

**MICHIGAN TELEHEALTH
STATE AND NATIONAL**

REMINDER: Always check with the payer as benefits and policies continue to change and it is your responsibility to stay updated. We are readily working on updated posts as they are received to assist our members and profession.

| INSURANCE TYPE | BILLINGCODES | POS MODIFIERS | REIMBURSEMENT | CO-PAY CO-INSURANCE | ADDITIONAL NOTES |
|----------------------|---|--|---|---|--|
| Medicare/ NGS | <p>CPT codes 98966-98968. This APTA quick guide can help you learn more about telephone assessment and management services.</p> <p>CPT codes 97161- 97164, 97110, 97112, 97116, 97150, 97530, 97535, 97542, 97750, 97755, 97760, and 97761. See the full list of codes eligible to be furnished and billed via telehealth under Medicare.</p> | <p>Place of Service code equal to what it would have been had you furnished the service in person; (11 vs 02)</p> <p>Modifier 95, indicating that you did indeed perform the service via telehealth; and the GP modifier.</p> | <p>Telehealth visits are paid at same rate as in-person visit.</p> <p>APTA MPPR Fee Schedule Calculator or CMS Physician Fee Schedule Look-Up Tool.</p> | <p>Yes During the crisis you will not be sanctioned if you choose to provide a waiver, but Medicare will not be responsible for the amount.</p> | <p>Can PT/OT/SLP providers perform and bill services via telehealth?</p> <p>Answer: YES! On April 30, 2020 CMS approved Telehealth retroactive March 1, 2020 - the duration of public health emergency. This is inclusive of services provided from the clinic site or at the home of the therapist.</p> <p>New guidance issued by CMS APTA's Defensible Documentation resources. APTA's implementing telehealth in your practice webpage.</p> <p>On May 5, APTA confirmed that this policy only applies to PT Private Practice Settings. Hospitals can bill for telehealth services if the hospital registers the patient's home as a temporary expansion location. Home Health Agencies cannot bill for telehealth services.</p> <p>UPDATE 5/27/2020 Outpatient therapy services that are furnished via telehealth, and are separately paid and not included as part of a bundled institutional payment, can be reported on institutional claims with the "-95" modifier applied to the service line.</p> <ul style="list-style-type: none"> • Hospital – 12X or 13X (for hospital outpatient therapy services); • Skilled Nursing Facility (SNF) – 22X or 23X (SNFs may, in some circumstances, furnish Part B physical therapy (PT)/occupational therapy (OT)/speech-language pathology (SLP) services to their own long-term residents); |

| | | | | | |
|--|---|--|--|--|--|
| | <p>e visits G2061 G2062 G2063 G2010, G2012 98970, 98971, 98972</p> | | | | <ul style="list-style-type: none"> • Critical Access Hospital (CAH) – 85X (CAHs may separately provide and bill for PT, OT, and SLP services on 85X bill type); • Comprehensive Outpatient Rehabilitation Facility (CORF) – 75X (CORFs provide ambulatory outpatient PT, OT, SLP services); • Outpatient Rehabilitation Facility (ORF) – 74X (ORFs, also known as rehabilitation agencies, provide ambulatory outpatient PT & SLP as well as OT services); and • Home Health Agency (HHA) – 34X (agencies may separately provide and bill for outpatient PT/OT/SLP services to persons in their homes only if such patients are not under a home health plan of care). <p>PT/OT/SLP providers may also perform e-visits (G2061-G2063) via patient portals, see the Medicare Telemedicine Health Care Provider Fact Sheet, which may be especially helpful to their patient communities during this healthcare emergency period.</p> <ul style="list-style-type: none"> • 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. • G2012: Virtual Check-in for telephone communication • G2010 for remote review of video or images • G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment |
|--|---|--|--|--|--|

| | | | | | |
|--|--|--|--|--|--|
| | | | | | <ul style="list-style-type: none"> • G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion • G2061: 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; 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 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 • 98970: Qualified non-physician healthcare professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes • 98971: Qualified non-physician healthcare professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11–20 minutes • 98972: Qualified non-physician healthcare professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes <p>These codes can now be billed by physical therapists and occupational therapist, not by physical therapist assistant (PTA) or occupational therapy assistant (OTA). Per CMS 4/9/20</p> |
|--|--|--|--|--|--|

