

## MHA Hosted Health Plan Meeting via Zoom: April 16, 2020

The Montana Hospital Association (MHA) hosted a listening session with Montana's three major insurers having a dialogue about COVID-19. The following includes some helpful information and chat questions/answers during the meeting.

### Blue Cross Blue Shield – Mark Meredith

- Joined by Simone Wilkinson
- <https://www.bcbsmt.com/provider/education-and-reference/covid-19>
- Telehealth Mandate for Montana:  
[https://leg.mt.gov/bills/mca/title\\_0330/chapter\\_0220/part\\_0010/section\\_0380/0330-0220-0010-0380.html](https://leg.mt.gov/bills/mca/title_0330/chapter_0220/part_0010/section_0380/0330-0220-0010-0380.html)

### Montana Health Co-Op – Richard Miltenberger

- Joined by Leah Martin
- [https://30cbbdd8-d431-474f-878a-7c068b8faf7b.usrfiles.com/ugd/30cbbdd\\_dfc92a6d4ad54ed9b06d7108d1fd7b87.pdf](https://30cbbdd8-d431-474f-878a-7c068b8faf7b.usrfiles.com/ugd/30cbbdd_dfc92a6d4ad54ed9b06d7108d1fd7b87.pdf)

### PacificSource – Cody Langbehn

- Joined by Jen Hensley, Justin Murgel
- <https://www.pacificsource.com/providers/>

### Chat Questions:

12:16:46 Mark, can you email these bullet points out to all of us?

BCBSMT: That request has been captured and we'll get something out to the group. See additional information at end of chat questions for the BCBS information.

12:18:35 Mark mentioned no cost sharing on telemedicine, is that all telemedicine during PHE or just COVID-19 related telemedicine?

BCBSMT: All telemedicine, not just COVID-19 during this crisis period.

12:20:24 Will Montana Health Co-Op lift out of network guidelines in relation to exclusive agreements that leave other facilities out of network with their plans?

MHC: MHC is covering In-Network Telehealth at 100%, no OOP cost to member, for all covered visits. These visits do not have to be COVID-19 related. All hospitals in Montana are In-Network as of this year with one exception in Great Falls. Additionally, COVID-19 testing specimen collection is covered at 100% when out-of-network.

12:21:40 We are looking for some billing guidance. What telemedicine services are covered, how should they be billed (UB vs 1500). Looking for nutritional services. Physical Therapies, etc.

PacificSource: Professional telehealth claims billed on a 1500, should be submitted with place of service 02. Modifiers GT and 95 are recognized but not required. Facility telehealth claims billed on a UB, should have modifier GT/95 noted on each line performed via telehealth. Dietician services are payable

via telehealth. Telehealth coverage has been extended to physical therapy, occupational therapy, speech therapy during COVID-19. <https://www.pacificsource.com/providers/>

**Q. Given the broad range of services for which patients may need telehealth coverage and the various mediums for telehealth delivery, how can I indicate telehealth services on my claim?**

**A.** Professional claims for telehealth services should be submitted with a Place of Service code '02' on your claim. Modifier GT is also recognized, but not required. Facility claims for telehealth services should be submitted with a Modifier GT to identify the claim as a telehealth service.

MHC: Telemedicine 1500 claims should be billed with POS 2, or modifier 95. UB telemedicine claims should be billed with modifier 95. Nutritional services and therapies are covered along with Nurse Practitioner, Physician Assistant, Certified Nurse Midwife, CRNA, Psychologist, LCSW, LCPC, LAC, Registered Dietician, Nutritionist, Board Certified Behavioral Analyst, Clinical MH Counselors, Occupational Therapist, and Speech Therapist. Covered services include 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90838, 90839, 90840, 90845, 90846, 90847, 90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 96116, 96150, 96151, 96152, 96153, 96154, 96160, 96161, 97153, 97802, 97803, 97804, 99201-99215, 99231, 99232, 99233, 99307, 99308, 99309, 99310, 99354, 99355, 99356, 99357, 99385, 99396, 99406, 99407, 99495, 99496, 99497, 99498, G0108, G0109, G0270, G0296, G0396, G0397, G0406-G0408, G0420, G0421, G0425-G0427, G0436-G0439, G0442-G0447, G0459, G0506, G0508, G0509, G0513, G0514, G2086-G2088. MHC is adding all of this specific information to its website so please refer to our website, [www.mhc.coop](http://www.mhc.coop).

