



# FAQs – Telehealth

12/02/20

(New or revised information is highlighted in yellow.)

To help everyone better navigate through this difficult and unprecedented time, HNS has compiled a list of the most frequently asked questions regarding telehealth visits and provided answers to these questions.

As the landscape is changing almost daily during this crisis, we anticipate updating these FAQs frequently.

The updated FAQs (as well as all other HNS Telehealth resources) are available on the new section of the HNS Website, which can be found under the **News/Events** tab.

## 1. Does my licensing board allow me to provide telehealth visits?

### NC

Yes. The NC BOCE has a Position Statement for Telehealth, and it should be carefully reviewed prior to providing telehealth visits to any patient. The Position Statement is posted on the new Telehealth Visits section (under **News/Events**) on this section of the HNS Website.

### SC

Yes, the SC BOCE has recently issued a statement approving telehealth during this crisis. The statement is posted on the new Telehealth Visits section (under **News/Events/CIGNA SC Telehealth Visits**) on this section of the HNS Website.

## 2. Does HNS have specific requirements related to telehealth visits that I must follow?

Yes.

- HNS has developed the ***HNS Telehealth Informed Consent*** document which must be utilized for each telehealth visit and saved to the patient's health care record.
- HNS has developed specific documentation requirements for telehealth visits, which must be followed. These are included in ***HNS Requirements/Guidance – Telehealth***.

- Payers have specific billing requirements for telehealth visits, and they are different for each payor. Please review those requirements which are included in this document.

### 3. During this crisis, can providers utilize telehealth for any insurance patient?

No. At this time, only **CIGNA NC**, **CIGNA SC**, and **BCBSNC** have authorized the use of telehealth. **FEP members are now eligible for telehealth visits by HNS providers, subject to the same requirements outlined herein.**

While other healthcare plans, adjusters, or third-party payors may cover telehealth services, HNS has no knowledge if this is true, and/or which other entities might cover telehealth.

### 4. May I provide telehealth visits to my “cash” patients?

Provided allowed by your licensing board, and provided the patient agrees to a telehealth visit, HNS is not aware of any reason telehealth visits could not be provided to cash patients.

### 5. How do I incorporate telehealth into my practice?

If possible, email your CIGNA / BCBSNC patients about this new service and/or update your website and Facebook page.

Post notices in waiting rooms and other common areas, Facebook page, etc. that telehealth visits are now available for some patients. Consider preparing a hand-out which can be given to applicable patients. On all such communications, be sure to make clear this is limited to applicable patients (CIGNA/BCBSNC members). See example:

Let's all do our part to help protect each other  
and stop the further spread of COVID-19.  
**For patients with CIGNA health insurance,  
ABC Chiropractic is now offering telehealth visits.**  
For information, inquire at the front desk.

### 6. Will my malpractice carrier defend me against a claim associated with a telehealth visit?

First, chiropractors are held to the same standard of care for telehealth visits as for in-office visits. That said, NCMIC defends claims related to telehealth and HNS believes most carriers do as well, but if your coverage is through a different

carrier, you should contact the carrier and confirm coverage PRIOR to providing telehealth services.

## 7. How long will **BCBSNC**'s "expansion" of telehealth services remain in effect?

The expansion of telehealth services, which now includes both audio and video telehealth visits, is in place through **06/30/21**. As June 30, 2021 nears, BCBSNC will reevaluate the circumstances to determine if an additional extension is needed.

## 8. How long will **CIGNA**'s "expansion" of telehealth services remain in effect?

CIGNA's current temporary telehealth reimbursement policy, which includes both audio and video telehealth visits, is in place through **12/31/20**. CIGNA's new telehealth reimbursement policy goes into effect on January 1, 2021, and has no stated expiration.

On January 1, 2021, HNS' telehealth guidance for CIGNA will be updated to reflect changes related to the new 2021 policy. In the interim, to find more detail related to those changes, you may review the [Cigna Virtual Care Reimbursement Policy](#) (effective 01/01/2021).

