

Telehealth Billing and Reimbursement Payor Panel

Wyoming Telehealth Network (WyTN)

January 29, 2020

1. Does your agency reimburse for telehealth originating from the home?

Medicaid: Policy does allow the originating site to be the patient's home.

Medicare: Technically telehealth services from the home are not an eligible originating site location. There are exceptions. There is dialysis, stroke patients, and CMS also has a new opioid treatment program type of support. Those have some services that can be performed in the home.

Cigna: Yes, we do. That's the most common place that our services originate from.

BCBS: We don't currently at the moment, but we're in considering changing our policy to allow certain types of care from the home, such as follow-up care and monitoring. We're currently working to finalize what that looks like.

2. When not originating from the home, where can a telehealth encounter originate from?

Medicaid: When not originating from the home, the most common site is public health nursing offices. Also, provider offices work as an originating site.

Medicare: We have very limited locations. They can be an office of a provider or practitioner, a hospital, an ER, any kind of hospital (inpatient/outpatient), a critical access hospital, a federally qualified health center, a skilled nursing facility, or a community mental health center. Hospital-based, critical access hospital-based, or freestanding dialysis centers are not accepted as originating sites.

Cigna: We don't typically reimburse from a location such as another doctor's office because we don't reimburse for specialists. The most common place to reimburse from is the home or any place where you can't typically visit your primary care provider.

BCBS: We currently allow originating sites to be a professional provider's office, health facility, and inpatient and outpatient hospitals.

3. What procedures/conditions are covered via telehealth?

Medicaid: Wyoming Medicaid uses a fee-for-service based reimbursement model. We don't necessarily say what procedures and conditions are covered via telehealth. There are no restrictions, with the exception that behavioral health group therapy is not eligible for telehealth in Wyoming. Due to the FFS model, coding standards do create limitations based on code descriptions. That said, reimbursement would just be based on the appropriateness of the provider providing the service and the applicable CPT code. Other than that, we kind of tried to maintain a really flexible system.

Medicare: Covered procedures include acute stroke care, some diabetes self-management training, telehealth consultations, some hospital and nursing facility services, as well as end-stage renal disease services. These can be mostly our physician services and CMS has a list of the approved telehealth services. And that's on their website:

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/index>.

Cigna: We cover more primary care-type issues. Such as colds and flu, rashes, sore throats, headaches, stomach aches, fever, allergies, acne, UTIs, things along those lines you'd go to your primary care physician for and that you can use video services on your phone or laptop for. As I stated before, we do not specialist-type visits at this time.

BCBS: We do not specify coverage by code or service. We'll consider what our providers consider to be medically appropriate to be delivered by some type of distant provisions. We rely heavily on depending on the provider's scope of practice and their judgment about what is appropriate to be delivered. Mostly it falls into the primary care realm or the services of a specialist who has been referred. We also cover mental health consultations. For instance, if you're in Saratoga and need to speak to someone about something they can't provide there, then we allow that with a practicing physician. We are mostly concerned about promoting a system in which there is a patient-physician relationship that telehealth is being used to augment, but not necessarily replace.

4. Are there any restrictions on the types of practitioners/specialties that can bill for telehealth?

Medicaid: There isn't. The only limitation we have is we don't allow behavioral health group therapy to occur via telehealth. We made a decision to not incorporate that service at this time. Other than that, it falls within the parameters of our fee-for-service model and the appropriateness of that service to be delivered via telehealth.

Medicare: We do have some limitations and we have limitations on what they can actually do since, for Medicare purposes, telehealth is a benefit category. It is not really a service. It has to meet geographic originating site localities in order for anything to be covered.

We do have some telemedicine services, but they're not in the benefit category. We have for telehealth very strict guidelines about who can do it, how you do it and the technology in order to perform it.

The practitioners have to be enrolled as a Medicare provider in our jurisdiction in order to bill telehealth services to Noridian (as an originating site or designated site). We'll allow physicians, nurse practitioners, physician assistants, nurse midwives, clinical nurse specialists, certified registered nurse assistant, psychologists, clinical social workers, registered dietitians and nutritional professionals. There is limitation on clinical psychologists and social workers. They can receive payment and do individual psychology and psycho-therapy via telecommunications, but they can't do any kind of medical evaluation or management service. That's a psychiatrist service.

For the hospitals where the patient is (which is the originating site): in that geographic location, they also have to be enrolled as a facility to provide those services. So they would not only have their normal NPI (National Provider Identifier), but also a CMS payer number. To bill for that originating site and for facilities, there is only one code to bill for the originating site.

The majority of the codes on our services list are for practitioner services at the distant site.

