbursement. <ul style="list-style-type: none"> <li>o Providers will be reimbursed for these services at the same rates as if they were delivered in a face-to-face appointment. For Medicare Advantage members, Harvard Pilgrim reimburses according to CMS guidelines; please refer to this CMS information sheet on telemedicine for more information.</li> </ul> </li> <li>• Coding for commercial plans: <ul style="list-style-type: none"> <li>o In addition to standard claim coding, report telemedicine/telehealth services with POS 02 with an appropriate modifier (95, GT, GQ, G0, GP). We reimburse for CPT codes 99421, 99422, 99423; however, we will also accept G2010 and G2012.</li> <li>o Providers may bill for well visits performed via telemedicine</li> <li>o The applicable modifier — GT or 95 — is dependent on the codes being billed. The codes eligible for modifier GT are determined by CMS, while the AMA determines the codes eligible for modifier 95.</li> </ul> </li> <li>• Coding for Medicare Advantage: <ul style="list-style-type: none"> <li>o Expanded telehealth services covered under the 1135 waiver that are provided by synchronous two-way audio-visual technology should be reported with modifier 95 and the place of service that would be reported if the services were provided in person.</li> <li>o All traditionally covered Medicare telehealth claims should be reported with a place of service 02, in accordance with Medicare billing requirements.</li> <li>o CMS does not allow for the use of evaluation and management codes for services provided by telephone only. Telephone only services should be billed using CPT codes 99441–99443</li> </ul> </li> </ul> |
| <b>RI WC:<br/>Beacon<br/>Mutual<br/>Insurance<br/>Co.</b> | X7005 Limited<br>treatment Code | Mod: CR |  | <p>Letter from Keri Kziol, RN, CCM Beacon Mutual Ins. dated 3/27/2020. “With regards to our conversation, we are considering authorization of telehealth visits in conjunction with the pandemic and the laws of our state as well as the protocols of the Medical Advisory Board and evidence based medicine guidelines for the health and safety of our mutual injured workers and Providers.</p> <p>Please submit any requests for consideration to the Managed Care Fax unit at fax number 401-825-2854. As we realize that physical therapy is a manual intervention, please indicate on the cover sheet how many visits you are requesting as well as your intention for the visit (for example, to assess for compliance with exercises, instruction on home exercise program, etc.).</p> <p>If your treatment is authorized, we are asking that you bill with X7005, which is the limited treatment code on the RI WC Fee Schedule, using modifier CR (catastrophe response) and place of service code 02 (telehealth).<br/>The Managed Care Unit will review your request and respond to you with a determination”.</p>  |

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|                                 |  |  |  |  | Keri Koziol, RN, CCM<br>Manager<br>Managed Care Unit: The Beacon Mutual Insurance Company, One Beacon Centre, Warwick RI |
| <b>RI WC: Claims Strategies</b> |  |  |  |  |  |
| <b>RI WC: State of RI</b>       |  |  |  |  |  |
| <b>MA WC</b>                    |  |  |  |  |  |