| | | | | | |
|--|--|--------------------------------------|---------------------------------------|--|--|
| <p>BCBS MI BCN</p> <p>PT/OT</p> | <p>97000</p> <p>*see updated postings regarding codes covered at no cost during Covid 19</p> | <p>02 POS</p> <p>GT/ 95 Modifier</p> | <p>Contracted rates</p> | <p>Per member policy.</p> <p>Pre-auth requirements unchanged.</p> <p>see post below this chart for co-pay and co-insurances waived</p> | <p>April 7, 2020. Telehealth services provided 2/1/2020 and forward. Eligible providers (BCBSM Telemedicine Services Policy) may provide and bill for telehealth services. This applies only to subscribers with telehealth listed as a benefit in their policy and normal patient cost sharing applies.</p> <p>All Blue Cross’ PPO, Medicare Plus Blue, BCN HMO and BCN Advantage members have coverage for telemedicine visits with in-network providers – (Telehealth for Medical Providers BCBSM document April 3, 2020)</p> <p>UPDATES: Please see the 5 BCBSM publications posted below this chart. Note start and stop dates that vary per posting.</p> |
| <p>CIGNA</p> | <p>See 97000 Codes</p> | <p>POS 11</p> <p>95.modifier</p> | | | <p>QUESTION: Will Cigna allow for physical, occupational, and speech therapists to provide virtual care?</p> <p>Yes. PT/OT/ST providers can now deliver virtual care for any service if it is on their current fee schedule and if CMS covers it virtually. We have removed the previous guidance that only a select number of codes on the fee schedule could be billed. PT/OT/ST providers should also submit virtual claims with a GQ, GT, or o5 modifier and a face-to -face place of service code e.g. POS 11.</p> <p>Important notes</p> <ul style="list-style-type: none"> • While we encourage PT/OT/ST providers to follow CMS guidance regarding the use any specific software program at this time. • We maintain all current medical necessity review criteria for virtual care at this time. • Our national ancillary partner American Specialty Health (ASH) is applying the same virtual care guidance, so any provider participating through ASH and providing PT/OT services to Cigna customers is covered by the same guidance <p>Provider Update - Select Provider FAQs and then Virtual Care to see information about PT services</p> <p>https://static.cigna.com/assets/chcp/resourceLibrary/medicalResources/List/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html</p> |
| <p>HUMANA</p> | <p>97162, 97163, 97163, 97164,</p> | <p>Modifier 95</p> | <p>See notes for policy reference</p> | <p>See notes waivers apply</p> | <p>To enable such claims processing, Humana strongly recommends that a provider submit a charge for a <i>telehealth</i> service with the place of</p> |

| | | | | | |
|--|--|--|------------------------------|---------------------|--|
| Medicare Advantage, Commercial and Medicaid | 97165, 97166, 97167, 97168, 97110, 97112, 97116, 97535 See specific Humana claims policy for additional codes | See Notes | and reimbursement amounts | in certain settings | service (POS) code that would have been reported had the service been furnished in person. https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/pa-covid19-updates.html Policy number: CP2020002 Related Policies: Telehealth Services Multiple references available in this policy. |
| PRIORITY HEALTH | Routine practice codes | POS 02 Possible use 95 or GT modifiers on UB 04 - clarify | Standard Facility Based Rate | Per member policy | March 26 – June 30, 2020 Temporary UPDATE: Policy update 7/1/2020. Continued payment May 1, 2020 – 12/31/2020. Link to the policy update: visit our COVID-19 Provider Information Center . Any credentialed provider can conduct a telemedicine visit when performed in real time with an interactive video tool and billed with POS 02 (may need modifier GT or 95 if facility). What's Not Included: * use codes that specify in-person or describe services that can only be performed in-person. * bill for services you are not contracted to provide * perform services outside your scope of practice, licensing or credentialing. |
| Michigan MEDICAID | 97110, 97112, 97116, 97161, 97162, 97163, 97164, 97530 | POS 02 GT Modifier | | | MDHHS Bulletin May 5 – Telehealth services are covered temporarily effective March 1, 2020 until further notice from MDHHS. Hospitals and Rehab Facilities can bill using the GT Modifier. |

| | | | | | |
|-----------------------|--|------------------------|---|----------------------|--|
| | 97535, 97760, 97761, 97763 | | | | |
| Meridian | 97162, 97163, 97163, 97164, 97165, 97166, 97167, 97168, 97110, 97112, 97116, 97530, 97535, 97660, 97761, 97763 | Follows MDHHS bulletin | See notes and policy Follows MDHHS effective March 1, 2020 until further notice. | See notes and policy | This policy supplements the existing physical therapy, occupational therapy, and speech therapy services policy. All current therapy referral, prior authorization, and documentation requirements, standards of care, and limitations remain in effect regardless of whether the service is provided through telemedicine. Documentation of evaluation, re-evaluation, performance and treatment elements that typically require hands-on contact for measurement or assessment, must include thorough description of how the assessment or performance findings were established via telemedicine. This includes but is not limited to such elements as standardized tests, strength, range of motion, and muscle tone. All telemedicine therapy services will count toward the beneficiary's therapy service limit <u>FQHC/RHC/THC Considerations</u> Physical Therapy, Occupational Therapy and Speech Therapy, when provided in accordance with this policy, using both audio and visual modalities, will be considered face-to-face and will trigger the Prospective Payment System (PPS)/All Inclusive Rate (AIR) if the service billed is listed as a qualifying visit. <u>School Based Considerations</u> School Based Services (SBS) and Caring for Students (C4S) Physical Therapy and Occupational Therapy services, as outlined in this policy, will also be allowed via telemedicine. These services must meet all other telemedicine policies as outlined. |
| PT/ OT | | | | | |
| Speech Therapy | See policy for ST codes | | | | |
| Align | Telehealth 97000 | Verify | | | |
| MedRisk | Telehealth 97000 | Verify | | | https://www.medrisknet.com/news/medrisk-expands-telerehab-services-to-help-prevent-spread-of-coronavirus/ |
| One Call | Telehealth 97000 | Verify | | | |

