



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

<https://www.bcbswy.com/providers/updates/>

Any service that can safely and appropriately be rendered at a distance. Services provided should be within the provider's scope of license and meet the standard of care. Services can be rendered to the patient's home.

**2. Can you bill for optometry?**

For medical claims, any service that can safely and appropriately be rendered at a distance. Services provided should be within the provider's scope of license and meet the standard of care. Services can be rendered to the patient's home.

See attached policy for our routine vision telemedicine policy.

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

Use standard place of service codes, do not bill POS code 02.

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

N/A

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

No, use standard place of service codes, do not bill POS code 02.

**6. Is BCBS paying Interactive Complexity code 90785?**

Any service that can safely and appropriately be rendered at a distance. Services provided should be within the provider's scope of license and meet the standard of care.

**7. What are the codes for specialist consultations?**

Consult your CPT book for coding. Physician to physician consultations are not reimbursed.

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

Any service that can safely and appropriately be rendered at a distance. Services provided should be within the provider's scope of license and meet the standard of care. Please use a GT modifier to indicate telemedicine.

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

These are telephonic codes, which are currently permitted. However, the provider can use regular codes if providing the service through a real time video connection.

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

Teledentistry Codes:

- D9995 teledentistry – synchronous; real-time encounter
- D9996 teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
- Evaluation Process: Teledentistry evaluations should be conducted using video or photograph.
- Claim Submission: Claims for teledentistry services must include two separate procedure codes: A D9995 or D9996 AND a D0140 to be eligible for payment.
- Frequency limitations:
  - One teledentistry code (D9995 or D9996) is allowed
  - Teledentistry codes will be applied to the D0140 frequency limitation
- Reimbursement: D0140 (limited oral evaluation) will be reimbursed at the fee schedule currently used for your PPO when accompanied by a teledentistry code, subject to the frequency limitations, above.

## 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=IwAR0rTo7olus7OkVLQrZIKfanVAhR77Ilp44wQblclXU3ZGExc\\_mBleZqDO8](https://www.hca.wa.gov/assets/billers-and-providers/billing-for-COVID-CPC-03-2020.pdf?fbclid=IwAR0rTo7olus7OkVLQrZIKfanVAhR77Ilp44wQblclXU3ZGExc_mBleZqDO8)

N/A

## 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?

If BCBSWY is primary you will need to bill us per our billing guidance. Claims that go to the secondary payer will need to follow their rules.

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

For medical claims, any service that can safely and appropriately be rendered at a distance. Services provided should be within the provider's scope of license and meet the standard of care.

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

BCBSWY is waiving cost-share on COVID-19 testing and treatment services, and all telemedicine services through June 30<sup>th</sup>.

## 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?

These can be billed on the same claim. The office visit code would need the GT modifier. The lab or injection would not.

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

BCBSWY has not changed any of our prior authorization requirements.

**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?**

These can be billed on the same claim. The office visit code would need the GT modifier. The lab or injection would not.

**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