

## TELEHEALTH/E-VISIT QUICK REFERENCE GUIDE – April 14, 2020

PPTA TELEHEALTH/E-VISIT QUICK REFERENCE GUIDE	POS CODE	MODIFIER	CPT	REFERENCE/ADDITIONAL INFORMATION
GENERAL INFORMATION & RESOURCES				<a href="#">APTA info on Telehealth</a> <a href="#">APTA info on E-Visits</a> <a href="#">Info on state regulatory changes for telehealth, etc.</a> <a href="#">Novitas JL = CMS/Medicare Administrative Contractor</a>
<b>CMS/MEDICARE - E-VISITS</b> <b>(E-VISITS NOT CONSIDERED TELEHEALTH UNDER TRADITIONAL MEDICARE)</b> <b>UPDATED AND CORRECTED 4-14-20</b>	Place of billing 11 - office 12 - mobile/ home	CR and GP	<b>E-Visit:</b> <b>G2061</b> <b>G2062</b> <b>G2063</b>  <u>Virtual Visit:</u> <b>G2012</b>  <u>Telephone Assessment and Management Services:</u> <b>G2010</b>  <u>Remote Evaluation of Recorded Images/Video</u> <b>: 98966</b> <b>98967</b> <b>98968</b>	<a href="#">APTA E-Visit Page</a> <b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. CMS allowing E-Visits for PT; <b>however, there continues to be problems with whether or not they allow E-Visits via telephone or just via a patient portal. APTA advises to consider additional options of Virtual Visits, Telephone Assessment and Management Services and Remote Evaluation of Recorded Image/Video. <u>More information on these additional services can be found here.</u></b></li> <li>2. CMS regulation remains firm that PT/PTA is not an eligible provider of telehealth so the options in # 1 remain the only options under traditional Medicare and where specified for Medicare Advantage programs</li> <li>3. Institutional (UB04) billing has not been determined as yet; APTA recommends check with our MAC, Novitas JL to see if they are allowing institutional billing. PPTA Payment Specialist has contacted Novitas JL as well but has not received a reply as yet.</li> <li>4. <b>PTA's cannot provide E-Visits. More guidance is needed for whether a PTA can do Virtual Visits, Telephone Assessment and Management Services and Remote Evaluation of Recorded Image/Video.</b></li> </ol>
<b>MEDICARE – TELEHEALTH NO TELEHEALTH YET AVAILABLE</b>				<b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. CMS Memo of 3-30-2020 set out potential 97000 codes that can be used but this applied to other eligible telehealth providers and physician incident-to situations, not to PT as <b>PT continues to be classified by CMS as not an eligible provider of telehealth</b></li> </ol>

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<b>HUMANA MILITARY (TRICARE EAST)</b>	Use 02	1. Synchronous telehealth: Use GT for distant site and Q3014 for originating site 2. Asynchronous: Use GQ	Usual CPT codes	<a href="#">Telehealth Page</a> <a href="#">Humana Covid-19 Page</a> <b>* NOTE:</b> 2. If a beneficiary meets all other criteria for a covered service for continuation of PT/OT (but not initiation of PT/OT), or for speech therapy, services are covered using telemedicine, using any coding modifiers as you would for a TRICARE network provider office visit.
<b>TRIWEST</b>	Use 02	GT	Usual CPT codes	<a href="#">Main Page</a> <a href="#">Telehealth Page</a> <b>* NOTE</b> 1. If you are serving veterans through the Patient Centered Community Care (PC3) Program, you are allowed to use telehealth services to conduct virtual or phone appointments to reduce in-person visits to your office if you have an active authorization on file to conduct care. 2. Authorization is still required
<b>HEALTHNET FEDERAL SERVICES</b>	Use 02	1. Synchronous telehealth: Use GT for distant site and Q3014 for originating site 2. Asynchronous = Use GQ	Usual CPT codes	<a href="#">Telehealth Page</a> <a href="#">Main Coronavirus Page</a> <b>* NOTE:</b> 1. While APTA believes HNFS covers telehealth furnished by PTs (and possibly also PTAs), providers should contact HNFS directly to verify. 2. You may indicate "Signature not required – distance telemedicine site" in the required patient signature field on the claim form. Authorization is required. 3. An originating site fee may be billed if the patient is at a clinic or similar location and initiates the visit through secure equipment owned and located at that site.

