

Local and National Telehealth Guidelines

Payer Policy is FLUID!!!!

You must Verify Benefits!!! Ask these questions:

- Are physical therapists eligible for telehealth payment?
- If so, Which CPT codes be completed via telehealth?
- What modifiers are required? Do I need to use a modifier (GT, 95) or place of service code (02)?
- Does the payment rate match the currently contracted in-office rate?
- Are there any restrictions on the location of the physical therapist or the patient?
- Can PTAs provide telehealth?
- What device(s) or application(s) can be utilized?
- What, if any, consents are required?
- Are there any special documentation requirements?

Updated 3/27/2020

Local Telehealth Updates

Local Telehealth Updates					
Insurer	Billing Codes	Modifiers & POS ***	Co-Pay/Co-insurance	Reimbursement	Notes
BCBS of WI	Evaluation ONLY CPT: 97161, 97162, 97163	Mod: CR POS: "02"	Waiving all cost-sharing: Co pay, co-insurance, deductibles.	Payment parity at contracted rates	Consider if doing an evaluation- how will you deliver any intervention?
Children's Community Healthplan	E-Visits Only	Verify			
CIGNA	Evaluation ONLY CPT: 97161, 97162, 97163 And 97110	Mod: CR POS: "02"			
Humana	No Clear Guidance				
Network Health Plan	E-Visits Only	Verify			

Prevea 360	97000 Codes	Verify			
Quartz Health Plan	97000 Codes	Mod: CR POS: "02"			
Security Health Plan	97000 Codes	Mod: CR POS: "02"			
WEA	97000 Codes along w/GT modifier are covered *Location-as long as there is video & audio/face-face *Codes 98970,98971, 98972 are non covered *Copays & co-insurance need to be collected *No other exclusions	Mod: CR POS: "02"			
WPS	97000 Codes	Verify			
United Healthcare	97000 Codes See notes	Mod: GT POS: "02"		Contracted Rates	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 Therapeutic procedure, one or more areas, each 15 minutes Physical Therapy 97535 Self-care/home management training, each 15 minutes
WI Medicaid	Medicaid Approved	Mod: CR POS: "02"			Per Dr Steven Tyska – DHS Medical Director stated on 3/27/20 via call with Lynn Steffes, PT, DPT the Medicaid Therapy Telehealth is being addressed along with several others.

	CPT Codes for Telehealth				In the interim- do NOT withhold care from Medicaid recipients that can be properly managed via telehealth. Bill the Medicaid approved therapy codes for services. Use the telehealth modifier.
WI Worker's Comp					In Wisconsin there is no provision in our law, ch. 102. Wis. Stats. or administrative rules, chs. DWD 80 and DWD 81 that address telemedicine or telehealth. Treatment in the form of telemedicine/telehealth to injured employees is compensable under out law if the treatment is required to cure and relieve an employee of the effects of a work-related injury and is a reasonable expense. Per e-mail to Lynn Steffes, PT, DPT from DWD Monday March 23 rd , 2020.
Align	Telehealth 97000	Verify			
Homelink	Telehealth 97000	Verify			
MedRisk	Telehealth 97000	Verify			
One Call	Telehealth 97000	Verify			
Medicare	e visits G2061 G2062 G2063	Mod: CR POS: "11 or 12"	Deductible/Co- ins apply	G2061: \$12.27 G2062: \$21.65 G2063: \$33.92	<ul style="list-style-type: none"> No new evals but can do follow ups and new injury to different body part 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." Per CMS, "E-Visits" differ from "Telehealth Visits," which encompass any "office, hospital visits and other services that generally occur in-person." PTs, OTs, and SLPs still are not included in the list of providers who are eligible to conduct Telehealth Visits under Medicare. https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
Aetna	e-visits G2061 G2062 G2063	Mod:CR? POS:	Waiving all cost sharing		http://www.apta.org/PTinMotion/News/2020/03/18/CoronavirusUpdateMarch19/ accessed March 19, 2020: Major commercial insurer Aetna announced that it would require no co-pay on telemedicine visits for any reason for 90 days—and would allow PTs to bill for e-visits consistent with the recent e-visit waiver policy announced by CMS. Collaborative efforts between APTA and Aetna led to the change and inclusion of PTs. All Aetna policy changes are retroactive to March 9. The Aetna e-visit approach is slightly different expanded from the CMS system, in that it allows PTs to bill for either codes associated with evaluation and management (98970, 98971, 98972) or as well as for assessment and

					management (G2061, G062, and G2063). CMS only allows PTs to bill for the G codes. Providers should check with Aetna's provider page for updates and changes.
TriCare					<p>Coronavirus Disease (COVID-19) and TRICARE's telemedicine benefit. March 18, 2020 **Update: If a beneficiary meets all other criteria for a covered service for speech therapy and for continuation of PT/OT, (but not initiation of PT/OT), it is covered using telemedicine, using any coding modifiers as you would for a TRICARE network provider office visit.</p> <p>https://www.humanamilitary.com/provider/education-and-resources/quick-access/policy-updates-and-alerts/covid-19-telemedicine-031320</p>
TriCare West					