



April 6 billing webinar outstanding questions

Are you waiving cost sharing for physical therapy?

Yes. For the duration of the State of Emergency, cost sharing is waived. The provider will be reimbursed the full, in-person rate for the service.

How do you know whether to use the GT or 95 modifier?

Both modifiers are acceptable when billing 99201-99205 or 99211-99215. Telephonic & Digital codes should NOT be billed with GT & 95 modifiers. See telephonic and digital code list (see below).

Does the place of service 02 need to be on both the claim header and line level?

Place of service 02 is required on every claim line.

Can we bill for pediatric well visits conducted via telemedicine?

Yes. Well visits can be performed via telemedicine for the duration of the State of Emergency. We encourage providers to continue seeing members for well visits. CPT guidelines still apply for the visits, so be sure to select the correct CPT E/M code when billing for the service. As a reminder, well visits do not take cost-sharing, whether performed in person or via telemedicine.

How should I bill for telephone only visits?

Physicians may bill E/M's for telemedicine services if E/M coding guidelines are met for 99201-99215. If E/M coding guidelines are not met, physicians should bill the most appropriate telephonic codes 99441-99443 or digital codes 99421-99423 with POS 02 and NO modifier. When billing 99201-99215 for telemedicine visits, the E&M's must be billed with POS 02 AND modifiers GT or 95. See telephonic and digital code list (see below).

Have you eliminated the age restriction under 24 months of age prohibiting Telemedicine visits?

The age restriction has been eliminated for the duration of the State of Emergency.



Can we see new patients for consults and be reimbursed?

Yes. Consultations with new patients may be provided via telemedicine, during the State of Emergency. Although physician consultations are covered, AllWays Health Partners requires that new patient E&M's be billed, as opposed to consult codes. CPT guidelines still apply for the visits, so be sure to select the correct CPT E/M code when billing for the service.

Code	Description
Telephonic E&M's	
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
Digital E&M's	
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.



How long will it take to pay claims? We're really hurting out here with a drastic decrease in outpatient visits?

There is no change in the time it will take AllWays Health Partners to process claims. It's important to note that improper code/modifier combinations and the incorrect POS could cause claims to deny:

- All telemedicine claims require POS 02
- 99201-99215 & 99381-99397 must be billed with modifiers GT or 95
- 99441-99443, 98966-98968, 99421-99423 & 98970-98972 should NOT be billed with modifiers

Does place of service (POS) have to be 02 for Telephone calls?

Yes. POS 02 must be billed for telephonic visits.