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PA MEDICAID EARLY INTERVENTION (0-3)				<p><b>* Note:</b></p> <ol style="list-style-type: none"> <li>1. Telehealth allowed</li> <li>2. <a href="#">(see page 2 of the communication which lists the specifics for therapy)</a> Medicaid is supporting PT telehealth for Early intervention, ages 0-3 with billing using the normal codes used in face-to-face visits.</li> </ol>
PA MEDICAID AGES 4-ADULT				<p><b>* NOTE:</b></p> <ol style="list-style-type: none"> <li>1. Currently no telehealth or E-Visit coverage, except for school - based PT (see below) or Community Health (Managed Care) Plans</li> </ol>
MEDICAID SCHOOL- BASED SERVICES				<p><a href="#">Main Article</a></p> <p><b>* NOTE:</b></p> <ol style="list-style-type: none"> <li>1. Telehealth allowed via AV means</li> </ol>
MEDICAID COMMUNITY HEALTH PLAN/MANAGED CARE				<p><b>* NOTE:</b></p> <ol style="list-style-type: none"> <li>1. Contact the Community Health Plan/Managed Care company for telehealth coverage policy</li> <li>2. UHC – Follows the same policy updates as commercial for Medicaid</li> </ol>
HIGHMARK COMMERCIAL March 13 - June 13, 2020	Use 02	Use 95/GT	92035, 97110, 97112, 97116, 97161, 97162, 97163, 97164 97750	<p><a href="#">Main Link</a> <a href="#">Coding Link</a> <a href="#">Telehealth Reimbursement Policy</a></p> <p><b>* NOTE:</b></p> <ol style="list-style-type: none"> <li>1. Will also allow Athletic Training Evals and re-evals</li> <li>2. Current Utilization Management guidelines still apply</li> </ol>
HIGHMARK MEDICARE ADVANTAGE March 13 - June 13, 2020				<p>Follows “CMS guidelines”; CMS guidelines allow only for E-Visits by PT</p> <p><b>* NOTE:</b></p> <ol style="list-style-type: none"> <li>1. Highmark’s language allows billing of 97000 series codes for “telemedicine services”; however, this applies to providers other than PT’s that are eligible telehealth providers per CMS or during</li> </ol>

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				an incident-to situation in which the physician is directly supervising a PT
<b>AETNA COMMERCIAL March 26 - June 4<sup>th</sup>, 2020.</b>	Unclear on modifier; policy via Availity appears to indicate use 11 vs 02	GT /95	CPT codes 97161, 97162, 97163, 97164, 97110, 97112, 97116, 97535, 97755, 97760, and 97761	<a href="#">AETNA Provider Educational Manuals – COVID FAQ</a> <b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. To Access Aetna’s policy, you must log into AVAILITY, type Aetna Telemedicine and Direct Patient Contact in search box. Search brings up a 12-page article of which PT starts on page 6</li> <li>2. “Until further notice, Aetna will offer zero co-pay telemedicine visits for any reason to all Individual and Group Medicare Advantage members.” Should check with patients plan to confirm</li> <li>3. Aetna will pay for telehealth by institutional providers on a UB04 using GT or 95 modifier</li> </ol>
<b>AETNA E-VISITS March 26 - June 4<sup>th</sup>, 2020. CORRECTED 4-14-20</b>		No modifier	98970 98971 98972 <b>G codes for E-Visits: G2061 G2062 G2063</b>	Still allowed by PT in policy in addition to telehealth <b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. Aetna will pay for institutional providers performing E-Visits (UB04, 780)</li> </ol>
<b>AETNA MEDICARE ADVANTAGE UPDATED 4-14-20</b>				<b>*NOTE:</b> <ol style="list-style-type: none"> <li>1. <b>Following CMS guidance in which PT/PTA are not eligible providers of telehealth.</b></li> <li>2. <b>We do not yet know if they pay for E-Visits or other telephonic contact as yet</b></li> </ol>
<b>UNITED HEALTH CARE (UHC) COMMERCIAL March 18 - June 18<sup>th</sup> 2020</b>	Use “...the place of service that would have been reported had the services been	95	97161, 97162, 97163, 97164, 97110, 97112, 97116, 97530, 97535, 97750, 97755, 97760, 97761	<a href="#">UHC policy update</a> <a href="#">UHC coding</a> <b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. Will allow institutional billing UB04 with revenue code 780</li> <li>2. Requires real time audiovisual (synchronous telehealth) with acceptable technology (see policy)</li> <li>3. UHC Utilization management policies still apply</li> </ol>