| | | | | | |
|--|---|---|-------------------------|---|---|
| <p>HAP</p> <p>PT/OT as appropriate</p> | <p>97161 - 97167, 97110, 97116, 97112, 97535,</p> | <p>Modifier 95 for HAP commercial and HAP Senior Plus,</p> <p>Modifier GT for HAP Midwest</p> | <p>Contracted rates</p> | <p>Per member policy.</p> <p>Authorizations need to be verified</p> | <p>UPDATE Coverage Extension</p> <p>Telehealth services cost-sharing waiver</p> <p>We've extended the cost-sharing waiver for telehealth services through the end of the year. All cost-sharing is waived for HAP's individual, fully-insured employer group, Medicare, Medicaid and MI Health Link members using telehealth services through December 31, 2020, even if the service is not related to COVID-19.</p> <p>Self-insured employer group customers control their own health benefits, and HAP is working with its self-insured customers to determine how they will cover telehealth services.</p> <p>HAP will waive all member cost-sharing for telehealth visits for its Medicare Advantage members through the end of the year. This means that HAP Medicare Advantage members will not be charged any copays, deductibles or co-insurance for telehealth visits made through December 31, 2020, even if it is unrelated to COVID-19.</p> |
| <p>United Healthcare</p> | <p>97000 Codes See notes</p> | <p>Mod: 95 POS: 11</p> | | <p>Contracted Rates</p> | <p>https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-pt-ot-st.html</p> <p>March 18, 2020 until June 18, 2020.</p> <p>Cost sharing will be waived for in-network telehealth services for PT/OT/ST services for Medicare Advantage, Medicaid, Individual and fully insured Group Market health plan members, with opt-in available for self-funded employers.</p> <p>UnitedHealthcare will reimburse eligible codes on a CMS 1500 form, using the place of service (POS) that would have been reported had the services been furnished in person, along with a 95 modifier, or on a UB04 form with revenue code 780.</p> <p>State laws and regulations apply. Benefits will be processed in accordance with the member's plan.</p> <p>Quick Reference Guide Current as of 7/1/2020</p> |

| | | | | | |
|---|---|--|-----------------------------------|--|--|
| AETNA (CVS HEALTH/AETNA) | 97161-97164, 97110,97112, 97116,97535, 97760,97761 | Modifier GT UB 04 users – modifier GT or 95 | Contracted rates | See notes - verify | <p>Effective through June 4, 2020. Services provided for telehealth must be in real-time via audio-visual means.</p> <p>Aetna will also continue its policy that reimburses PTs for the provision of e-visits, virtual check-ins, and telephone services. The use of the GT or 95 modifier is not required for e-visit CPT codes (98970, 98971, 98972), the store-and-forward code (G2010), virtual check-in codes (G2012), and telephone assessment CPT codes (98966, 98967, 98968). Visit Aetna's provider website and follow instructions for accessing detailed policy information on the provider portal.</p> <p>For the next 90 days, until June 4, 2020, Aetna will waive member cost sharing for any covered telemedicine visit – regardless of diagnosis.</p> |
| TriCare | 97000 Codes | | | | <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> |
| Paramount | 97110,97112 97116, 97161,97162 97164 Medicaid Advantage *refer to additional notes for specifics per Paramount product | POS: 02 Modifier GT May need specific ICD 10: B97.29, U07.1, Z20.828 *refer to additional notes for specifics per | *refer to additional notes ... | *refer to additional notes.... Some waivers in place | <p>All modifications are effective on the date indicated and will expire on the earlier of the expiration of the applicable state of emergency or May 31, 2020 (unless indicated otherwise).</p> <p>Update July 14, 2020 – Elite product line: Telehealth services will be covered through August 31 or the end of the state of emergency.</p> <p>COVID-19 EMERGENCY REIMBURSEMENT Paramount updates Telehealth Services-COVID-19 ADVANTAGE 5-1-2020 Telehealth Services-COVID-19 ADVANTAGE 6/28/2020</p> <p>Telehealth Services-COVID-19 ELITE 7/14/2020 – Telehealth coverage is extended through 8/31/20 or the end of the emergency declaration, whichever is earlier.</p> |

| | | | | | |
|--|--|-------------------|--|--|--|
| | | Paramount product | | | |
|--|--|-------------------|--|--|--|

Additional questions to consider:

Are you an eligible provider? Does member have Telehealth benefits?

What CPT codes are reimbursed by insurance and at contracted rate?

Which providers are reimbursed – PT? PTA? OT?

Special requirements regarding audio-visual equipment and transmission?

Location requirements for the patient? provider?

Documentation requirements? Consent forms?

Did the provider verify and confirm accuracy and potential updated information by insurance?

The information is for discussion and informational purposes only and should not be considered legal advice on any subject matter.