**National Telehealth updates**

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| <b>Medicare/NGS</b> | <p>CPT Codes: 97161-97164, 97110, 97112, 97116, 97150, 97530, 97535, 97542, 97750, 97755, 97760, 97761</p> <p>E-visits<br/>G2061 G2062<br/>G2063</p> | <p>Mod: 95 and GP.<br/>POS: Equal to in service code "11 or 12"</p> | <p>Deductible/Co-ins apply, but providers will not be penalized if waived.</p> | <p>E-Visit RI/NGS<br/>G2061: \$12.27<br/>G2062: \$21.65<br/>G2063: \$33.92</p> | <p><b>Checked 8/10</b></p> <p><b>CMS Guidance Allows PTs in Private Practice to Provide Services Via Telehealth</b></p> <p>In a major shift strongly advocated by APTA members, CMS will now include PTs in private practice among the providers able to bill for services provided through real-time face-to-face technology. But there are requirements. The change is happening, albeit incrementally: <a href="#">New guidance issued by CMS</a> now allows PTs in private practice to make full use of telehealth with their patients. Previously, only limited e-visits and other "communication technology-based services" were allowed; the change now includes PTs among the health care providers permitted to bill for real-time face-to-face services using telehealth. This policy change follows a robust advocacy campaign by APTA members and staff.</p> <p>Aside from telehealth, the revised guidance and accompanying <a href="#">interim final rule</a> contain other provisions relevant to PTs and PTAs. APTA will share these details in subsequent PT in Motion News articles. Also, there are multiple details of the telehealth and other provisions that haven't been fully explained by CMS. APTA is working to find answers that fill in the gaps.</p> <p><b>The Basics</b></p> <ul style="list-style-type: none"> <li>Physical therapists and Physical Therapist Assistants in private practice are eligible to bill Medicare for certain services provided via telehealth. [</li> <li>Services that started as of March 1, 2020, and are provided for the duration of the public health emergency are eligible.</li> <li>These CPT codes are eligible to be billed: 97161- 97164, 97110, 97112, 97116, 97150, 97530, 97535, 97542, 97750, 97755, 97760, and 97761.</li> <li>Patients may be either new or established.</li> </ul> |
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|              |  |   |  | <ul style="list-style-type: none"> <li>• These visits are for the same services as would be provided during an in-person visit and are paid at the same rate.</li> <li>• Patients may be located in any geographic area (not just those designated as rural), and in any health care facility or in their home.</li> </ul> <p><b>For more information, visit APTA website or follow this link.</b><br/> <a href="http://www.apta.org/PTinMotion/News/2020/4/30/CMSOpensTelehealth/">http://www.apta.org/PTinMotion/News/2020/4/30/CMSOpensTelehealth/</a></p> <p>PT/OT/SLP providers may perform e-visits (G2061-G2063) via patient portals, see the <a href="#">Medicare Telemedicine Health Care Provider Fact Sheet, which may be especially helpful to their patient communities during this healthcare emergency period.</a></p> <ul style="list-style-type: none"> <li>• G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes</li> <li>• G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes</li> <li>• G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.</li> </ul> <p>Article hospitals providing remote services.<br/> <a href="http://www.apta.org/PTinMotion/News/2020/5/22/NewDetails/">http://www.apta.org/PTinMotion/News/2020/5/22/NewDetails/</a></p> |
| <b>Aetna</b> | CPT 97000: 97161, 97162, 97163, 97164, 97110, 97112, 97116, 97535, 97755, 97760, and 97761.<br><i>EXCEPT:97530</i> | Mod:GT UB04 using the modifier GT or 95 | Waiving all cost sharing (Sept. 30 <sup>th</sup> ) | <p><b>Update July 23<sup>rd</sup>, 2020</b></p> <p>Aetna’s liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will now extend through December 31, 2020.4</p> <p>Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services through September 30, 2020.5 Aetna self-insured plan sponsors offer this waiver at their discretion. Cost share waivers for any in-network covered medical or behavioral health services telemedicine visit for Aetna Student Health plans are extended until September 30, 2020.</p> <p>Medicare Advantage will continue to waive cost shares for in-network primary care and specialist telehealth visits, including outpatient behavioral and mental health counseling services through September 30, 2020.</p>  |

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|                  |   |  |                                | <p>Please refer to the <a href="#">Telemedicine Policy</a> for services covered.</p> <p><a href="https://www.aetna.com/health-care-professionals.html">https://www.aetna.com/health-care-professionals.html</a></p>  |
| <b>Cigna/ASH</b> | Updated 4/9 97000 code set (See Policy for specifics) | Mod: GQ, GT or 95. POS:Face to Face POS "11"<br><u>Do not use POS "02"</u> See side notes. | Standard customer cost sharing | <p>Source checked on 7/3:</p> <p><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></p> <p>Q: Will Cigna allow for physical, occupational, and speech therapists to provide virtual care?<br/>Yes. PT/OT/ST providers can now deliver virtual care for any service that is on their current fee schedule. <b>We have removed the previous guidance that CMS also had to cover the service virtually.</b> PT/OT/ST providers should continue to submit virtual claims with a GQ, GT, or 95 modifier and a face-to-face place of service code (e.g., POS 11). Additionally, if a provider typically bills services on a UB-04 claim form, they can also provide those services virtually. In these cases, the provider should bill as normal on a UB-04 claim form with the appropriate revenue code and procedure code, and also append the GQ, GT, or 95 modifier.</p> <p><b>Important notes</b></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> </ul> <p>Q: Which modifiers does Cigna accept for virtual care visits?<br/>Cigna allows modifiers GQ, GT, or 95 to indicate virtual care for all services. This further aligns with CMS and feedback from our provider partners. Also consistent with CMS, providers should bill their standard face-to-face place of service for virtual care (e.g., POS 11). This ensures providers can bill a typical face-to-face place of service for virtual care and receive the same reimbursement as they typically get for a face-to-face visit. <b>Please note that billing a POS 02 for virtual services may still result in reduced payment or denied claims due to current Cigna system limitations.</b></p> <p>The guidelines on this page also apply to customers with Individual and Family Plans (IFP). Additionally, on June 1, 2020, Cigna <a href="#">announced</a> that Cigna Medicare Advantage and Cigna Individual and Family Plan (IFP) plans will waive customer cost-share for certain non-COVID-19 services. The press release also announced that Cigna Medicare Advantage is extending all</p> |

