

FREQUENTLY ASKED QUESTIONS (FAQs) FOR PROVIDERS

Telehealth and Audio-Only During COVID-19 Public Health Emergency

March 3, 2020

Note: **These FAQs are updated frequently.** Please check the Provider Resource Center (prc.hmsa.com) for more updates and check HHIN for plan benefits. Changes from the previous version are **highlighted**.

1. What kinds of services will be covered under HMSA's telehealth and Audio-only policy?

To support our members during the COVID-19 pandemic, HMSA waived all telehealth cost sharing and deductibles through Dec. 31 for fully insured commercial, Medicare Advantage, and QUEST Integration members who receive telehealth visits, virtual check-ins, and e-visits from participating providers.

On Jan. 1, 2021, **regular cost share and deductibles will apply for telehealth services** for fully insured commercial members.

Effective Jan. 1, 2021, e-visits, and remote patient monitoring for commercial plans will not qualify as telehealth visits and won't be separately reimbursed.

As of Jan. 1, 2021, we will continue to temporarily cover audio-only check-ins for commercial plans, which allows a patient to have a brief phone visit with their provider through the end of the public health emergency (PHE).

Medicare Advantage and QUEST Integration members will continue to have zero cost share as part of their 2021 plan for all telehealth services including e-visits and remote patient monitoring. Audio-only visits will be covered through the end of the PHE, as permitted by CMS. We'll monitor for coverage changes from CMS and Med-QUEST.

2. What is the difference between a telehealth visit, a virtual check-in, an audio-only check-in, and an e-visit?

A telehealth visit or service requires interactive audio and video telecommunications and is meant to replace an in-person visit. It can be used with a new or established patient.

A virtual check-in or audio-only check-in is a brief phone call. **Audio-only check-ins such as these phone calls aren't normally a benefit of commercial plans however as of Jan. 1, 2021, HMSA will continue to temporarily cover audio-only check-ins for commercial plans through the end of the PHE. These check-ins should not be done in conjunction with a visit. They can be used when the check-in is not originating from a service within the past 7 days and does not result in a service in the next 24 hours, or next available appointment.**

An e-visit is when patient uses an online patient portal to interact with you. E-visits and remote patient monitoring for commercial plans are not separately reimbursable.

Medicare Advantage and QUEST Integration members will continue to have zero cost share as part of their 2021 plan for all telehealth services including e-visits and remote patient monitoring. Audio-only visits will be covered through the end of the PHE, as permitted by CMS. We'll monitor for **coverage changes from CMS and Med-QUEST.**

3. Can I conduct a visit with my patient by phone and bill for the visit?

Effective Jan. 1, 2021, **e-visits, and remote patient monitoring** for commercial plans won't be reimbursed.

As of Jan. 1, 2021, we will continue to temporarily cover **audio-only check-ins** for commercial plans, which allows a patient to have a brief phone visit with their provider through the end of the public health emergency (PHE).

Under current CMS and Med-QUEST guidelines, you can do a virtual check-in by phone for Medicare Advantage and QUEST Integration members and bill for the service as long as the following guidelines are met:

- The patient must agree on the individual services and verbally consent to receive a virtual check-in. You may educate patients on the availability of the service before the patient agrees.
- You must document each virtual check-in in the patient's medical record as you would for an office visit.

Refer to the [COVID-19 Coding Guide](#) for specific codes and guidelines to use them.

For dates of service on or after March 1, 2020, HMSA will cover new codes recognized by CMS for telephone services (98966-98968 and 99441-99443) for Medicare Advantage and QUEST Integration members. We'll continue to monitor CMS guidelines for continued coverage.

4. Can I use my online patient portal to communicate with my patients?

Yes, you can use an online patient portal for an e-visit for Medicare Advantage and QUEST Integration patients.

Effective Jan. 1, 2021, e-visits for patients with commercial plans won't be separately reimbursed. An e-visit is not the same as a telehealth visit.

E-visits will be covered for all Medicare Advantage and QUEST Integration plan members during this public health emergency without geographic restrictions as long as the following guidelines are met:

- The individual service must be initiated by the patient. You may educate patients on the availability of the service before patient initiation. The communications can occur over a seven-day period.
- The services may be billed using CPT codes 99421-99423 (for providers who bill E/M) and HCPCS codes G2061-G2063 (for qualified nonphysician health care professionals), as applicable.
- You must document each e-visit in the patient's medical record as you would an office visit.

E-visits aren't limited to patients in rural settings. There are no geographic or location restrictions for these visits.

5. What services can be delivered by a telehealth visit?

CMS maintains a list of services that are normally furnished in person that may be furnished by telehealth. This list is available [here](#). Under the emergency declaration and waivers, these services can be provided to patients regardless of patient location, including from the patient's home.

- You must use an interactive audio and video telecommunications system that permits real-time communication between you and the patient. Note: This doesn't apply to virtual check-ins, e-visits, remote patient monitoring, or phone visits. See questions 2 and 3 above.

- In many cases, providers must bill with place of service code 02 or a telehealth modifier (95,G0, GT). To see if this applies to your service, check the [COVID-19 Coding Guide](#).
- Telehealth may be billed by provider specialties that are eligible to enroll with Medicare and are recognized as distant site practitioners under the Medicare telehealth benefit.
- You must document each visit in the patient's medical record as you would an office visit.

HMSA will follow the CMS list for all lines of business except as noted above. The list changes frequently, so check the link on a regular basis for updates.

6. Do HMSA's telehealth services include physical, occupational, and speech therapy?

Yes. On April 1, 2020, HMSA's telehealth services were expanded to include physical therapy, occupational therapy, and speech therapy. We'll make this retroactive to dates of service from March 1 through Dec. 31, 2020. On Jan. 1, 2021, **regular cost share and deductibles will apply for telehealth services** for commercial members.