Cigna: We cover primary care and behavioral health (counseling services). We do not cover the psychiatric services, though. To deliver telehealth, our providers do need to be registered with one of our services: MD Life or Amwell. These are nationwide services, and you just need to register and get credentials with them. This means our services are provided by MD Life and Amwell. You have to be licenses in the state you're performing the services with. If you want to perform services in Wyoming, you have to be licensed in Wyoming. And for example, if there is a patient that is traveling to Florida on vacation and needs a medical service, they can call MD Life or Amwell and they would get a physician that is registered with and licensed in Florida.

The same goes with prescribing medication. The provider would need to be licensed in that state to be able to prescribe medication in that state.

BCBS: We are based on a fee-for-service model and we don't have any restrictions beyond what is medically appropriate to be delivered by distance. We will reimburse the appropriate code for that service.

5. Where can practitioners and patients find information on what specialties are covered for telehealth, and what services are covered for telehealth?

Medicaid: *In order for Wyoming Medicaid to reimburse for telehealth or telemedicine, they have to be enrolled with Wyoming Medicaid.* Our CMS1500 (which is our provider manual for Wyoming Medicaid) doesn't specifically state what is authorized. With our fee-for-service model, essentially anything that is appropriate to be utilized in a telehealth model would be appropriate to use. We wrote our manual with the desire for flexibility.

If you just Google Wyoming Medicaid, it will bring you to Conduent, which is our fiscal agent. On the left of the website, on the provider tab, is the manual to review.

Main website: <https://wymedicaid.portal.conduent.com/>

Wyoming Medicaid Manual: <https://wymedicaid.portal.conduent.com/Medical.html> (page 107)

Medicare: The list can be found for the expanded telehealth services on the CMS website. If you go to www.CMS.gov and go under Medicare. You can either search for telehealth using the term "telehealth" or go to the telehealth web page. On that page, it gives you the codes for the physicians, which is paid under the physician fee schedule for 2019, as well as for 2020.

And CMS is looking for feedback from the provider community as well, to give them some suggestions on conditional codes. The criteria for submitting requests for additional telehealth codes can also be found on the CMS web page.

Another way to access Medicare coverage information is to go out to Noridian's website and we have browse by topic both on the A side and B side. I put the links out there. Tana has a sheet that outlined all the parameters of telehealth services. It's an easy way to digest information and it takes you right to CMS's web page.

Main Website: <https://www.cms.gov/>

CMS Telehealth page: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/index>

CMS Adding Services page: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Services>

Noridian Medicare Coverage Info:

<https://med.noridianmedicare.com/web/ifa/topics/telehealth>

<https://med.noridianmedicare.com/web/ifb/topics/telehealth>

Cigna: Our information about telehealth will be on the My Cigna page. That's just the regular portal. If your individual insurance has a website that you can see your benefits and any claims on, it would be on that page as well.

Main Website: <https://my.cigna.com/>

BCBS: We do not maintain a list by code. Most patients will know when talking to their practitioners what the practitioner covers. And for providers we have our medical policy available on our provider page on the website.

Main Website: <https://www.bcbswy.com/>

BCBSWY Medical Policy page: <https://www.bcbswy.com/providers/policy/>

6. Are specialist consultations via telehealth covered? If so, what can that look like (e.g. patient-to-specialist, specialist-to-specialist, PCM-to-specialist...)?

Medicaid: Yes, we do cover specialist consultations via telehealth. It can be patient-to-specialist, specialist-to-specialist, or PCM-to-specialist. Any scenario like that would be appropriate. For example, something that is billed pretty regularly is PCM-to-specialist for mental health services for a safe health consult. That's something we commonly cover through our telehealth program. Anything that we don't have immediately available here in Wyoming, we're seeing some success there getting it covered through telehealth.

Medicare: Yes. We do cover consultations. The patient has to be present. We do critical care consultations, in-patient consultations, and consultations with specialists (patient-to-specialist, and specialist-to-specialist with patient present). We also have a telemedicine-type scenario where a specialist-to-specialist could talk to a patient and that's a different kind of consultation.

Those are not really telehealth ones, though. The telehealth visit is conducted as though the patient is present. It has to be a face-to-face.

Cigna: We do not do specialist telehealth services. For primary care, they need to be registered with MD Life or Amwell. There is an exception for behavioral health counseling services. We offer that because we recognize that mental health is often a lacking service in many rural areas in Wyoming. We want to make sure that it is available as much as possible. We are looking at opening it up to specialist services as well, but it's not an option at this time.

BCBS: We do not allow provider-to-provider or provider-to-specialist consultations. We do allow patient-to-specialist, but we are reimbursing only when treatment and diagnosis or care is provided to the patient and not just for peer-to-peer consultation.

7. Are there any restrictions for distance between a patient and practitioner, or for location of the patient in a Health Professional Shortage Area or Metropolitan Statistical Area/Rural Designation?

Medicaid: We don't have any restrictions in place. Our goal is flexibility, so we haven't written that into policy. We'd re-review it if it became an area of concern for us.