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|                                 |  |                      |  |                  | <p>cost-share waivers through the end of 2020, while Cigna IFP will extend these cost-share waivers through the end of the public health emergency period, currently July 31, 2020.</p> <p>Please note that all other commercial plans (i.e., employer-sponsored plans) continue to have customer cost share for non-COVID-19 services, and cost-share waivers for COVID-19 services are still scheduled to end at the end of the public health emergency period, currently July 31, 2020.</p>  |
| <b>United Health Care (UHC)</b> | 97000 Codes: 97161, 97162, 97163, 97164, 97110, 97116, 97530, 97112, 97535 | Mod: 95<br>POS: "02" | As of March 31, cost sharing is waived for in network providers<br>*Check policy for self-insured. | Contracted rates | <p><b>Updated 7/26</b></p> <p>UnitedHealthcare will reimburse physical, occupational and speech therapy (PT/OT/ST) telehealth services provided by qualified health care professionals when rendered using interactive audio-video technology.</p> <p>Reimbursable codes are limited to the specific set of physical, occupational and speech therapy codes listed <a href="#">hereOpens in a new window</a>. UnitedHealthcare will reimburse eligible codes using the place of service that would have been reported had the services been furnished in person on a CMS 1500 with 95 modifier or a UB04 form with applicable revenue codes.</p> <p>Please review each health plan for specific plan details and reimbursement guidance.</p> <p><u>PT/OT/ST Reimbursement</u></p> <p>UnitedHealthcare is continuing its expansion of telehealth access, including temporarily waiving the Centers for Medicare &amp; Medicaid Services (CMS) originating site requirements and temporarily reimbursing claims for physical, occupational and speech therapists for certain services performed using live interactive video-conferencing while a patient is at home.</p> <ul style="list-style-type: none"> <li>• For Medicare Advantage plans, self-funded Group Market health plans, and Individual and fully insured Group Market health plans, this extension applies for dates of services through <u>Sept. 30, 2020</u>. (For Medicare Advantage plans, this date is subject to change based on direction from CMS.)</li> <li>• For Medicaid plans, we will adhere to state-specific regulations for date expansion, billing and reimbursement. Medicaid state-specific benefits and rules for codes, modifiers and place of service apply.</li> </ul> |



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|                   |  |  |                      | <p>UnitedHealthcare will reimburse claims including one of the CPT codes from the list, as long as claims are submitted on a CMS 1500 form using the place of service that would have been reported had the services been furnished in person along with a 95 modifier, or on a UB04 form with applicable revenue code and a CPT code with a 95 modifier. These coding rules apply to all lines of business. Please click <a href="#">hereOpens in a new window</a> to see CPT codes that are accepted under this policy change.</p> <p>UnitedHealthcare will not reimburse providers for audio-only visits. All visits must be performed using live interactive 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. State law and licensing board requirements apply to all providers’ provision of physical, occupation and speech therapy services through telehealth.</p> <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> |
| <b>Optum - VA</b> |  |  |                      | <p><b>Updated 4/8</b> Optum (VA Community Care Network Regions 1-3 contractor) has communicated to APTA that telehealth services furnished to veterans are covered.</p> <p><a href="https://www.va.gov/COMMUNITYCARE/docs/providers/COVID-19_Guidance-Letter.pdf">https://www.va.gov/COMMUNITYCARE/docs/providers/COVID-19_Guidance-Letter.pdf</a></p> <p>Follow up with Optum: <a href="https://www.optum.com/resources/library/vacommunity-carenetwork.html">https://www.optum.com/resources/library/vacommunity-carenetwork.html</a></p>  |
| <b>Humana</b>     | CPT Codes 97000 series<br><i>Except 97530</i><br>See link for full list. | POS: 11 or 12 (in person)<br>Mod.: 95 to indicate TH | Waiving Cost Sharing | <p><b>Updated May 18<sup>th</sup></b> : Humana allowing payment for TH with coverage and payment parity with CPT codes during the PHE.</p> <p>TH Policy Link:<br/><a href="https://dctm.humana.com/Mentor/Web/v.aspx?chronicleID=0900092982d3d342&amp;searchID=ef3b1d1f-2463-45c8-8a09-005fa80b3d72&amp;dl=1">https://dctm.humana.com/Mentor/Web/v.aspx?chronicleID=0900092982d3d342&amp;searchID=ef3b1d1f-2463-45c8-8a09-005fa80b3d72&amp;dl=1</a></p>  |

