

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 so 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 appointment are now allowed in light of the ongoing pandemic.
- When billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth.

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.
- This guidance currently applies to all specialties including Behavioral Health.
- Stay informed on important guidance from the VA regarding COVID-19 with this [COVID-19 Guidance for Community Providers document](#).

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@triwest.com with your request.

How to Bill for Telehealth

The service will need to have the normal Place of Service code with modifier 95 to indicate that the delivery method was telehealth. To receive reimbursement for telehealth services offered between facilities, 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.

Tele-Behavioral Health Resources	
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	https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/telepsychiatry-toolkit-home

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Attention acupuncture providers: Currently, acupuncture cannot be billed via telehealth. All codes that TriWest covers with acupuncture involve the actual insertion of a needle, which cannot be performed using telehealth capabilities. Furthermore, herbal consultations, and consultations to discuss reflexology or other techniques that might relieve pain until acupuncture is available are not covered for telehealth by TriWest.