

WABA Webinar April 7, 2020
TELEHEALTH FAQ's

Q1] Are insurance companies paying for Telehealth?

A] Most payers, including TriCare, have agreed to allow telehealth since mid-March, the best thing you can do to ensure payment is contact your insurance company for plan-specific information.

Q2] Which codes can be used with Telehealth?

A] Most payers are allowing Parent Training, or 97156, and some are allowing other codes, even 97153 [Direct]. It's best to contact your insurance companies and obtain plan-specific information.

Q3] When billing for Telehealth, do we need to use a modifier?

A] Most payers are requiring the use of Modifier GT or 95 with Place of Service 02. However, some payers have different requirements. Please see the list below for details and be sure to double-check with your insurance companies prior to billing.

Q4] Do I need to get prior authorization, or an additional authorization, in order to deliver services via Telehealth?

A] At this point, [April 7th, 2020] prior authorizations do not seem to be required. However, it's always a good idea to have more documentation, than less in case you have to provide documentation for a claim.

Q5] Should we have our patients/clients sign an informed consent form before delivering services via Telehealth?

A] Although not specifically required, it's always a good idea to have more documentation, than less.

Q6] Are the rates, and/or co-pays, different when using Telehealth?

A] Rates should stay the same as they are attached to the service being provided [e.g., 97156 -Par Training], but some insurance companies may be waiving some co-pays. It's best to check with individual insurance companies and the plan-specific information.

Q7] Which platform can I use to deliver Telehealth?

A] The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) has announced it will not impose penalties for violations of certain provisions of the HIPAA Privacy Rule against health providers. Most video chat services can be used. However, checking with your insurance companies is a good idea to ensure payment.

<https://www.hhs.gov/about/news/2020/04/02/ocr-announces-notification-of-enforcement-disclosure.html>

INSURANCE COMPANY INFORMATION

Regence:

Telehealth allowed for ABA (97156)

Modifier: GT

POS 11

- Visits are considered the same as in-person visits and are paid at the same rate as in-person visits.
- The member's copay, coinsurance and deductible will apply to telehealth services, if applicable.
- Claims can be submitted immediately.
- **Note:** We will continue to cover the medical and behavioral health codes, as outlined in our [Virtual Care \(Administrative #132\) reimbursement policy](#). Claims submitted following the guidelines in this policy will be paid as they have been

More Info:

<https://www.regence.com/provider/library/whats-new/covid-19#temporary-updates-to-telehealth>

BCBS of IL/TX:

Telehealth allowed for ABA (97156)

TriCare:

Telehealth allowed for ABA (97156)

Modifier GT

POS 02

- Claims for 97156 rendered via telehealth must include the GT modifier and place of service 02.
- This service is unlimited during this emergency period.

More Info:

https://www.tricare-west.com/content/hnfs/home/tw/prov/res/provider_news/telemedicine-expanded-for-aba-services.html

https://www.tricare-west.com/content/hnfs/home/tw/prov/benefits/benefits_a_to_z/aba/auth_billing_details.htmlhttps://www.tricare-west.com/content/hnfs/home/tw/prov/benefits/benefits_a_to_z/aba/auth_billing_details.html

Premera:

Telehealth allowed for ABA (97156)

Billing details for Telehealth:

Modifier 95

POS 02

- ABA services can be provided virtually for dates of service on or after 3/20/20. This is temporary and will be in effect until government agencies indicate that we no longer need to practice social distancing.

- Claims for services provided virtually must be submitted with appropriate telehealth modifiers using the codes that are currently on the ABA fee schedule. See our [telehealth payment policy for Washington](#).
- Reimbursement for virtual care will be at the same amount as if the service were provided in-person.
- This change applies to Premera's individual and commercial members. However, some self-funded employer groups do not cover virtual care, so you'll need to check benefits for your patient before providing care

More Info: [Billing Telehealth Services | Provider](#)

Lifewise:

Telehealth allowed for ABA (97156)

Modifier 95

POS 02

Billing details same as Premera

Kaiser: Telehealth being allowed for ABA (97156)

Aetna: Allowing telemedicine for ABA (even for out of network providers).

All ABA Codes are listed.

Modifier GT

POS 02

Cost share waived for below telemedicine services when billed with place of service 02 and modifier GT or 95.

More Info:

[Handout - Word document template - 2020](#)

Apple Health (medicaid MCO plans through Molina, Coordinated Care, Amerigroup, HCA):

Telehealth allowed for ABA (97156)

Modifier GT

POS 02

More Info:

[Apple Health \(Medicaid\) behavioral health policy and billing during the COVID-19 pandemic](#)
[Information about novel coronavirus \(COVID-19\)](#)

ADDITIONAL RESOURCES:

a] Practice Parameters for Telehealth from CASP:

<https://casproviders.org/practice-parameters-for-telehealth/>

b] TriCare expands Telehealth services:

https://www.tricare-west.com/content/hnfs/home/tw/prov/res/provider_news/telemedicine-expanded-for-aba-services.html

c] BHCOE's FAQ Page: <https://bhcoe.org/resources/covid-19-faqs-for-aba-providers/>

d] ABA Billing Codes Commission:

<https://www.ababillingcodes.com/resources/important-covid-19-update-use-of-telehealth-2/>

SAMPLE TELEHEALTH INFORMED CONSENT FORM

Patient Name: _____ DOB: _____

Name of Parent/Guardian completing this form: _____

PURPOSE: The purpose of this form is to obtain your consent to participate in ABA therapy and/or Speech Therapy services with COMPANY NAME or PROVIDER NAME via telehealth. Telehealth involves the use of electronic communications to enable health care providers to connect with individuals using interactive video and audio communications.

RIGHTS: I have the right to withhold or withdraw consent for telehealth services at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. Since I have the right to refuse telehealth services at any time, I understand and agree that my continued participation implies voluntary informed consent.

RISKS, CONSEQUENCES AND BENEFITS: I have been advised of all the potential risks, consequences and benefits of telehealth. I have had the opportunity to discuss the information presented on this form and telehealth services. I have also been given the opportunity to ask questions. All of my questions have been answered, and I understand the written information provided on this form.

CONFIDENTIALITY: I understand and agree that my disclosures and communications are considered privileged and confidential except to the extent that I authorize a release of information, or under certain other conditions listed below: (1) where abuse or harmful neglect of children, the elderly, or disabled or incompetent individual is known or reasonably suspected; (2) where such information is necessary for the company to pursue payment for services rendered; (3) where an immediate threat of physical violence against a readily identifiable victim is disclosed to the therapist; (4) where the client/patient is examined pursuant to a court order. I hold COMPANY NAME or PROVIDER NAME LLC harmless for releasing information under the above conditions.

I agree to participate in telehealth services with COMPANY NAME or PROVIDER NAME for the purposes described above.

Parent/Guardian Signature: _____

Date signed: _____