

Medical Providers using CMS 1500 Professional Claims Telemedicine Training Webinar

9/1/20

STAKEHOLDER QUESTIONS AND ANSWERS

This document contains answers to questions posed by stakeholders at the Medical Providers using CMS 1500 Professional Claims Telemedicine Training. Answers provided are reflect information that is current as of November 1, 2020

1. Where can I find the explanation that Medicaid is now covering the telephone codes.

On the Department's [Provider Telemedicine web page](#) telephone codes would be listed as part of the 120 or approximately 130 codes that are available.

2. When were telephone codes added to the list?

The telephone only codes were added in May 2020

3. Is there a different service code if the client is not in office but the therapist is? Is the service code still telehealth or office?

Whatever service the provider renders is the service that they will bill. The service code depends on the modality by which the service is rendered, either telemedicine or in-person (use place of service where both the rendering provider and the patient were at). It does not change if the client is in the office if you are rendering the service by telemedicine modality and the procedure code is one of the [approximately 130 that are currently allowed](#).

4. For claims issues, can we contact someone other than customer service? We are seeing authorization denials for codes that do not require an authorization. The only change is the POS of 02.

Resolve claims issues through the Gainwell (formerly DXC) customer service line at 1-844-235-2387. The authorization issue should now be resolved.

5. How will the requirement for separate NPI numbers for each location work with telehealth? Do we need to add a separate unique NPI for location 02? What physical address do you suggest using in setting up the new NPI and will that address be utilized in any directory? Are telemedicine policies are built on the idea that it is a temporary modality for an existing office?

When a provider is rendering a service via telemedicine from a location that is not their office location, you should use the NPI of the office where that provider is affiliated as the billing provider's NPI.

6. Where can I find the written guidance around the use of the telephone codes 99441-99443 and 98966-98968

The guidance is in the CPT books. Consult with your billing staff or the coding specialist at your practice. We require that providers use correct coding which means they would use the code that is described in the CPT description.

7. Regarding having the client initiate the telehealth visit, there are children at our facility whose parents are not present for their session of Applied Behavior Analysis. We have our RBTs set up the telehealth visit with the parents, the child, and the provider. Is this okay since we do not have the parents on site to initiate the call?

Yes. We expect the responsible person there to initiate the call. We do not expect children to initiate a call.

8. Is it correct that we cannot bill a Q3014 code unless we have provided the patient with the technology to do telemedicine?

That is correct. The procedure code and policy were written assuming that the patient would be at a location that has the equipment for example, a critical access hospital or the area health education centers that were set up with telemedicine. Back in the early 2000's or a doctor's office was not sophisticated enough to have a dedicated line to a specialist or hospital. That was when the code was originally set up. The code is designed to reimburse whoever provided the that technology and equipment

Current review of the policy does not indicate any change in how the Department covers this code for practices that are providing portable equipment enabling a patient to connect with telemedicine.

9. Can we bill the Q3014 code when we are providing the equipment to the client and the provider is working from home but works at the same organization?

As answered in #8 above, current review does not indicate any change in how the Department covers this code. The coverage is for providing technology support to the client.

10. If the client visits our parking lot to use our Wi-Fi, but uses their own equipment, can we use the Q3014 code?

See #8 above. current review does not indicate any change in how the Department covers this code and the use of Wi-Fi is not the type of support the code covers.

11. Would the ER physician E & M codes be used if telemedicine services are provided? Would we use POS 02 and use the 95 Modifier?

The emergency E&M codes are not currently on our list of [codes covered when using the telemedicine modality](#).

12. If services are provided through a CCB/Community Centered Board, does that change anything?

For guidance on this question please refer to the following Department publications:

- [OM 20 - 046](#) - Updated: Changes to Benefits and Services in Response to COVID-19
- [OM 20 - 075](#) - UPDATED CASE MANAGEMENT OPERATIONAL CHANGES IN RESPONSE TO COVID-19
- FAQ - <https://www.colorado.gov/hcpf/long-term-services-and-supports-covid-19-response>

13. .H0005 is not included as a billable code via telehealth. When will this code start being denied?

As of October 22, 2020, H0005 has not been approved for delivery via telemedicine.

14. Is billing modifier 95 with place of service 11 appropriate rather than using place of service 02?

No. To identify telemedicine services or services rendered by telemedicine the Department requires that you use place of service 02. You can add modifier 95; it will not change anything.

15. At what point will there be denials based on Place of Service telehealth? We have T2019 services provided by telehealth as well and that one's not listed either.

This code is not for physician services so the place of service restrictions on professional fee claims are not enforced October 22, 2020.

16. Is Telehealth modality impacting client progress? So far, seems the state is tracking delivery quantity and nothing else?

Because the widespread adoption of telemedicine delivery is recent, the Department has not yet been able to measure outcomes. There are plans to look at health outcomes for clients and adjust policy accordingly.