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	furnished in person...”			<p>4. 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>5. UHC announced, as of 4-7-20, <a href="#">accelerated payments to providers and other financial resources as well as a whole list of provider resources regarding COVID-19 pandemic to help patients and providers.</a></p>
<b>UNITED HEALTH CARE (UHC) MEDICARE ADVANTAGE</b> <b>March 18 - June 18th 2020</b>				<p><b>* NOTE:</b></p> <ol style="list-style-type: none"> <li>1. Allows telehealth</li> <li>2. Policy for UHC MA program is the same as the commercial policy info as above</li> </ol>
<b>CIGNA COMMERCIAL</b> <b>Through 5-31-20</b>	Use 11 (Cigna states that using 02 may result in reduced payments)	GQ, GT, 95 (Note: APTA recommending GT unless limited by insurer policy)	97161-97168, 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507	<p><a href="#">Main Cigna provider COVID-19 resources</a>            (Scroll to and open “Provider Frequently Asked Questions for Coronavirus (COVID-19), then scroll to and open “Virtual Care Services”, then scroll to PT/OT/SLP information</p> <p><b>4-10-2020: From Cigna:</b></p> <p><b>Q: Will Cigna allow for physical, occupational, and speech therapists to provide virtual care?</b></p> <p><b>A:</b> 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 95 modifier and a face-to-face place of service code (e.g., POS 11).</p> <p><b>Important notes</b></p> <ul style="list-style-type: none"> <li>• While we encourage PT/OT/ST providers to follow CMS guidance regarding the use of software programs for virtual care, we are not requiring the use of any specific software program at this time.</li> </ul>

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				<ul style="list-style-type: none"> <li>We maintain all current medical necessity review criteria for virtual care at this time.</li> <li>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.</li> </ul> <p><b>Q: Which modifiers does Cigna accept for virtual care visits?</b>  <b>A:</b> Effective April 06, 2020, Cigna updated its guidance to allow modifiers GQ, GT, or 95 to indicate virtual care for all services. This further aligns with CMS and feedback from our provider partners. Also consistent with CMS, providers should bill their standard face-to-face place of service for virtual care (e.g., POS 11).</p> <p>This ensures providers can bill a typical face-to-face place of service for virtual care and receive the same reimbursement as they typically get for a face-to-face visit. Please note that billing a POS 02 for virtual services may still result in reduced payment or denied claims due to current Cigna system limitations...</p> <p><b>Q: Why can't providers bill with a POS 02?</b>  <b>A:</b> Billing a POS 02 for virtual services may result in reduced payment or denied claims due to current Cigna system limitations. Consistent with CMS guidance, billing a face-to-face place of service will ensure providers receive the same reimbursement as they typically get for a face-to-face visit.</p> <p><b>Q: How should providers bill us for virtual care?</b>  <b>A:</b> Providers can perform services for commercial Cigna customers in a virtual setting and bill as though the services were performed face-to-face. Providers should bill using the face-to-face codes on their fee schedule today, append the GQ, GT, or 95 modifier, and use the place of</p>