Medicare: The restriction for us is that the Medicare beneficiary has to be located in a rural health professional shortage area (determined by the Health Resource and Services Administration), or any county outside a metropolitan statistical area (determined by the United States Census Bureau). A provider can find out if the beneficiary is within that area by going to the HRSA telehealth eligibility search analyzer tool. They can tell based on the analyzer if eligibility criteria is met.

HRSA Medicare Telehealth Eligibility Analyzer: <https://data.hrsa.gov/tools/medicare/telehealth>

Cigna: The member that's calling in for telehealth services just needs to be in the same state as the provider they're reaching out to. Usually within 20 minutes, the member get a call back from a provider within the state that they're calling from. So it's not an immediate service. They receive a call back. They put their information in stating where they currently are. If the member needs a prescription or any other kind of information, resources, or anything along those lines, the provider they connect with would have that information on hand.

BCBS: When we started into telemedicine, one of the emphasis points was to assist patients in rural areas. However, we don't have any restrictions, other than to say we do require that there is a distance element to it. We don't tend to reimburse if the patient is across town from the physician's office. But now that we're talking about considering paying for home encounters and to make sure that we allow nursing home visits, there is some room in there to adjust that.

8. Do you have a restricted list of CPT or HCPCS codes that can be used for telehealth? How can practitioners find a list of acceptable billing codes?

Medicaid: We don't have a restricted list of CPT or HCPCS codes. We support the essentially any CPT billing codes, we just require the modifier whenever telehealth occurs. We do audit to determine if it's an appropriate use of telehealth or telemedicine (e.g. provider and patient in the same town), but we haven't had a need to quantify that in policy because it's just not a problem for us at this time.

Medicare: Yes, we have a very comprehensive list, with limited accepted billing codes. You can find it on CMS's website under the telehealth listing as we said before, then also on our website, you can go out and you can see the listing also.

Covered Telehealth Services: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Cigna: We don't have specific codes. The provider simply needs to use the standard code and a GT modifier when they bill.

BCBS: We have some coding requirements, but not a specific list of allowable codes. We ask that the originating site use the code 23014. The distant site needs to use a GT modifier on their claim code. That's just to identify the service being provided.

9. Is a modifier or specific code used when facilities bill for telehealth?

Medicaid: We use the Q3014 and the GT modifier.

Medicare: For the originating site for the facility, the providers will have to use the appropriate type of bill for their place of service. The only provider that would need a modifier would be the Method II Critical Access Hospitals. They'd use the GT modifier alongside of that Q3014. For any of our professional practitioners that are billing on the CMS1500, they just would need to use the appropriate code from the list of codes that are billable and reimbursable and use a 02 place of service. And that's it on the 1500.

Cigna: No. The GT modifier if it's a standard code, and that's it.

BCBS: We use the GT modifier.

10. Is telehealth reimbursed at the same rate as in-person services?

Medicaid: We reimburse telehealth services at 100%. Same as if it was an in-person service.

Medicare: No they are not reimbursed the same. They're reimbursed at 80%. And whatever the physician fee schedule is for the payment for the physician services. The hospitals are 80% and the physician fee schedule is the basis for the payment for physician services for those particular telehealth coverable billable codes.

Cigna: They are not billed at the same. Providers are contracted with MD Life and Amwell and have their own contracted rates, which have increased for 2020. But providers can make their own schedules with those two entities. When they set up their own schedule they can call in on a daily basis and have a couple hours available during a certain time each day. It's very fluid and works along the provider's schedule. It is a decreased reimbursement, though. But it works with what time the provider has available, so it's very convenient for them.

BCBS: We do. It is reimbursed the same as an in-person patient visit. Just as they are providing care to the member, so it is reimbursed the same.

11. Do you provide any reimbursement for telehealth originating site fees?

Medicaid: No. Wyoming Medicaid doesn't provide reimbursement for originating site fees. However, Q3014 is appropriate to bill as a facility fee for the originating site.

Medicare: The originating site fee is \$26.25 for hospitals. It's a national set fee. They only bill the Q code. This is for everyone that is an eligible originating site, except from the home. If the beneficiary is getting the service in the home, then no, they would not bill as an originating site.

Cigna: We do not reimburse for site fees.

BCBS: Yes. We do reimburse under the Q3014 code.

12. Do you reimburse for any form of Remote Patient Monitoring (RPM)?

Medicaid: Right now we're not reimbursing for remote patient monitoring. It is something we're looking at expanding in the policy. We're moving kind of slow with it in Wyoming Medicaid to see what it would look like and what benefits it would provide for the client base.

Medicare: We do not consider Remote Patient Monitoring or RPM as a telehealth service. We do have some remote patient monitoring, but it doesn't fall within the telehealth criteria. There is a couple of codes that we do reimburse for, on a telemedicine effect.