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|                                |   |                    |  |                   | FAQ:Question 13 for PT update. <a href="https://docushare-web.apps.cf.humana.com/Marketing/docushare-app?file=3923140">https://docushare-web.apps.cf.humana.com/Marketing/docushare-app?file=3923140</a>  |
| <b>TriCare Humana Military</b> | CPT 97000 codes (See Policy for specifics)<br>No Evaluations. | Mod: GT<br>POS: 02 | Standard Customer Cost Share – No known waivers to date. | Contracted rates. | 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 <b>continuation of PT/OT, (but not initiation of PT/OT)</b> , it is covered using telemedicine, using any coding modifiers as you would for a TRICARE network provider office visit.<br><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> |
| <b>Tri West PC3 Program</b>    | CPT 97000 (See Policy for specifics)                          |                    |  |                   | If you are serving veterans through the Patient Centered Community Care (PC3) Program, you are allowed to use telehealth services to conduct virtual or phone appointments to reduce in-person visits to your office if you have an active authorization on file to conduct care. <a href="https://www.triwest.com/en/va/provider/welcome">https://www.triwest.com/en/va/provider/welcome</a>   |
|                                |   |                    |  |                   |   |

**Telehealth Payer Policy is fluid! Please always verify ALL benefits!**

Recommended resources:

APTA Telehealth Resources: <http://www.apta.org/Telehealth/>

APTA Private Practice Section PPS has been pleased to be able to provide extensive resources on our COVID-19 site for ALL PTs (both members and non-members) in order to help our PTs in business and to help our entire profession. We hope that this unprecedented action has been helpful. As of 5:00 p.m. ET Friday, April 3, the PPS website will resume being restricted to members-only. We welcome and encourage all PTs as new members to continue accessing the growing resources available through PPS. [Join PPS Here](#)

PPS Website: [https://ppsapta.org/login/log\\_in.cfm?ref\\_url=https://ppsapta.org/physical-therapy-covid-19.cfm](https://ppsapta.org/login/log_in.cfm?ref_url=https://ppsapta.org/physical-therapy-covid-19.cfm)

Medicare Advantage Organizations (MAO's): CMS March 10<sup>th</sup> update: The Centers for Medicare & Medicaid Services (CMS) is issuing this information to Medicare Advantage Organizations and Part D Sponsors to inform them of the obligations and permissible flexibilities related to disasters and emergencies resulting from COVID-19.

<https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf>

The following is adapted from WebPT: Billing for PT and OT Telehealth Services During the COVID-19 Response

<https://www.webpt.com/blog/post/billing-for-pt-and-ot-services-during-the-covid-19-response/>

## **Sites**

Originating and distance site requirements vary depending on insurance policy updates. Please verify requirements per insurer.

The originating site is where the patient is located. The distance site is where the practitioner is located. Therapists typically must be licensed in the state in which the patient is receiving services, and while the APTA reports that recent Medicare actions “did include temporarily waiving Medicare and Medicaid requirements that out-of-state providers hold licenses in the state where they are providing services,” we strongly advise exercising caution and conferring with a legal expert before providing any services on an out-of-state basis.

## **Place of Service Designation**

When billing CPT codes for Telehealth Visits, the place of service can vary but is often [\(POS\) is 02](#): See above. “The location where health services and health-related services are provided or received through a telecommunications system.”

When billing Medicare's E-Visit codes, therapists should use the place of service code that indicates the location of the billing practitioner—that is, POS 11 if the therapist is located in an office, and POS 12 if the therapist is located in a home. These same POS codes apply to Telephone Visits.