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				<p>service (POS) that would be typically billed if the service was delivered face to face (e.g., POS 11).</p> <p>If the virtual service is for COVID-19 screening, diagnosis, or treatment, providers should bill the appropriate ICD-10 codes to ensure there is no customer cost-share.</p> <p><b>Q: Can providers who typically deliver services in a facility setting perform virtual services?</b>  <b>A:</b> Yes. If a provider typically delivers face-to-face services in a facility setting, that provider can also deliver any appropriate service virtually consistent with existing Cigna policies. In these cases, providers should bill their regular face-to-face codes that are on their fee schedule, and add the GQ, GT, or 95 modifier to indicate the services were performed virtually. A provider should bill on the same form they usually do (e.g., CMS 1500) as when they provide the service face-to-face.</p> <p>For example, if a dietician or occupational therapist would typically see a patient in an outpatient setting, but that service is now provided virtually, that dietician or occupational therapist would bill the same way they do for that face-to-face visit – using the existing codes on their fee schedule and existing claim form they typically bill with (e.g., CMS 1500) – and append the GQ, GT, or 95 modifier.</p> <p>Similarly, if a cardiologist is brought in to consult in a face-to-face setting within a facility setting, that cardiologist can also provide services virtually billing a face-to-face evaluation and management (E&amp;M) visit (the same code[s] on their fee schedule and the same claim form [e.g., CMS 1500]). They would also need to append the GQ, GT, or 95 modifier to indicate the service was performed virtually.</p> <p>In all the above cases, the provider will be reimbursed consistent with their existing fee schedule for face-to-face rates.”</p> <p><b>*NOTE: ADDITIONAL CIGNA INFORMATION</b></p>

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				<ol style="list-style-type: none"> <li>1. Cigna will maintain all current medical necessity review criteria for virtual care at this time and will still require preauthorization where needed</li> <li>2. American Specialty Health/ASH: Reminder that in the above update from Cigna, it states that ASH is following the same guidance as posted by Cigna above.</li> <li>3. Cost sharing for telehealth waived through 5-31-2020</li> <li>4. No specific guidance on institutional billing as yet</li> </ol>
<b>CIGNA MEDICARE ADVANTAGE UPDATED 4-14-20</b>				<b>*NOTE:</b> <ol style="list-style-type: none"> <li>1. <b>Cigna Medicare Advantage is paying for telehealth; Details pending</b></li> </ol>
<b>INDEPENDENCE BLUE CROSS COMMERCIAL March 6 – June 4, 2020</b>	02	GT or 95	97161, 97162, 97163, 97164, 97165, 97166, 97167,97110, 97112, 97116, 97129, 97130, 97168, 97530, 97533, 9753	<a href="#">Main Policy Coding Link</a> <b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. Will pay for HH telehealth at Revenue Codes: 0420, 0421, 0422, 0424</li> </ol>
<b>INDEPENDENCE BLUE CROSS MEDICARE ADVANTAGE/KEYSTONE 65 March 6 – June 4, 2020 CORRECTED 4-14-20</b>				<b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. States that they follow CMS policy on telehealth and CMS eligible provider list but lists <b>G2061 – G2063</b> as “non-covered”</li> </ol>
<b>UPMC March 20 to June 15, 2020 CORRECTED 4-14-20</b>	11 or 12? – Not specified but this is what is used with Medicare E-Visits	CR? – Not specified but this is what is used with Medicare E-Visits	<b>G2061</b> <b>G2062</b> <b>G2063</b>	E-Visits only <a href="#">Provider Announcements Appendix A</a> <b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. No information on if institutional providers can bill this</li> </ol>

