

P. O. Box 90127

Nashville, Tennessee 37219

Coverage for Telehealth Services In Tennessee

This information was gathered through an effort of TNOTA's advocacy team. It is current, to the best of our knowledge, as of April 7, 2020. *

Traditional Medicare (part A and B):

E-Visits are the only covered services. E-visits are defined as, "In all types of locations including the patient's home, and in all areas (not just rural), established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient. For these **E-Visits**, the patient must generate the initial inquiry and communications can occur over a 7-day period. "

Medicare Codes to utilize for E-visits ONLY:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

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TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS VIRTUAL CHECK-IN	A visit with a provider that uses telecommunication systems between a provider and a patient. A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	 Common telehealth services include: 99201-99215 (Office or other outpatient visits) G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General- Information/Telehealth/Telehealth-Codes HCPCS code G2012 HCPCS code G2010 	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	 99421 99422 99423 G2061 G2062 G2063 	For established patients.

Information obtained from: <u>https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet</u>

United Health Care

The following codes are covered for telehealth, through June 18, 2020.



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UnitedHealthcare

Telehealth Services for Physical, Occupational, Speech Therapy

Outpatient PT/OT/ST codes included as part of the temporary expansion of telehealth services as a result of the COVID-19 public health emergency. This change is effective immediately for dates of service March 18 through June 18, 2020.

Category	CPT Code	Description	
Physical Therapy	97161	Physical therapy evaluation - low complexity	
Physical Therapy 97162		Physical therapy evaluation - moderate complexity	
Physical Therapy 97163		Physical therapy evaluation - high complexity	
Physical Therapy 97164		Physical therapy re-evaluation	
Physical Therapy	97110	Therapeutic procedure, one or more areas, each 15 minutes	
Physical Therapy	97116	Gait training	
Physical Therapy 97530		Therapeutic activities, one-to-one patient contact, each 15 minutes	
Physical Therapy 97112 Theraped		Therapeutic procedure, one or more areas, each 15 minutes	
Physical Therapy	97535	Self-care/home management training, each 15 minutes	
	07465	Occurational theorem and wation them correction its	
Occupational Therapy	97165	Occupational therapy evaluation - low complexity	
Occupational Therapy	97166	Occupational therapy evaluation - moderate complexity	
Occupational Therapy	97167	Occupational therapy evaluation - high complexity	
Occupational Therapy	97168	Occupational therapy re-evaluation	
Occupational Therapy	97110	Therapeutic procedure, one or more areas, each 15 minutes	
Occupational Therapy	97530	Therapeutic activities, one-to-one patient contact, each 15 minutes	
Occupational Therapy	97112	Therapeutic procedure, one or more areas, each 15 minutes	
Occupational Therapy	97535	Self-care/home management training, each 15 minutes	

Aetna:

For the next 90 days (written on March 17, 2020), Aetna will cover minor acute evaluation and management services rendered via telephone. A visual connection is not required. For general medicine and behavioral health visits – a synchronous audiovisual connection is still required. Aetna's telemedicine policy is available to providers on the NaviNet and Availity portals.

Codes covered by these changes appropriate to OT/PT/ST:

G2061, G2062, G2063 - Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes; 11 – 20 minutes; or 21 or more minutes



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98970, 98971, 98972 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.

Information obtained from: <u>https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_10</u>

Contact Aetna

Cigna:

Cigna does not specifically name providers that can perform telehealth services. On their FAQ page it states, "All providers can deliver virtual care to Cigna customers when the services are billed consistently with the guidance on pages 3-5. We are implementing this enhanced measure through May 31, 2020 to protect our customers by mitigating exposure risks and alleviating transportation barriers." It would appear that OT/PT/ST would fall under this. No specific CPT codes are given at this time per conversation with CIGNA customer service representative, but will be available in the coming days.

Information obtained from: <u>https://static.cigna.com/spa/chcp/assets/Cigna-COVID-19-Billing-Guidiance-for-Providers-</u> <u>3-18.pdf</u>

Contact cigna

Blue Cross Blue Shield Tennessee

BCBS TN are now covering synchronous telehealth for therapy services.

UPDATED: TELEHEALTH COVERAGE – ALL LINES OF BUSINESS EXCEPT BLUECARE TENNESSEE

O: Will BlueCross cover telehealth (telephonic or virtual) consultations with my patients with BlueCross coverage? Yes. During this time of emergency, you may bill for telehealth for Commercial, Medicare Advantage and BlueCare Plus lines of business. This applies to services that previously required an in-person visit in settings like outpatient clinics, hospitals, emergency departments and therapist offices. Pricing will be consistent with your BlueCross fee schedule. All of the following are required:

- Effective for dates of service March 16 until further notice.
- The services provided are covered under the member's benefits, and are eligible for separate payment when performed in person.
- The services take place in real time, and the provider and patient are connected via an interactive audio and video telecommunications system.
- All services provided are medically appropriate and necessary.
- All relevant online communications about the member's medical care and follow-up are included in their medical record.
- Any evaluation and management services (E/M) provided via telehealth include a problem-focused history and straightforward medical decision-making, per the Current Procedural Terminology (CPT[®]) manual
- When billing for telehealth, applicable service codes, diagnostic codes, modifiers and units should be reported with Place of Service-02 to indicate a telehealth service.



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NEW Q. Do I need different codes to bill for telehealth for PT/OT/ST/ABA Skilled Therapies for Commercial, Medicare Advantage or BlueCare Plus members?

No. Please continue to include your normal service codes, diagnostic codes, modifiers and units. Just be sure to include Place of Service-02, which tells us you've treated our member using telehealth. Pricing will be consistent with your BlueCross fee schedule. All of the following are required:

- Effective for dates of service March 16 until further notice.
- Providers supported by this exception are licensed physical therapists, occupational therapists, speech-language pathologists and ABA therapists.
- All services provided are medically appropriate and necessary.
- The services must take place in real time, and the patient and provider are connected via an interactive audio and video telecommunication system.
- All relevant online communications about the member's medical care and follow-up are included in their medical record.
- Any existing visit limitations and/or prior authorization requirements continue to apply.

Please note: BlueCare Tennessee has new coding requirements, which are listed separately below.

Contact BCBS

Medicaid: Tenncare, Bluecare, Amerigroup, UHCCP

As of 3/27, all Tenncare (Bluecare, Amerigroup, UHCCP) are covered through May 31.

Information obtained from:

https://www.tn.gov/content/dam/tn/tenncare/documents/TennCareMCOCOVID19TelehealthDxTestingUpdate.pdf

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/coronavirus_public_info.pdf

TRICARE

OT/PT/Speech Not currently covered.

Information obtained from:

https://tricare.mil/CoveredServices/BenefitUpdates/Archives/03_24_2020_TRICARE_covers_certain_telemedicine_se rvices

Contact Tricare