

Telehealth Billing Panel – Extra Questions



MEDICAID

1. Where can we find info on audiology telehealth visits...what they can bill for?

All Medicaid telehealth info can be found in the provider manual:

https://wymedicaid.portal.conduent.com/manuals/Manual_CMS-1500_04_01_2020.pdf

Section 6.24

2. Can you bill for optometry?

Anything that is clinically appropriate to be delivered via telehealth may be during the Public Health Emergency. This will be revisited when the PHE ends.

3. Is the POS on every televisit or just for services that were added after COVID that did not previously qualify for tele visits?

02 is allowed for any visit that is appropriate for telehealth, there is no time frame to use this code.

4. Are Medicaid telehealth visits POS 02 when patient is at home?

Yes, you can use the 02 for this.

5. Should we be using POS 02 in any circumstance with BC of WY?

N/A

6. Is BCBS paying Interactive Complexity code 90785?

N/A

7. What are the codes for specialist consultations?

Providers need to use their coding books (CPT, HCPCS) to determine the appropriate billing codes. To check Medicaid coverage on these codes, please visit

https://wymedicaid.portal.conduent.com/fee_schedule.html

8. I'm RHC providing Telehealth for patient in their home and provider is in clinic. Please clarify CPT code and modifier?

RHCs will not use the Q3014 code, but will use the GT modifier to indicate a telehealth service. Use normal billing codes to Medicaid.

9. Are the codes for telebehavioralhealth for BCBS also going to be the 99441, 99442 & 99443? Or do we keep the regular CPT codes?

N/A

10. Have there been any changes in teledentistry payment in light of COVID?

Nothing for Medicaid.

11. Are these codes covered?

- **Z03.818** - Possible exposure to COVID19, but this is ruled out after evaluation
- **Z20.828** - Actual exposure to someone who is confirmed to have COVID-19
- **Z20.828** - Contact with and (suspected) exposure to other viral communicable diseases.
- **Z03.818** - Encounter for observation for suspected exposure to other biological agents
- https://www.hca.wa.gov/assets/billers-and-providers/billing-for-COVID-CPC-03-2020.pdf?fbclid=IwAR0rTo7olus7OkVLQrZIKfanVAhR77lLp44wQblclXU3ZGExc_mBleZqDO8

For Medicaid, yes.

12. If we bill PT BCBS we don't use the GT modifier, if the patient has Medicaid as secondary, which requires the modifier, can we put in the modifier initially or do we need to go back to rebill Medicaid after BCBS payment?

N/A

13. Visit appropriate such as Well Child Checks via Telehealth??

For Medicaid, you can bill Well Child checks via telehealth.

14. When waiving co-pays, is that only related to direct COVID-19 services?

For Medicaid, it is for COVID related services and anything considered an emergency, under age 21, etc. Nothing has changed for Medicaid copays outside of the COVID copays.

15. If the patient has a telehealth visit and during the visit the provider determines the patient needs to go have lab drawn...and does that the same day, do we need to put those on separate claims or need any other special modifiers or anything?

Same claim.

16. So just to make sure I understand behavioral health outpatient services don't need PAs through this crisis?

Medicaid Behavioral health services still need prior authorization. We have not changed anything with this program.

17. We were told for Medicare that any services we provided for telemedicine before COVID to use the POS 02 - are we now supposed to bill EVERYTHING with normal POS and 95 mod?

N/A

18. What about Medicare that has already been submitted with 02 and no modifier since that was what we were previously told to do? Do we need to go back and rebill?

N/A

19. Will claims be denied if you have a telehealth visit then patient comes into clinic for an injection? Is this allowed on the same claim?

Same claim.

20. I watched a webinar that stated for Medicare they still want the CG modifier along with the 95 modifier but today I think I heard differently. Can you please clarify?

N/A