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:25:03 For Telehealth services billed on a 1500, do you want the place of service listed as 02? In addition, do you have modifiers that you want on the charges as well?

PacificSource: Professional telehealth claims billed on a 1500, should be submitted with place of service 02. Modifiers GT and 95 are recognized but it is not required.

<https://www.pacificsource.com/providers/>

MHC: Telemedicine 1500 claims should be billed with POS 2, or modifier 95.

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:26:00 In order to have the cost shares waived for COVID-19 related, these insurances want the CS modifier, or will you use the Dx to evaluate this?

PacificSource: We will use the diagnosis to determine if it is COVID-19 related and cost sharing is therefore waived.

MHC: MHC will use the Dx to process the claim at no cost share and MHC also recognizes modifiers DR, CR & CS to indicate COVID-19 related claims.

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:26:10 In addition, for MHC what do you need on the claim to indicate either testing or treatment of COVID-19 to waive the cost sharing?

MHC: The diagnosis will indicate if testing or treatment. MHC is covering the testing and treatment of COVID-19 at 100%, no OOP cost to member. However, MHC is also recognizing modifiers DR, CR & CS to indicate COVID-19 related claims.

12:27:16 BCBS mentions modifiers DR and CR modifiers to indicate COVID-19 related claim. Is that in place and is the more guidance on when to use it?

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:28:10 Livingston HealthCare – Amanda Alkire - Hi Simone, the state is performing the tests at no charge so our charge is captured with a \$0 charge. Is there any other way to indicate that we tested during that encounter? Diagnosis or anything like that?

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:30:48 In billing for Physical Therapy and Occupational Therapy would you need to add any additional modifiers to reflect treatment being done via telehealth? Are there separate codes that would need billed out?

PacificSource: Telehealth benefits have been extended to physical therapy, occupational therapy, speech therapy during COVID-19. Virtual evaluation and management (E/M) codes are included. Codes 97530, 97535 and 97537 are payable during COVID-19. Professional telehealth claims billed on a 1500, should be submitted with place of service 02. Modifiers GT and 95 are recognized but not required. Facility telehealth claims billed on a UB, should have modifier GT/95 noted on each line performed via telehealth. <https://www.pacificsource.com/providers/>

MHC: Telemedicine 1500 claims should be billed with POS 2, or modifier 95. UB claims should include modifier 95 for telehealth or telemedicine and then with the appropriate PT or OT billing code listed above. The MHC website will be updated momentarily to include all covered codes.

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:32:35 This meeting is being recorded. Link to it will be made available.  
<https://mtha.org/mha-health-plan-meeting-april-16-2020/>

12:33:01 PacificSource – Jen Hensley - We are allowing codes that don't require hands on but visual and 02 Modifier.

PacificSource: We would pay this.

12:33:53 Looking for clarification...can facilities bill a charge for the COVID-19 testing if the test is sent to the State and if the facility has paid for the supplies and staffing for the test. We have been told several different ways and just want to know to be clear.

PacificSource: Yes.

MHC: Yes, if we are understanding the question correctly.

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:38:35 To All Three Companies: Are you allowing Home Health and Hospice to bill Telehealth for any COVID-19 positive patients? How about patients in general during this crisis who are not

diagnosed with COVID-19? Is there a specific spot on your website to find any specific updates to billing for Home Health and/or Hospice? If there are, could you provide these links?

