



SelectHealth Provider Update: COVID-19 (novel coronavirus)

April 23, 2020

Updates on **Interim** Telehealth Billing and Coding

SelectHealth has temporarily expanded Centers for Medicare & Medicaid Services (CMS) coverage for telehealth services (see definitions on [page 2](#)) and reimbursement for dates of service beginning **March 1, 2020**, as follows:

- > **SelectHealth Advantage® (Medicare) and SelectHealth Community Care® (Medicaid/CHIP):** Coverage and reimbursement for telehealth services reflect newly released CMS and Utah state regulations.
- > **Individual and fully insured commercial plans:** Coverage for telehealth services will include existing services plus expanded CMS guidance.
- > **Federal Employees Health Benefit (FEHB):** Coverage and reimbursement mirror commercial plans.
- > **Self-Funded plans:** Coverage for self-funded plans may differ from commercial; please check with Member Services at **800-538-5038** for specifics.

We expect this temporary change to end mid-June, although we will continue to monitor the situation as the current COVID-19 crisis continues to change.

WHAT ARE THE COVERED TELEHEALTH BILLING CODES FOR MEDICARE, MEDICAID, AND COMMERCIAL PLANS?

Reimbursable telehealth codes are limited to those listed in [Interim Telehealth Billing Codes](#) specific to each line of business. When billing for these services, please note:

1. Requirements on e-visit codes have been loosened to allow either established or new patients to be billed using those codes.
2. Billing for telehealth services specific to remote patient monitoring can also be used on new patients.
3. Evaluation and management (E&M) services provided via telehealth can be based on medical decision making and time; we have removed requirements for physical exam and history.
4. **These are interim measures ONLY:** Our [Telehealth Policy](#) will serve as the foundation of our coverage and reimbursement policy after the pandemic.

HOW DO I QUICKLY ACCESS INTERIM BILLING CODES?

Access relevant coding information by opening and downloading the complete list of [Interim Telehealth Billing Codes](#). On the first page of that document, you can **choose any category** that fits the services you provide; clicking on that category takes you to the relevant portion of the coding table.

WHAT PLACE OF SERVICE AND/OR MODIFIERS APPLY?

For commercial, FEHB, and Medicare plans, bill using the CMS 1500 form with the place of service that would be equal to a face-to-face visit. Additionally, append the “95” or “GT” modifier to indicate that the service was performed via telehealth. **Note:** If billing place of service “02” (Telehealth), claims will be paid but at the lower, existing fee schedule amount.

For Medicaid, continue to bill using the CMS 1500 form with the place of service “02” (per Utah state guidance).

HOW DOES THIS CHANGE IMPACT REIMBURSEMENT FOR TELEPHONIC, DIGITAL, AND E-CPT CODES?

Telephonic, digital, and e-CPT codes are reimbursed per the existing plan fee schedule based on the codes specific to those services. However, coding with place of service equivalent to a face-to-face visit offers a higher rate than the traditional “02” place of service during this time frame **ONLY** for commercial, FEHB, and Medicare plans. Medicaid already pays at a higher rate.

DO I NEED TO RESUBMIT TELEHEALTH CLAIMS BILLED AS SITE OF SERVICE “02”?

Yes, EXCEPT for Medicaid claims (no change needed).

To be reimbursed at a higher rate, commercial, FEHB, and Medicare claims already submitted for dates of service beginning **March 1, 2020**, will need to be resubmitted with the site of service changed to what is equivalent to a face-to-face visit.

Any commercial, FEHB, or Medicare claims with the “02” site of service will be paid; however, the reimbursement rate will reflect the lower, existing fee schedule amount.

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COVID-19 Provider Update, Continued

WHAT TYPE OF DOCUMENTATION IS REQUIRED FOR TELEHEALTH SERVICES?

For telehealth services, document:

- > That the patient has given at least verbal consent to a telehealth visit
- > Within the encounter if using FaceTime, Skype, or other non-secure format
- > Total length of visit and that more than 50% of the encounter was spent counseling/coordinates care (if applicable)
- > A description of the counseling or coordination of care topic if using time to level the service
- > A summary of counseling or coordination of care (e.g., differential diagnosis, active diagnosis, prognosis, risks, treatment benefits, instruction, compliance)

Telehealth Definitions

- > **Synchronous audio/visual (a/v) communication:** Two-way video conferencing or communication that allows participants to interact with each other in real time online.
- > **Asynchronous communication:** Exchange of information where patient and provider do not communicate concurrently as with synchronous a/v communication.
- > **Telehealth visit:** Face-to-face encounter via synchronous audio-video communication. Document patient consent and that visit conducted via audio-visual communication.
- > **Telephonic evaluation & management (E&M) services:** Communication by telephone only (patient initiated). Document patient consent and that visit conducted via audio ONLY.
- > **Virtual check-in:** Brief communication via telephone, audio-video, secure text, or patient portal (typically patient initiated). Document patient consent.
- > **E-visit:** Interaction between patient and provider via an online secure portal (includes synchronous chat and asynchronous communication).

DISCLAIMER:

The information and updates contained in this communication reflect current knowledge and policy for the date indicated. Information evolves on a day-to-day basis during the COVID-19 pandemic. SelectHealth will provide updates with additional information as it becomes available from providers, state officials, federal officials, etc.

WHO CAN PROVIDE THESE SERVICES?

Telehealth services must be provided by qualified healthcare professionals using interactive audio and/or video technology. Benefits will be processed according to the member's plan.

CAN A MEDICARE ANNUAL WELLNESS VISIT (AWV) BE COMPLETED VIA TELEHEALTH?

Yes. AWVs can be completed as video visits with only patient-reported vital signs being documented and can be scheduled without waiting a full calendar year. We recommend not using telehealth for annual preventive exams as comprehensive physical exams cannot be done by video visit.

Per CMS and the Department of Health and Human Services (HHS), addressing **Hierarchical Condition Category (HCC) conditions** via video visits requires only one element of MEAT (Monitor, Evaluate, Assess, or Treat) for verification. For those with plans purchased from the Affordable Care Act (ACA) Exchange, HCCs may be captured as part of a routine office video visit. SelectHealth will pay for Value-Based Care forms completed as part of a video visit.

Standard office visits E&M codes (99212-99214) can be used for SelectHealth Advantage in conjunction with an AWV **IF** a new problem is addressed **OR** an established patient's treatment plan change is clearly documented.

WHEN WILL THIS EXPANDED COVERAGE END?

This change is currently effective **for dates of service, beginning March 1, 2020**. SelectHealth expects this temporary change to end mid-June, although we will continue to monitor the situation as the current COVID-19 crisis continues to change.