

Telehealth/Telemedicine and Telephone Call Frequently Asked Questions

Q1: What is the difference between telehealth services and telephone calls?

A1: Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology. Telephone calls, which are considered audio transmissions, per the CPT definition, are non-face-to-face evaluation and management (E/M) services provided to a patient using the telephone by a Physician or Other Qualified Health Care Professional, who may report evaluation and management services.

*Please note, telehealth and telephone only services are covered according to the temporary reimbursement policy.

Q2: What changes has ConnectiCare made to its telehealth reimbursement policies as a result of the COVID-19 public health emergency?

A2: ConnectiCare is temporarily waiving the Centers for Medicare & Medicaid Services (CMS) and state-based originating site restrictions, where applicable and permitted, for Medicare Advantage and comprehensive medical commercial members for in-network providers. Health care providers will be able to bill for telehealth services performed while a patient is at home. This change will apply immediately and be effective until May 31, 2020. It may be effective longer under subsequent written guidance, if it's determined necessary.

By removing the originating site requirement, ConnectiCare has broadened access to telehealth services. Telehealth services will be reimbursed based on national reimbursement determinations, policies and contracted rates as outlined in a care provider's participation agreement.

The policy changes apply to members whose benefit plans cover telehealth services, and allow those patients to connect with their doctor through live, interactive audio and video visits. Reimbursement will be the same as if the visit was face-to-face. Cost share is waived for telehealth visits during this public health emergency for most plans.

Q3: Do the reimbursement policy changes require me to bill differently?

A3: Yes. Prior to Public Health Emergency temporary change, telehealth services were required to be billed with POS 02 to identify them as telehealth services. We are suspending this requirement. In order to identify telehealth or telephone services that were historically performed in the office or other in person setting (E.g. POS 11, 19 and 22) a modifier GT or 95 (or GQ for Medicaid) must be used. Place of Service 02 will reimburse at traditional telehealth rates.

Q4: Why is ConnectiCare changing its reimbursement policy requirements to allow members to receive telehealth services in their homes?

A4: This change is to help reduce potential exposure to COVID-19 and make it even easier for members to connect with their health care provider. We encourage members, if

they exhibit symptoms of COVID-19, to seek medical care through their primary care physician.

There is no change to the type of care provider who may submit claims for telehealth services. ConnectiCare follows CMS's policies and state mandates on the types of care providers eligible to deliver telehealth services.

These care providers include, but are not limited to:

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists
- Registered dietitian or nutrition professionals
- Clinical psychologists
- Clinical social workers
- Certified Registered Nurse Anesthetists

Q5: Will ConnectiCare reimburse me for providing telehealth services by telephone?

A5: Yes, while the use of audio-only telephone calls does not fall within the definition of telehealth under Connecticut law, ConnectiCare will reimburse telephone only services for both Medicare Advantage and commercial plans. To bill telephone only services, use 99441-99443. Refer to the Reimbursement policy for additional information. ConnectiCare will not reimburse for the technical fees or technical costs for the provision of telehealth services. Fax, text and electronic mail are not covered under telehealth.

Q6: During this time, can members receive telehealth services from any care provider?

A6: Members may continue to receive telehealth services from ConnectiCare's Virtual Visits providers, and can now also receive telehealth services from their care provider from home through interactive audio and video visits. This also includes urgent care providers. Member cost sharing and benefit plans may still apply, as well as any state or federal requirements regarding licensing or establishment of a doctor-patient relationship.

Q7: Can I render services to a new patient via telehealth?

A7: Yes, consistent with CMS we are extending the telehealth benefit to allow providers to see new patients. New patient codes require all three elements (history, exam and medical decision making) to be performed for new patient visit codes to be assigned. The exception to this is when coding is based on time. Per CPT guidelines if NO exam is performed the established patient codes should be used.

Q8: Can I perform a preventive service code 99381-99397

A8: No, for these services to be properly billed then a full preventive examination must be performed which is not able to be performed via telehealth. Please reschedule these in person preventive exam visits when it is safe to do so.

Last update: 04/02/2020