

Wyoming Telehealth Network (WyTN)

Telehealth Billing and Reimbursement Webinar Questions

April 25, 2018

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

Medicaid: Medicaid does reimburse for telehealth originating from the client's home. They require that an attestation form be signed beforehand.

Medicare: No. Section 1834(m) of the statute restricts this.

Cigna: Yes. Cigna pays for services originating from almost anywhere – it does not have to be a doctor's office.

BCBS: No, not at this time.

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

Medicaid: Origination sites can be a wide variety of sites, including the patient's home.

Medicare: The originating sites authorized by law are: ● The offices of physicians or practitioners ● Hospitals ● Critical Access Hospitals (CAHs) ● Rural Health Clinics ● Federally Qualified Health Centers ● Hospital-based or CAH-based Renal Dialysis Centers (including satellites) ● Skilled Nursing Facilities (SNFs) and ● Community Mental Health Centers (CMHCs)

Cigna: If you are in a particular state, a Cigna physician credentialed in that state will call you – the physician has to be licensed in the same state in which you are currently located.

BCBS: Blue Cross reimburses for originating sites that are in a professional office or outpatient setting. The original and distant sites cannot be in the same physical facility or community.

3. What procedures/conditions are covered via telehealth and how can patients and providers find that information?

Medicaid: Consultations, outpatient visits, psychotherapy, psychiatric diagnostic interview examinations, neurobehavioral status exams, end-stage renal care services, individual medical nutrition therapy, mental health and substance abuse treatment centers and services, and remote cochlear implant services are covered. Other procedures can also be covered, upon request.

Medicare: See the list of Medicare Telehealth services found here:

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

Cigna: Primary care / basic procedures via telehealth are covered. At this time no specialty services are covered over telehealth – the client will be referred to an in-person provider.

BCBS: Blue Cross of Wyoming does not strictly define the services that can be covered via telemedicine. This is left to the provider's professional judgement and what can be appropriately provided over telehealth.

4. Does your agency require any type of pre-authorization for telehealth services?

Medicaid: No pre-authorization on any telehealth services is required.

Medicare: Medicare does not require this.

Cigna: No. When the client logs into their Cigna account, if your health group has opted to sign up for telehealth it will be on your MyCigna.com page, where you can register for a telehealth visit. The client will receive a phone call from a physician approximately 20 minutes later.

BCBS: Pre-authorization is not specifically required for telehealth. A list of services that require pre-authorization can be found at www.BCBSwy.com/precert

5. Are specialist consultations via telehealth covered? If so, what can that look like, i.e. patient to specialist, patient and PCM to specialist, or PCM to specialist?

Medicaid: Medicaid covers patient-to-specialist, patient-to-PCM and specialist on the same telehealth call. They do not cover specialist-to-specialist or PCM-to-specialist. The patient needs to be involved in the call.

Medicare: In certain situations, yes. See HCPCS codes G0508 and G0509 which describe telehealth consultations for critical care.

Cigna: No specialist care visits can be done via Cigna telehealth.

BCBS: Provider-to-provider consultations are not reimbursed.

6. Is only live-video covered or will you cover store-and-forward (asynchronous) events.

Medicaid: Only live, real-time communication is covered.

Medicare: Per section 1834(m) of that statute, the communication must be live in real-time.

Cigna: Only live, real-time communication is covered.

BCBS: Only live, real-time communication is covered.

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

Medicaid: There are no minimum restrictions for distance between the patient and the provider.

Medicare: There is no restriction on distance between a patient and provider, as long as they are not in the same room. However, for a Medicare beneficiary to qualify for telehealth services, the originating site has to be located outside of a Metropolitan Statistical Area or inside of a Health Provider Shortage Area (HPSA).

Cigna: The patient and provider need to be in the same state.

BCBS: The originating and distance sites cannot be in the same facility or the same community / city.

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

Medicaid: Medicaid covers the initial consultation, in addition to specific codes found in the provider manual on the Wyoming Medicaid website.

Medicare: Yes, see here: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html>

Cigna: Cigna can bill primary care codes as telehealth codes. For specialty services, the provider will refer the patient to a specialist.

BCBS: The originating site should use the HCPCS Q3014 code. The distant site should use the GT modifier to denote a service being performed by telemedicine.

9. When billing for telehealth, is a modifier or code (GT, 95, POS 02) used or how do facilities bill for telehealth?

Medicaid: Use the GT modifier to signify that the service was a telehealth service. Place of service code 02 should be used.

