

Telehealth

Quick Reference Guide

Important COVID-19 Update:

In the wake of the COVID-19 (Coronavirus) pandemic, TriWest Healthcare Alliance has determined at this time that under the Patient-Centered Community Care (PC3) Program, providers who wish to utilize virtual or phone visits to treat patients and provide continued care while staying in compliance with the Centers for Disease Control and Prevention (CDC) guidelines may do immediately. Similar to Behavioral Health, where virtual visits for the initial appointment are already allowed, VA has provided a waiver for all specialties under PC3 where virtual visits for the initial and ongoing appointments are now allowed in light of the ongoing pandemic.

Please follow the Telehealth guidelines below:

- **Providers must have an authorization on file before proceeding with telehealth care.**
- The Standardized Episode of Care (SEOC) authorization letter for primary care includes CPT codes to cover virtual treatment and it is safe to assume telehealth is covered for all other SEOCs at this time.
- This guidance currently applies to all specialties including Behavioral Health.
- Stay informed on important guidance from the VA regarding COVID-19 at https://www.triwest.com/globalassets/documents/news/fs_20-40_covid19_provider_guidance.pdf

Key Points:

- **All services** require a prior authorization from TriWest Healthcare Alliance (TriWest) to prevent claims denials.
- Telehealth must be conducted consistent with Medicare guidelines.
- Providers must be aware of state and federal laws governing their ability to perform telehealth services.
- Providers must have a crisis protocol in place in case of Veteran emergency.
- Medical documentation must be submitted to the Veteran's appointing VA Medical Center (VAMC), and claims must be submitted to WPS Military and Veterans Health (WPS MVH), TriWest's claims processor.
- Claims should be submitted within 30 days after services have been rendered.
- Providers will collect no copays, cost-shares, or deductibles. Providers will be paid for all authorized care according to their contract.
- According to 38 C.F.R. 17.55 and 38 C.F.R. 17.56, payments made by VA to a non-VA facility or provider shall be considered payment in full. Providers may not impose additional charges to TriWest or the Veteran for services that have been paid by VA.

Telehealth Self-Assessment

Note: This survey stands as a reference point for providers to gauge their comfort level with telehealth practices. Certifications in telehealth studies are not a requirement to use program.

- (1) Have you performed telehealth services in the past?
- (2) Are you currently performing telehealth services via live video on a HIPAA-verified platform?
- (3) Are you aware of Medicare guidance and your state laws governing your ability to perform telehealth?
- (4) Do you have the ability to complete a technical assessment with your Veteran 48 hours before their initial telehealth session? (A technical assessment is when the Veteran is introduced to your platform using their personal system vs. using an inner-office system at a facility. This ensures that the Veteran has the device, internet speed, and knowledge to utilize the program.)
- (5) Do you have any certifications or trainings that you would like to include in your telehealth provider profile? (Optional; certifications are not a telehealth requirement.)

If all answers to the self-assessment are “yes”, and you are currently not in the TriWest Healthcare Alliance Network, fill out the “Join Our Network” credentialing form [here](#). If you are in network and would like to be added to the telehealth database, email telehealth@trivest.com with your request.

How to Bill for Telehealth

Note: The service will need to have a Place of Service code of “02” in order to indicate that the delivery method was telehealth in addition to the CPT code of choice. Should your billing program require a modifier, you must use the telehealth modifier of “GT” at the end of your procedure code. The “02” Place of Service Code alone will not allow a facility to bill for telehealth. In order to receive reimbursement for telehealth services offered between facilities, otherwise known as Point-to-Point services, a code of Q3014 must also be submitted. If offering telehealth services into the home, please refrain from using the Q3014 code.

Examples of Billing for Telehealth:

Facility (Point-to-Point):

Service Date	Units	Service Code	Place of Service code	Allowed Amount
1/1/2018	1	Appropriate Procedure Code	02	Regular claim amount for this service
1/1/2018	1	Q3014	02	1 x the rate for this code because there is one unit for the line above. Both lines must match.

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Into the Home:

Service Date	Units	Service Code	Modifier	Allowed Amount
1/1/2018	1	Appropriate Procedure Code	02	Regular claim amount for this service

Tele-Behavioral Health Resources	
Medicare Tele-Medicine Provider Fact Sheet	https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
List of Payable Telehealth Services	https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes
American Tele-Medicine Website	http://www.americantelemed.org/
American Tele-Medicine Learning Center	http://learn.americantelemed.org/diweb/start
Tele-Behavioral Health Platform Comparison Tool	https://www.telementalhealthcomparisons.com/
American Tele-Medicine State Law Resource Center	http://www.americantelemed.org/policy-page/state-policy-resource-center
Telehealth Toolkit: Applicable for Psychiatry and Psychology	https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/telepsychiatry-toolkit-home