PacificSource: Yes. <https://www.pacificsource.com/providers/>

MHC: Telehealth is covered for Home Health and Hospice at 100% with In-network providers. Refer to website. Telehealth is covered for COVID-19 and non-COVID-19 claims to keep patients/members safe and out of the facilities. Yes, the MHC website will soon be updated to include coding specifics. Please refer to it, <https://www.mhc.coop/>

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:38:50 Will the insurers allow provider enrollment effective date retro-active to the date the application was received as Medicare does, or will it continue to be the dated approved by the insurer?

PacificSource: Conditional credentialing effective date will be back dated to the date the complete credentialing application is received. <https://www.pacificsource.com/providers/>

MHC: No, MHC will not backdate the effective date for new providers however Practitioners hired for COVID-19 relief to provide care to those with a COVID-19 diagnosis do not need to be credentialed. Delegated partners do not need to credential practitioners who are hired to help with the COVID-19 situation as CMS1135 Waivers are in effect. Providers may administer treatment, during the emergency, to the extent of their license allows, and until such time when the emergent situation no longer exists. If a CMS 1135 waiver is issued, the license need not be active with the state licensing board or verified at the time of appointment. At that point members shall be transitioned back to credentialed providers. Reappointment (recredentialing) dates shall be extended to 38 months from 36 months for the look back period. Provisional credentialing could be granted from 60 to 180 days for the look back period.

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:41:19 Are you allowing prenatal visits to be conducted via phone (audio only)? If so, for non-global patients/members will the phone visit cpts (99441-99443) be recognized as part of the patient's pregnancy benefits?

PacificSource: Yes. <https://www.pacificsource.com/providers/>

MHC: Yes, prenatal visits are covered as are cpts 99441- 99443.

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:43:23 Is the hospital based PT/OT/Speech billing under hospital NPI able to bill on a UB04?

PacificSource: We are not limiting distant site for telehealth services. Professional telehealth claims billed on a 1500, should be submitted with place of service 02. Modifiers GT and 95 are recognized but not required. Facility telehealth claims billed on a UB, should have modifier GT/95 noted on each line performed via telehealth. Bill for your hospital based provider services as you normally would, with place of service 02 or GT/95 modifier as applicable.

MHC: Yes, bill UB telehealth with modifier 95.

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:45:50 As of right now, CMS states Rehab can DO telehealth, however, therapists are NOT on the list of eligible providers "yet" .... so is BCBS saying they WILL pay for telehealth if performed BY the therapist?

PacificSource: Telehealth benefits have been extended to physical therapy, occupational therapy, speech therapy during COVID-19. Virtual evaluation and management (E/M) codes are included. Codes 97530, 97535 and 97537 are payable during COVID-19. Professional telehealth claims billed on a 1500, should be submitted with place of service 02. Modifiers GT and 95 are recognized but not required. Facility telehealth claims billed on a UB, should have modifier GT/95 noted on each line performed via telehealth. <https://www.pacificsource.com/providers/>

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:51:39 Someone spoke of the "State of Montana Mandate" that makes insurance companies in Montana cover Home Health and Hospice Telemedicine. What document is this referring to? Where can we find it?

BCBSMT: Telehealth Mandate for Montana:  
[https://leg.mt.gov/bills/mca/title\\_0330/chapter\\_0220/part\\_0010/section\\_0380/0330-0220-0010-0380.html](https://leg.mt.gov/bills/mca/title_0330/chapter_0220/part_0010/section_0380/0330-0220-0010-0380.html)

12:53:40 One more telehealth question with regard to Mental Health... are the payers allowing services provided by LCPCs?

PacificSource: Yes, for Commercial and Medicare members.

MHC: Yes, LCPC's are covered for telehealth.

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:55:01 The MHC link doesn't have any billing guidance and I cannot find it on their website. Is there a contact for me to find out exact details?

