



Supporting WA State Behavioral Health Providers to Optimize Telehealth in Response to COVID-19

Q&A from BHI Telehealth Training Session #3: April 29, 2020:

Telehealth Billing & Reimbursement

Presenters: Gail Krieger, Catherine Britain

Q: What if one of your regular office hours already is on Saturday, can we now use the 99050 and 99051 on Saturdays' visit?

A: 99051 is the appropriate code to use in this circumstance.

Q: Is there any sense for how long the CR modifier will be authorized for telephonic services and/or what triggers or events will that decision be tied to? How much advance notice does the HCA expect to be able to provide before the transition away from using CR?

A: We intend to give ample notice to any changes in these policies. We intent to support the use of tele modalities to deliver services as long as required to support access and until we resume a closer to normal office based care model. We will confer with providers to plan this change, we will work with DOH and we will be compliant with the Governor's plan for resuming activities. There is no light switch approach here.

Q: We were under the impression that all WA Apple Health plans were following HCA's billing guidance regarding Telehealth/Telemedicine -- if Molina (for example) has its own guidance, should we follow HCA rules or submit Telehealth claims to Molina per Molina rules?

A: Please follow the billing procedures of the plan so you can be paid the first time.

Q: How will a phone visit that exceeds 30 minutes will be billed?

A: If you are talking to the patient for longer than 30 minutes, I would offer maybe another CPT or HCPC code is applicable to this scenario. Always look for the best CPT/ HCPC code to identify your service. If you have a specific case email me and we can talk about it. gail.krieger@hca.wa.gov

Q: Do Medicare advantage plans follow Medicare guidelines? For private payors that state they are following CMS does that mean must be audio and video both to change to in-person visit? And if so, are they are not following CMS if they are paying audio only as in person?

A: Please see the chart on the next page provided by the Center for Connected Health Policy.

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MEDICARE		
EXISTING TELEHEALTH POLICY PRE-COVID-19	POLICY CHANGE IN RESPONSE TO COVID-19	WHAT CAN BE COVERED
<i>Medicare Advantage</i>		
Medicare Advantage (MA) plans have the flexibility to have more expansive telehealth policies related to types of services covered, where those services can take place (no geographic or site limitations), modality used. Still limits the types of providers reimbursed.	Medicare Advantage Organizations were informed by CMS that if they wish to expand coverage of telehealth services beyond what has already been approved by CMS, they will exercise its enforcement discretion until it is determined that it is no longer necessary in conjunction with the COVID-19 outbreak. (CMS Memo)	MA plans have some flexibility to expand their coverage of telehealth beyond what they currently do. What is covered will depend on what each plan decides to do. NOTE: MA plans do NOT have to provide these more expansive telehealth services. They are only required to provide what is covered by Fee-for-Service.
<i>Other Technology-Enabled Services</i>		
Virtual Check-In Codes G2010, G2012* Can be done synchronously and asynchronously and telephone can be used	Other providers such as PTs, OTs and speech language pathologists may bill these codes as well as G2061-G2063.	Virtual check-in codes do not have geographic or site restrictions attached so they can be used to engage with patients, but the reimbursement amount for these codes is low and are only meant to act as quick check-ins with patients that do not last more than a few minutes.
Interprofessional Telephone/Internet/EHR Consultations (eConsult) * 99446, 99447, 99448, 99449, 99451, 99452	No Change Made	eConsult allows a provider-to-provider consultation. Pays both providers, but check definition for the time needed for each code.
Remote monitoring services: * Chronic Care Management Complex Chronic Care Management Transitional Care Management Remote Physiologic Monitoring Principle Care Management	No Change Made	These services are not considered “telehealth” services and were never subject to telehealth limitations. They do have other factors that limit how they can be used so make sure you check the definition for the codes.
Online Digital Evaluation (E-*Visit) – G2061-2063 Online medical Evaluations – 99421-99423	No Change Made	These services are not considered “telehealth” services and were never subject to telehealth limitations.
Telephone E/M Services	Added by Interim Final Rule	98966-98968; 99441-99443



Behavioral Health Training, Workforce and Policy Innovation Center:
<https://bhi-telehealthresource.uwmedicine.org/Pages/About-Us.aspx>