Effective Jan. 1, 2021, **e-visits, and remote patient monitoring** for commercial plans won't be separately reimbursed. We will continue to temporarily cover **audio-only check-ins** for commercial plans, which allows a patient to have a brief phone visit with their provider through the end of the public health emergency (PHE).

Medicare Advantage and QUEST Integration members will continue to have zero cost share as part of their 2021 plan for all telehealth services, including **e-visits and remote patient monitoring**. Audio-only visits will be covered through the end of the PHE, as permitted by CMS. We'll monitor for coverage changes from CMS and Med-QUEST. HMSA will temporarily allow physical therapists, occupational therapists, and speech therapists to bill for these services:

- All levels (CPT codes 97161-97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507).
- Clinicians can also provide virtual check-in services (HCPCS codes G2010, G2012) to both new and established patients. Virtual check-in services were previously limited to established patients.
- Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits (HCPCS codes G2061-G2063).*
- Telephone assessment and management service provided by a qualified nonphysician health care professional (CPT codes 98966-98968).*
- Precertification requirements through eviCore (PT/OT) and HMSA Medical Management (speech therapy) haven't changed.

*Not separately reimbursable for commercial plans effective Jan. 1, 2021. Providers can offer the services but won't be paid for the first service separately; the member will have to pay the full cost after the first service.

7. Can I use FaceTime or Skype?

Yes. HMSA will follow federal guidelines on the use of devices and platforms that have audio and video capabilities to deliver virtual visits for Medicare Advantage and QUEST Integration plan members during the COVID-19 public health emergency.

The HHS Office for Civil Rights has exercised enforcement discretion and waived penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies such as Apple FaceTime, Skype, Google Hangouts video, and

Facebook Messenger video chat during the COVID-19 nationwide public health emergency. For more information, [visit here](#).

8. Are all virtual visits considered an encounter? Does it need to be in the medical record?

Yes, a virtual visit – whether it’s a telehealth visit, a virtual check-in, **an audio-only check in**, or an e-visit – is considered an encounter and therefore must be documented in the medical record to be billed for Medicare Advantage and QUEST Integration members.

9. Are all virtual visits covered by all HMSA plans?

All virtual visits providing medically necessary services are a benefit of Medicare Advantage and QUEST Integration plans. Medicare Advantage and QUEST Integration members will continue to have zero cost share as part of their 2021 plan for all telehealth services including e-visits and remote patient monitoring. Audio-only visits will be covered through the end of the PHE, as permitted by CMS. We’ll monitor for coverage changes from CMS and Med-QUEST.

Effective Jan. 1, 2021, e-visits, and remote patient monitoring for commercial plans won’t be separately reimbursed. We will continue to temporarily cover audio-only check-ins for commercial plans, which allows a patient to have a brief phone visit with their provider through the end of the public health emergency (PHE).

10. Can I see all of my HMSA members using Online Care?

Yes. You can see all of your patients who are HMSA members using Online Care. HMSA members and nonmembers may use Online Care when in Hawaii. They must register and accept the terms and conditions of the Patient User Agreement before accessing Online Care.

Online Care is available for all HMSA lines of business including PPO, HMO, HMSA QUEST Integration, and Medicare Advantage. Referrals aren’t required for any health plan.

11. Are there out-of-pocket costs for my patient for telehealth services?

On Jan. 1, 2021, **regular cost share and deductibles will apply for telehealth resources for commercial members. For now, the zero cost share benefit has been extended for Fed87 plan members.**

Medicare Advantage and QUEST Integration members will continue to have zero cost share as part of their 2021 plan for all telehealth services including e-visits and remote patient monitoring. Audio-only visits will be covered through the end of the PHE, as permitted by CMS. We’ll monitor for coverage changes from CMS and Med-QUEST.

There are several employer groups who are not fully insured and/or set the benefit rules for how their plans operate. **You’ll still be able to collect the member cost share for these members.** HMSA will modify our claims processing to continue to apply cost sharing for them. You’re now able to determine which patients fall under this category using HHIN.

12. Is member cost share waived during this emergency period for nonparticipating providers?

For telehealth visits, virtual check-ins, and e-visits, all cost sharing and deductibles are waived for Medicare Advantage members who use services from participating and nonparticipating providers.

13. I’m in the HMSA Payment Transformation Program for primary care providers. Will I get reimbursed separately for virtual visits?

We developed the payment transformation program to allow providers the freedom to practice in the way they feel is best suited to treat their patients. The ability to use any appropriate telehealth modality has been a part of payment transformation from the beginning. The global payment that you receive already covers the use of telehealth and you won't receive additional compensation.

14. I don't have a telehealth platform. How can I conduct a telehealth visit?

Providers who are interested in participating with Online Care can email HOCinfo@hmsa.com.

15. Are there new billing codes that I should use for virtual visits?

The latest billing codes can be found in the [COVID-19 Coding Guide](#).

16. Do I need to use Online Care to offer telehealth services to my patients?

No, Online Care is just one of several options that you can use to deliver telehealth services to your patients.

To find information on telehealth for providers:

- Go to hmsa.com.
- Click Providers in the What you need to know box. That will take you to the Provider Resource Center, where we've posted important information about telehealth.

[Click here](#) for more information and a list of FAQs from the Centers for Medicare & Medicaid Services.

HMSA Akamai Advantage® is a PPO plan with a Medicare contract. Enrollment in HMSA Akamai Advantage depends on contract renewal.

Amwell® is an independent company providing hosting and software services for HMSA's Online Care platform on behalf of HMSA.

eviCore is an independent company providing utilization management services on behalf of HMSA.