## **Modifiers**

Certain CPT codes may be billed with an appropriate modifier to designate them as telehealth services. When you use the POS code 02 in conjunction with one of these modifiers, you are attesting that you are using a HIPAA-compliant telecommunications system to deliver telehealth

services—though the HHS Office for Civil Rights is temporarily waiving that requirement in the face of the COVID-19 health crisis, opening up the potential use of more consumer-friendly technologies like FaceTime for telehealth delivery.

### Modifier CR

The CR modifier—which indicates that services are catastrophe/response disaster-related—is mandatory when billing Medicare using the CPT codes for COVID-19-related E-Visits, which were recently made available to rehab therapists. (These codes are defined in the “Updated Coverage of Rehab Therapy Telehealth” subsection below.) This modifier is reserved for claims for which Medicare Part B payment is conditioned directly or indirectly on presence of a “formal waiver” like the one issued in response to COVID-19. It should be used for qualifying Part B items and services related to both institutional and non-institutional billing.

### Modifier 95

Modifier 95, when applied, designates that the services were delivered synchronously in real-time using a HIPAA-compliant program. The modifier is available for use with the new codes made available to rehab therapists as part of the COVID-19 response.

### Modifier GT

Modifier GT, when applied, designates that the services were delivered synchronously in real-time using a HIPAA-compliant program. GT is the modifier that is most commonly used for telehealth claims. Per the AMA, the modifier means “via interactive audio and video telecommunications systems.” You can append GT to any CPT code for services that were provided via telemedicine

### Modifier GQ

Modifier GQ, when applied, designates that the services were delivered asynchronously using a HIPAA-compliant program. This is considered an “old” modifier and method of delivering telehealth, and it’s slowly getting replaced by synchronous technologies.

## 4/30 Update: CMS Guidance Allows PTs in Private Practice to Provide Services Via Telehealth

In a major shift strongly advocated by APTA members, CMS will now include PTs in private practice among the providers able to bill for services provided through real-time face-to-face technology. But there are requirements.

The change is happening, albeit incrementally: [New guidance issued by CMS now allows PTs in private practice to make full use of telehealth with their patients. Previously, only limited e-visits and other “communication technology-based services” were allowed; the change now includes PTs among the health care providers permitted to bill for real-time face-to-face services using telehealth. This policy change follows a robust advocacy campaign by APTA members and staff.](#) Aside from telehealth, the revised guidance and accompanying [interim final rule contain other provisions relevant to PTs and PTAs. APTA will share these details in subsequent PT in Motion News articles. Also, there are multiple details of the telehealth and other provisions that haven’t been fully explained by CMS. APTA is working to find answers that fill in the gaps.](#)

### The Basics

- Physical therapists in private practice are eligible to bill Medicare for certain services provided via telehealth. [Editor’s Note: APTA is seeking confirmation as to whether services furnished by PTAs via telehealth are eligible for reimbursement.]
- Services that started as of March 1, 2020, and are provided for the duration of the public health emergency are eligible.

- These CPT codes are eligible to be billed: 97161- 97164, 97110, 97112, 97116, 97150, 97530, 97535, 97542, 97750, 97755, 97760, and 97761.
- Patients may be either new or established.
- These visits are for the same services as would be provided during an in-person visit and are paid at the same rate.

Patients may be located in any geographic area (not just those designated as rural), and in any health care facility or in their home

APTA is seeking clarification from CMS regarding institutional billing of telehealth services.

You will be reimbursed as if the service was delivered in person, and you can find rates for codes being reimbursed under the Medicare Physician Fee Schedule via telehealth using the [APTA MPPR Fee Schedule Calculator or CMS Physician Fee Schedule Look-Up Tool](#).