Cigna: We do not at this time.

BCBS: We do not at this time. We are trying to determine how to expand into this area.

13. Can an agency bill as both an originating site and a distance site?

Medicaid: Yes, there could be instances where a site could be both the originating and distant site. Right now we have that with the Indian Health System within Wyoming.

Medicare: The only facility that can bill both originating site and distant site on the same claim would be the Method II Critical Access Hospital because they put both their professional and technical components on the same claim. They'd still be using the GT modifier as well.

Cigna: No, since we don't have an originating site.

BCBS: Yes. We would need separate claims to be submitted for both the originating site and the service.

14. What Allied Health services (OT, PT, SLP, etc.) are covered for telehealth?

Medicaid: We don't have any restrictions, as it would be applicable to Allied Health. It would just be comparable to the CPT or HCPCS code being used for that service and the applicability between the provider and patient. We don't see a lot of Allied Health professionals using telehealth, but we're seeing some dietitians using it currently. We hope that we get more utilization within our allied health professionals and telehealth service.

Medicare: We don't cover OT, PT or Speech. There are no services for them that are covered through telemedicine or telehealth at this time. We do cover dietitians, nutritionists, and those types of individuals especially with diabetic assistance. I don't think that will expand. DME (durable medical equipment) is also not a covered service, and must be face-to-face.

Cigna: We do not reimburse for any of those services at this time. We cover primary care and behavioral health counseling services.

BCBS: We don't have any restrictions on Allied Health services. We don't see many, but if it's medically appropriate, that's all the criteria we would need on our standard fee schedule.

15. For Medicaid: regarding public health nursing sites, would they be able to charge an originating site fee?

Medicaid: Yes. But it's not occurring in practice. We just don't have that occurring here currently.

16. What are the commercial carriers hearing from employers as it relates to telehealth? What kind of telehealth services are employers requesting?

Cigna: We haven't had any requests outside of what we already are providing. Possibly some specialist services simply because there are not specialists in some areas of Wyoming, which is why we are looking at providing those services.

BCBS: We have a fairly large enrollment in large groups, such as self-funded plans who put their own benefit structure together, and that is frequently a discussion for their employees' ease and benefits. We are trying to explore if there is another way that we can augment the current system by having a service that is telemedicine-based that will meet the demands from the employers. The employers are looking for it for two things. They want to have a way to keep their employees at work on days when they might have to travel or schedule an appointment, and to decrease time off from sickness by having people be able to address illnesses quickly.

Extra Questions

(Answers based on panel follow-ups after webinar and may not be complete. They will be updated if clarifications are available.)

17. Are mental health visits covered via telehealth?

Medicaid: Mental Health Visits are covered under Wyoming Medicaid.

Medicare: No response

Cigna: Yes. We offer counseling services with therapists through our telehealth program.

BCBS: No response

18. For Cigna: Does the provider have to be physically in the state where the patient is located? Or does the doctor just have to be licensed in that state?

Cigna: Licensed, medical license, and DEA.

19. What authorizations from the client need to be in place to deliver telehealth? Is there a form or other requirement?

Medicaid: Wyoming Medicaid does have a Telehealth authorization form that is required to be submitted with the claim.

Medicare: No response

Cigna: No additional forms or requirements.

BCBS: No response

20. For Medicaid: Can Medicaid provide a code for PCM/specialist-to-specialist consultation via telehealth?

Medicaid: Wyoming Medicaid does not endorse specific code utilization. Please utilize the most appropriate code for the services rendered and utilize the Wyoming Medicaid Fee Schedule to explore coding options. Utilization of the 992XX series codes with the GT modifier has been successful for claims to be paid under Wyoming Medicaid.

21. For Medicare: What does it mean that telehealth is a benefit category? How is this different than telemedicine?

Medicare: Benefit categories are the regulations for payment set up by legislation. They usually are outlined in the SS Act and the final rules. Telemedicine is not defined as a benefit category and the services fall into other benefit categories, such as physician, etc. They are then bound by the rules outlined in that category.

Telehealth as a benefit category has very set regulations on locations where those services can be performed and what services can be done in that method. Home is not one of those places as an originating site. Having said that, CMS has made exceptions to certain types of services such as stroke and some ESRD services.

22. Relating to coverage for mental health practitioners (counselors, psychologists) who want to meet with their clients via telehealth when clients may be homebound for physical and/or mental reasons: Who is covered and do we have to meet the “rural” requirement for Medicare?

Medicare: Mental health is expanding in the telehealth world but not enough, so the answer is mostly no. They have to be rural or they have to be in one of the exceptions (such as the Support program, the provider has to be enrolled and certified by SAMSA to perform those services). They can perform counseling but not in a patient's home and they have to be in the HRSA designated area for originating sites.