Medicare: The GT modifier is used.

Cigna: The GT modifier is used along with standard CPT or HCPCS codes.

BCBS: The originating site should use the HCPCS Q3014 code. The distant site should use the GT modifier to denote a service being performed by telemedicine. Telemedicine claims should be submitted to the Blues, multiple blues plan, where the patient and provider are located respectively. So the example is if a patient is in Wyoming and a provider is in Nebraska, the originating site claimed should be filed with Blue Cross Blue Shield Wyoming and the distant site claim filed with Blue Cross Blue Shield Nebraska.

The Nebraska provider would have to be licensed in Wyoming.

10. Is telehealth reimbursed at the same rate as in-person services (Parity/statutory laws)?

Medicaid: Yes.

Medicare: Yes.

Cigna: Yes.

BCBS: Yes.

11. Do you provide any reimbursement for what is referred to as a telehealth originating site fee (HCPCS) code Q3014, such as the \$25.76 amount of payment by Medicare or Medicaid?

Medicaid: Medicaid reimburses \$19.34, as long as the originating site is not the patient's home.

Medicare: Medicare will pay an originating site fee of \$25.76.

Cigna: No.

BCBS: Yes, we do provide reimbursement.

12. Are you considering or are you reimbursing for any form of Remote Patient Monitoring (RPM)? (Home-based daily monitoring followed by a healthcare professional to improve outcomes in chronic care management.)

Medicaid: Not at this time.

Medicare: This reimbursement is provided as of January 2018. A separate payment is made for the CPT code 99091.

Cigna: It would be dependent on the employer's plan, but this is provided on a limited basis.

BCBS: Not at this time.

13. CMS (Medicare) is allowing that CPT code 99091 can be billed once per patient during the same service period as Chronic Care Management (CCM) (CPT codes 99487, 99489, and 99490), Transitional Care Management (TCM) (CPT codes 99495 and 99496) .

- **Do you provide any such reimbursement for chronic care management or transitional care management?**

Medicaid: Out of all of the codes listed, Medicaid only covers the code 99490.

Medicare: Medicare does pay separately for chronic management codes and the transitional codes listed. They reimburse for behavioral health integration codes that include 99492, 99493 and 99484.

Cigna: Cigna reimburses for chronic care management and code 99490, and traditional care management code 99495 (less acute care management). This is primarily with the transitional care management codes for the state of Wyoming plan.

BCBS: There was not an opportunity to get a verified answer for this question at this time.

14. Payment policies regarding Medicare's use of a new Place of Service (POS) Code describing services furnished via telehealth (POS 02) were finalized and implemented through CR 9726. Effective January 1, 2018, the requirement to use the GT modifier on professional claims for telehealth services has been eliminated. Use of the telehealth POS code 02 certifies that the service meets the telehealth requirements (via interactive audio and video telecommunications systems). The GQ modifier is still required when applicable.

- **Is there any change coming on use of GT modifier or other modification codes in your organization?**

Medicaid: No.

Medicare: See above.

Cigna: No.

BCBS: No.

15. Will Medicare reimburse for a telehealth encounter originating from an Assisted Living Facility?

Medicaid: N/A

Medicare: Eligible originating sites for Medicare telehealth are the office of a physician or practitioner, hospitals, critical access hospitals (CAH), rural health clinics, federally qualified health centers, hospital-based or CAH-based renal dialysis centers (including satellites), skilled nursing facilities, and community mental health centers.

Cigna: Calls can originate from anywhere.

BCBS: No answer was given.

16. We are a FQHC clinic with 4 sites. Can we bill and how would we bill if a patient at one clinic needs a telehealth visit with mental health provider at another clinic?

Medicaid: As long as you are enrolled as separate clinics it would be appropriate to bill for the Telehealth visit. If you are enrolled as a single clinic then the system will not allow you to be both the Spoke and the distant site.

Medicare: FQHCs are not authorized under the statute as eligible distant sites. They are on the list of eligible originating sites.

Cigna: That would not work with Cigna. Our telehealth providers would be contacted through our website services.

BCBS: No answer given.

17. Do the payors reimburse for acute/emergent telehealth, such as telestroke, with an originating site in an ED?

Medicaid: Not at this time.

Medicare: Section 50325 of the Bipartisan Budget Act of 2018 amends Section 1834(m) of the Social Security Act to remove the originating site type requirements and geographic restrictions for telehealth services furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke. It also adds mobile stroke units as eligible originating sites.