#### **You can provide services from your home.**

**During this public health emergency, CMS is allowing PTs in private practice (as well as other providers) to furnish telehealth services from their homes without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location.**

**There are technology requirements. Follow them.**

**Services on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between you and your patient.**

What if two-way audio and video technology isn't available? CMS acknowledges that there are circumstances where prolonged audio-only communication between you and the patient could be clinically appropriate yet not fully replace a face-to-face visit. In these cases, it's important to remember that during the public health emergency Medicare pays separately for audio-only telephone assessment and management services described by CPT codes 98966-98968. [This APTA quick guide can help you learn more about telephone assessment and management services.](#)

#### **Documentation matters. A lot.**

**Keep in mind the documentation needed to have a proper compliant telehealth program. For more information, view [APTA's Defensible Documentation resources](#). Also be sure to document the type of technology you used for the evaluation or treatment. For information about obtaining and documenting informed consent, and policies and procedures that you should have in place before furnishing telehealth, visit [APTA's implementing telehealth in your practice webpage](#).**

#### **What about HIPAA?**

**During this health crisis, the HHS office for Civil Rights is relaxing enforcement and waiving penalties for HIPAA violations against clinicians who in good faith use everyday applications that allow for video chats, such as Apple FaceTime and Skype. But keep in mind: HHS, the Office of the Inspector General, and the Department of Justice will monitor for health care fraud and abuse, including potential Medicare coronavirus scams.**

Another important point: You must adhere to any state laws governing privacy and security of patient data.

For additional privacy protections while using video-based telehealth, consider providing services through technology vendors that offer HIPAA business associate agreements with their video communication products. [APTA's Health Policy and Administration hosts a list of rehabilitation telehealth vendors.](#)

#### **Beneficiary cost sharing? Up to you (but waivers won't be covered by Medicare).**

**Nothing in the guidance or interim rule requires you to reduce or waive copays or other cost-sharing that a Medicare beneficiary may owe for telehealth services during the health crisis, but [you will not be subject to administrative sanctions if you do. This applies to face-to-face telehealth services as well as to non-face-to-face services furnished through modalities such as virtual check-ins and e-visits. However, keep in mind that Medicare will not cover the cost of any waived cost sharing.](#)**

Questions? Please contact [advocacy@apta.org](mailto:advocacy@apta.org)

## **E-Visits :**

It's important to note, though, that these codes apply exclusively to what CMS calls "E-Visits." According to the [fact sheet for this update](#), "These services can only be reported for new and existing patients with an established relationship with the patient. For these E-Visits, the patient must generate the initial inquiry and communications can occur over a 7-day period." Per CMS, "E-Visits" differ from "Telehealth Visits," which encompass any "office, hospital visits and other services that generally occur in-person."

- **G2061:** Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- **G2062:** Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- **G2063:** Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.”

Here are some other key things to know about E-Visits per the waiver release:

- “These services can only be reported when the billing practice has an established relationship with the patient.
- This is not limited to only rural settings. There are no geographic or location restrictions for these visits.
- Patients communicate with their doctors without going to the doctor’s office by using online patient portals.
- Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.
- The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable.
- The Medicare coinsurance and deductible would generally apply to these services.”

Additionally, when billing Medicare for E-Visits during the COVID-19 response period, rehab therapists should use the POS 11 or 12 (indicating they are located in an office or a home, respectively) as well as the CR modifier (indicating the services are catastrophe/disaster related)—not the 95 modifier.

[HHS Office for Civil Rights \(OCR\) will waive](#) HIPAA violation penalties against providers who offer “good faith” services to patients through everyday communication technologies (e.g., Skype or Facetime).

### **Non-Coverage of Rehab Therapy Telehealth and Patient Cash-Pay**

As with all medically necessary services, third-party payer coverage is only part of the patient’s decision process. Consider [dry needling](#): non-coverage in that case creates an opportunity to discuss the benefits of the service.

**If a service is not covered by a payer for which you are a preferred provider, you may collect payment directly from patients at the time of service.** However, before you do this, create a fee schedule for your telehealth services, and create a transparent billing process for your patients. Notify these patients (in writing) that telehealth services are not covered by their payer, and clearly establish the projected cost as well as when you expect payment. If you are not a preferred provider, you are not bound by their noncoverage of your services.

## **Payer Policies**

Be sure to check payers' medical policies and ensure they do not classify telehealth therapy services as "not medically necessary" or "effectiveness not established." If either of these classifications apply, then you cannot balance bill the patient for telehealth services. If you proceed and bill these services to that payer, then it will assign the balance to the practice or individual therapist—not the patient. And remember, if you're a preferred provider for a commercial plan, your contract likely requires you to bill all services to that payer so it can determine the patient's liability—meaning you cannot simply collect cash from the patient upfront to bypass submitting a claim to the payer. Only Medicare has specific policies that address ABNs and notices of non-coverage.