## 9. What HIPAA considerations must I be aware of?

- A. For all telehealth visits, protecting the privacy and confidentiality of PHI should be given paramount importance.
- B. All telehealth visits should be held only where the physician is in a private environment, where others cannot see/hear communications with the patient. (Exception: As applicable, staff members needed to conduct the visit.)
- C. **Patients must be advised that there are potential privacy risks with any telehealth visits. HNS has developed a specific *Telehealth Informed Consent Form* which addresses these risks, and this specific form must be used for telehealth visits by HNS providers.** The form is available on the new section of the HNS Website, under the new Telehealth section, under the **News/Events** tab.

## 10. What communication platforms are acceptable for video visits?

While contracted payors previously required that all video telehealth visits only be conducted via a secure, encrypted communication platform, because of this national crisis, the OIG has recently announced the following:

*“A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency **can use any nonpublic facing remote communication product that is available to communicate with patients. Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.**”*

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.”

This applies regardless of whether the telehealth service is related to the diagnosis and treatment of COVID-19 or not.

The full HHS notice is available on the new section of the HNS Website and should be reviewed in its entirety. See **News/Events tab**.

## 11. What services are chiropractors allowed to provide to CIGNA & BCBSNC members during this national emergency?

**As a best practice, HNS recommends telehealth services be limited to established patients.** With that said, however, HNS has no policy which would prevent chiropractors from providing telehealth services to new patients.

- The only services which may be provided by HNS chiropractors through telehealth visits are E/M services and certain rehab codes. (See below.).
- Only services which are otherwise considered “covered” services may be provided via telehealth visits.
- No telehealth services may be provided unless an appropriate evaluation has occurred, and a determination has been made that the services are appropriate and medically necessary.

Again, the only services which may be provided by HNS chiropractors through telehealth visits are E/M services and certain rehab codes.

E/M services, requires, at a minimum, a problem-focused history and medical decision-making (and documentation of the visit substantiates this.

- **E/M Services:**

**Each and every telehealth visit must be reported using one of the applicable E/M codes.** (As applicable, you will ALSO separately report any rehab services provided.)

For normal office visits you would only report an E/M code approximately every 30 days (or if a new condition warrants it). However, because E/M codes represent both evaluation and **management** of a condition, and telehealth visits are largely consultative (“**management**”) in nature, for each telehealth visit, you are either “evaluating” **and/or managing** the patient’s condition. As such, **report the applicable E/M code for every telehealth encounter.**

**Initial E/M telehealth visits** (audio and video) require, at a minimum, a problem-focused history and medical decision-making (and documentation of the visit substantiates this).

**Established patients:** For established patients, the only E/M codes which may be reported for E/M services provided via telehealth visits are *CPT codes 99212-99215*.

**New Patients:** For new patients, the only E/M codes which may be reported for E/M services provided via telehealth visits are *CPT codes 99202-99205*.

**Video E/M Visits:**

For video E/M visits, the amount of actual face-to-face time will determine the appropriate E/M code to bill. Please refer to ***HNS Requirements/Guidance-Telehealth***, for important information about determining face-to-face time, and choosing the appropriate E/M code.

**When E/M Visits are Not Covered:**

E/M telehealth visits are not covered (and must not be billed) when the visit is for administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, or demographic intake forms completed by the patient.

- **Rehab Services: (Video visits only)**

Rehab services cannot be billed if the telehealth visit is audio (telephone).

**If clinically indicated, certain rehab services may be provided as part of the initial or any subsequent E/M audio visit.**

Certain rehab services may be provided and billed ONLY if 1) the telehealth visit is a video visit, 2) an appropriate evaluation has been done (and is properly documented) and 3) when documentation supports the need for the prescribed rehab services.

Other than the applicable E/M service, only the following services may be provided during a video telehealth encounter:

- **97110** (Therapeutic Exercise)
- **97530** (Therapeutic Activities)
- **97112** (Neuromuscular Reeducation).

As a reminder, the 3 rehab codes are “Therapeutic Procedures”, which are time-based codes and require one-on-one contact by the provider.

These codes are billed in 15-minute increments and **if provided for LESS than 8 minutes, cannot be billed.** (Documentation must include the actual time the service was provided.)

At this time, other than as noted above, HNS is not aware of any other services which may be provided via telehealth visits.