Cigna: No. Cigna Telehealth services are PCP type services.

BCBS: No answer given.

18. I am getting the impression that Cigna provides the healthcare professional for their Telehealth coverage. Does Cigna pay for any Wyoming provider to provide the service?

Medicaid: N/A

Medicare: N/A

Cigna: Yes, they just register with MDLIVE or Amwell. There are a lot of providers in Wyoming.

BCBS: N/A

19. Do the payers reimburse for allied telehealth including speech-language pathology, physical therapy, occupational therapy, or pharmacy medication management?

Medicaid: N/A

Medicare: N/A

Cigna: Cigna's providers at this time are PCP and Behavioral Health.

BCBS: N/A

20. If a hospital is paying an hourly rate for physician coverage via telehealth and that physician evaluates and diagnoses an admitting patient, can the hospital bill Medicaid for the visit? The rules indicate only the provider can bill, not the hospital?

Medicaid: Wyoming Medicaid does not reimburse for this service.

Medicare: N/A—I believe you would need to reach out to your state’s Medicaid office. There is great variability between states.

Cigna: N/A

BCBS: N/A

21. For Cigna again - our office is looking to provide an entire clinic as a replacement for an outreach clinic. It would be a specialist who would see a variety of patients at scheduled times in an office setting with video exchanges. Is that something that Cigna is going to cover?

Medicaid: N/A

Medicare: N/A

Cigna: The group needs to call and speak to contracting. The codes that will be billed need to be reviewed.

BCBS: N/A

22. For Cigna. I just checked MDLIVE and Amwell to enroll. They do not accept nurse practitioners for enrollment. As a PCP, this is a barrier for my patients not to be able to use my services in a telehealth setting.

Medicaid: N/A

Medicare: N/A

Cigna: I can discuss NP enrollment with our leadership. At this time, only MDs can participate with MDLive and AMWell.

BCBS: N/A

23. Do those that cover the CCM, cover G0506? The initiating visit?

Medicaid: Wyoming Medicaid does not cover CCM.

Medicare: Medicare makes separate payment for HCPCS code G0506. It is on the Medicare telehealth list and can be furnished via telehealth when all other requirements under section 1834(m) are met.

Cigna: Cigna does not cover G0506. Our CCM reimbursement is in line with our PCMH program.

BCBS: No answer was given.

24. Can an agency bill as BOTH the distance site and originating site? We offer a telehealth clinic with the client in our office with connection to a provider who is in another location. We do the billing under contract.

Medicaid: No.

Medicare: Only CAHs can bill as both a distant site and an originating site for a Medicare telehealth service.

Cigna: No. Cigna's telehealth program does not involve an originating site, so this does not apply.

BCBS: No answer was given.

25. If a patient is in the ER and they require an Infectious Diseases consult, if the patient is available to the ID doctor, will that be a covered telehealth service? Would there be any other requirements?

Medicaid: Wyoming Medicaid does not cover Telehealth in the ER at this time.

Medicare: Provided that all of the Medicare telehealth requirements are met and the code describing the service is on the Medicare telehealth list, then yes.

Cigna: Cigna's telehealth providers are PCP, not specialists.

BCBS: No answer was given.

26. We are starting a genetics telehealth clinic and will be the origination site. The doctors are in Salt Lake City but are licensed as WY providers. They are under contract for reimbursement but how do we bill or can we bill for the nurses who do the vital signs, height, weight, head circumference? Nurses will also be present to carry out any additional services the provider may need. In WY we do not have any geneticist and the current wait time to be seen at the Colorado clinics are approx. 8-12 months.

Medicaid: Wyoming Medicaid does not cover services provided by an RN or LPN. IF the nurse was a NP they may be able to bill for services if they meet the minimum for an office visit.

Medicare: Under the Medicare Physician Fee Schedule, payment rates for physician/practitioner services (billed by the distant site) account for the resource costs of clinical labor in the valuation of the service. Specifically, they are included within the practice expense relative value units. The originating site may bill for the originating site facility fee using HCPCS code Q3014. This fee accounts for the resource costs associated with serving as an originating site for Medicare telehealth. Additionally, CPT code 99211 describes an office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.)

Cigna: Please call the Cigna contractor to discuss how this would be set up. It would not be a service under the telehealth as it is now defined. 307.274.9109.

BCBS: No answer was given.