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<b>GEISINGER</b> Through June 15, 2020 <b>UPDATED &amp; CORRECTED</b> <b>4-14-20</b>				<a href="#">Provider updates then click on “Telehealth services”</a> <b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. April 13: Geisinger has removed <b>G2061 – G2063</b> from codes to be used during Coronavirus crisis.</li> <li>2. <b>Does allow Virtual Visit G2012 but unclear if PT can use this yet</b></li> </ol>
<b>HORIZON BCBS of NJ</b> <b>COMMERCIAL</b> (Eastern PA only) March 6 – June 4, 2020	02, 11	GT/95	97161, 97162, 97163, 97164 97110, 97530, 97535, 97129, 97130	<a href="#">Telehealth Reimbursement Policy, Commercial/ASO</a> <a href="#">Telehealth code set for Commercial</a> <b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. Cost sharing (copays etc) are waived</li> </ol>
<b>HORIZON BCBS of NJ</b> <b>MEDICARE ADVANTAGE</b> (Eastern PA only) March 6 – June 4, 2020	02	GT/95	97161, 97162, 97163, 97164 97110, 97530, 97535, 97129, 9713097112, 97116, 97750, 97760, 97761	<a href="#">Telehealth Reimbursement Policy, Medicare Advantage</a> <a href="#">Telehealth code set for Medicare Advantage</a> <b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. Horizon pays for telehealth under Medicare Advantage</li> <li>2. Cost sharing (copays etc) are waived</li> </ol>
<b>CAPITAL BLUE CROSS</b> (Western PA) <b>UPDATED 4-14-20</b>				<a href="#">Capital Blue Cross Link</a> <b>* NOTE:</b> <ol style="list-style-type: none"> <li>1. <b>COVID-19 page updated</b></li> <li>2. <b>Added PT/OT/SLP to list of eligible providers</b></li> <li>3. <b>Contracted providers can sign in for policy and billing information</b></li> <li>4. <b>Co-pays waived through 4-15-20</b></li> </ol>
<b>AMERIHEALTH</b> <b>(COMMERCIAL HMO)</b> March 6 – June 4, 2020	Use 02	Use 95 or GT	97110, 97112, 97116, 97129, 97130, 97161, 97162, 97163, 97164, 97165, 97166, 97167,	<a href="#">Telehealth Link</a> <b>* NOTE</b> <ol style="list-style-type: none"> <li>1. AV, Synchronous telehealth only</li> <li>2. Includes OP and Home Care (PT/OT/SLP)</li> <li>3. HH revenue codes: 0420, 0421, 0422, 0424</li> </ol>

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			97168, 97530, 97533, 97535	
HUMANA COMMERCIAL <b>NEW</b>				<a href="#">Main Humana Article</a> <a href="#">FAQ link</a> <a href="#">Humana telehealth policy link</a> <b>*NOTE</b> <ol style="list-style-type: none"> <li>1. Following CMS guidance in which PT/PTA are not eligible providers of telehealth. Humana states in FAQ's #18 specifically that physical therapists are not eligible providers of telehealth:</li> <li>2. Currently seeking guidance on whether Humana allows E-Visits or other telephonic contact</li> </ol>
HUMANA MEDICARE ADVANTAGE <b>NEW</b>				<a href="#">Main Humana link</a> <a href="#">FAQ link</a> <a href="#">Humana telehealth policy link</a> <b>*NOTE</b> <ol style="list-style-type: none"> <li>1. Following CMS guidance in which PT/PTA are not eligible providers of telehealth. Humana states in FAQ's #18 specifically that physical therapists are not eligible providers of telehealth: Currently seeking guidance on whether Humana allows E-Visits or other telephonic contact</li> </ol>
VETERANS ADMINISTRATION (VA) <b>NEW</b>				<b>*NOTE:</b> <ol style="list-style-type: none"> <li>1. VA allows telehealth; details pending</li> </ol>
WORK COMP MEDRISK				<a href="#">Telehealth policy</a>
WORK COMP ONECALL				<a href="#">Telerehab blog – prior to COVID -19 crisis</a>
WORK COMP CONCENTRA				<a href="#">Article on Concentra providing telehealth prior to COVID-19 and now during</a>

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