PacificSource: You can contact your provider service rep for PacificSource through the provider service page.

MHC: Yes, please contact Leah Martin at (406) 447-5782 or [lmartin@mhc.coop](mailto:lmartin@mhc.coop). MHC will also be updating its website soon to offer more COVID-19 specifics.

BCBSMT: See additional information at end of chat questions for the BCBS information.

12:58:00 Medicare is allowing providers to bill the place of service as if the Telehealth visits were face to face. Are the payers looking at that?

PacificSource: Yes.

MHC: POS 2 is required.

BCBSMT: See additional information at end of chat questions for the BCBS information.

## **Additional Information submitted by Simone Wilkinson, BCBSMT**

### **For telemedicine:**

#### Modifiers:

- Use GT for non-telemedicine codes and for commercial, retail and HMK lines of business.
- Use 95 for Medicare Advantage claims.

#### Place of Service:

- Place of Service is not an option on a UB. As long as you use the modifiers, this is acceptable.

#### Codes:

- Clinically appropriate codes may be used by all Montana providers – if the code is not specific to telemedicine, it requires a modifier. If it is an actual telemedicine code, no modifier is needed.
  - Revenue codes: use the customary revenue codes with the appropriate modifier.
  - For voice only services:
    - The following compensation schedule for covered audio-only visits is effective March 11, 2020 until April 30, 2020 and may be extended further based on the status of the COVID-19 crisis. It is likely this timeline will be extended:
      - These codes and prices are:
      - 99441 Physician /Qualified Health Professional telephone evaluation 5-10 min - \$58.15\*
      - 99442 Physician /Qualified Health Professional telephone evaluation 11-20 min - \$96.61\*
      - 99443 Physician/Qualified Health Professional telephone evaluation 21-30 min - \$142.56\*
      - 98966 Nonphysician telephone assessment 5-10 min - \$58.15\*
      - 98967 Nonphysician telephone assessment 11-20 min - \$96.61\*
      - 98968 Nonphysician telephone assessment 21-30 min - \$142.56\*
- \*Non-Physician Discounts will still apply to claims, including telemedicine claims. Discounts are not applied to laboratory, x-ray, machine tests, drugs, vaccines, durable medical equipment, prosthetics, orthotics, or supplies.

### **Specific to COVID-19:**

#### COVID-19 Lab Codes

- HCPCS code U0001 (CDC testing laboratories to test patients for SARS-CoV-2)
- HCPCS code U0002 (Non-CDC lab test)
- CPT code 87635 (American Medical Association (AMA) code for SARS-2-CoV-2 lab test)
- HCPCS U0003 (nucleic acid, amplified probe technique for SARS-2-CoV-2, making use of high throughput technologies)
- HCPCS U0004 (any technique, making use of high throughput technologies)

#### COVID-19 Diagnosis Codes

- U07.1 (COVID-19 acute respiratory disease) – April 1, 2020 onward

- B97.29
- B34.2
- Z03.818 (possible exposure to COVID-19)
- Z20.828 (actual exposure to COVID-19)

#### Modifier CS

For services furnished on March 18, 2020, through the end of the Public Health Emergency, use the CS modifier on applicable claim lines to identify the service as subject to the cost-sharing waiver for COVID-19 testing-related services.

#### COVID-19 Antibodies Testing Codes

If you test a member for COVID-19 antibodies when it's medically necessary, medically appropriate and in accordance with generally consistent medical standards, submit the claim to us using the appropriate code. Member cost-share will be waived.

- 86318 (revised to indicate immunoassay for infectious agent antibodies; single-step method)
- 86328 (new for COVID-19; multiple-step method)
- 86769 (new for COVID-19; single-step method)

#### COVID-19 Specimen Collection

- G2023 Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [COVID-19]), any specimen source
- G2024 Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [COVID-19]) from an individual in a snf or by a laboratory on behalf of a hha, any specimen source>