## 12. How do I handle “Informed Consent”?

Consent MUST be obtained for each telehealth visit and HNS providers are REQUIRED to use the newly created **HNS Telehealth Informed Consent** form during this process.

- Written or documented verbal consent is required prior to providing treatment or recommendations to your telehealth patients.
- Just as you do in your office, you must provide the patient the opportunity for questions, address those questions, then obtain consent.
- You must utilize the **HNS Telehealth Informed Consent** form to help manage this process and to substantiate that verbal consent was obtained. (HNS requires the use of THIS specific form for all telehealth visits.) The forms can be found on the HNS Website under the **News/Service** tab.
- The **HNS Telehealth Informed Consent** form must be scanned and saved to the patient’s permanent record.

## 13. What if, during my telehealth visit, I learn or suspect that the patient has symptoms of COVID-19?

If, during the telehealth visit, the patient appears to have symptoms consistent with the coronavirus (or suggests they do), **strictly adhere to government and CDC recommendations.**

- Advise the patient to contact their PCP via telephone.
- Remind them NOT to go to their doctor's office or to an urgent care center, but *to call their PCP.*
- Recommend *self-isolation until otherwise instructed by their medical doctor.*
- Document any COVID-10 symptoms and all recommendations provided to the patient.

#### 14. Are there specific **documentation requirements** for telehealth visits?

Yes. In addition to fully documenting the visit, (just as you would an in-office visit) there are specific, additional documentation requirements for telehealth visits.

Please refer to the HNS Telehealth Documentation Requirements included in ***HNS Requirements/Guidance-Telehealth***, and ensure your documentation is compliant (available on the HNS Website under the **News/Service** tab).

#### 15. Are there special **billing requirements** for telehealth visits?

Yes. No telehealth services may be provided or billed unless an appropriate evaluation has been done, and a determination has been made that the services are appropriate and medically necessary.

Only services which are otherwise considered "covered" services may be provided via telehealth visits.

##### **For all telehealth visits:**

- A. Providers may only bill for the applicable E/M service using, as applicable, codes 99212-99215, or 99202-99205, and/or one or more of the identified 3 rehab codes noted above (97110, 97112, 97530).
- B. For video E/M visits, the amount of actual face-to-face time will determine the appropriate E/M code to bill. Please refer to the ***HNS Requirements/Guidance-Telehealth***, for important information about determining face-to-face time, and choosing the appropriate E/M code.

- C. E/M telehealth visits are not covered (and must not be billed) when the visit is for administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, or health care intake forms completed by the patient.

**16. Do patients have to pay copayment, deductibles and coinsurance for these telehealth visits?**

**Yes**, just like an in-office visit, all applicable copayments, coinsurance and deductibles, must be billed to and collected from members receiving telehealth visits.

**17. Are special modifiers needed or other billing requirements specific to telehealth visits?**

**A. BCBSNC**

Regardless of the service provided during the telehealth visit, for BCBSNC telehealth visits each service line on the claim must be appended with modifier **“CR”** (Catastrophe/disaster related).

For all BCBSNC telehealth visits, you must use **“02”** as “Place of Service”.

**B. CIGNA**

Regardless of the service provided during the telehealth visit, for CIGNA telehealth visits each service line on the claim must be appended with modifier **“GQ”**.

For all CIGNA telehealth visits, you will continue to use **“11”** as “Place of Service”.

**18. What fees will I be paid for telehealth services?**

You will be paid per fees shown on the applicable HNS Fee schedule

**CIGNA**

You will be paid per fees shown on the HNS CIGNA Fee schedule

To see the contracted rate for the applicable E/M services, and for each of the three (3) rehab codes, please refer to the **CIGNA Fee Schedule**, which is posted on the HNS Website.

**BCBSNC**

You will be paid per the fees shown on the applicable HNS fee schedule.



- The NC State Health Plan (SHP) has its own fee schedule. To see the contracted rate for the applicable E/M services, and for each of the three (3) rehab codes, please refer to the **SHP Fee Schedule**, which is posted on the HNS Website.
- For all other “BCBS” patients (patients whose health care coverage is administered by BCBS), to see the contracted rates for the applicable E/M services, and for each of the three (3) rehab codes. please refer to the **BCBS Fee Schedule**, which is also posted on the HNS website.