The following is a compilation of questions, edited for clarity, along with our responses from the Clinicient Town Hall Forums. Click links below to view FAQs.

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DISCLAIMER

The information provided herein is intended to be general in nature. It is not offered as legal or insurance related advice, and is not a complete description, or meant, or intended, to replace or be interpreted as specific, of Medicare or other requirements. Although every effort has been made to ensure the content herein is correct, we assume no responsibility for its accuracy.

FAQs from COVID-19 Town Hall Forum
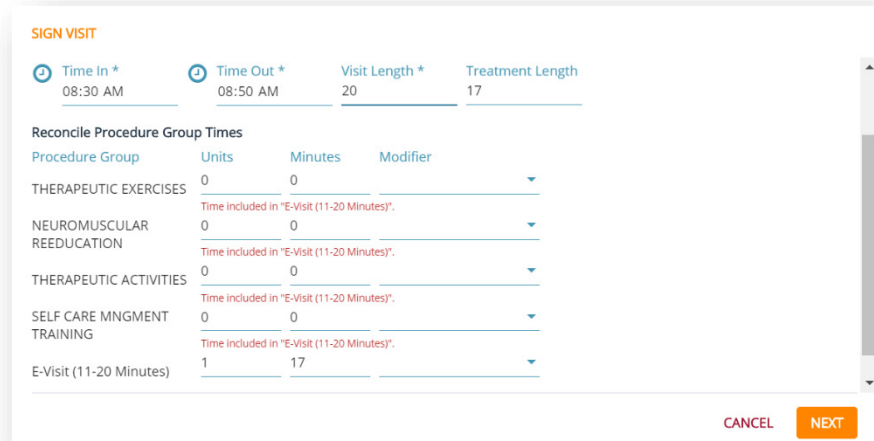
March 23, 2020 | Rev 1.0

This is a compilation of questions, edited for clarity, along with our responses from the Clinicient Town Hall Forum on March 23rd.

Medicare E-Visits vs. Telehealth

Questions and Comments	Responses
I think many are finding it confusing when saying "e-visits" and "telehealth" for Medicare patients because they are different. PTs are not recognized as telehealth providers - at least not right now. I think many are finding it confusing when saying "e-visits" and "telehealth" for Medicare patients because they are different. PTs are not recognized as telehealth providers - at least not right now. I am confused now. How are E visits and teletherapy different? Is it for sure that PTA cannot do telehealth? Do you have a source? can PTA OTAs do e visits or telehealth Can PTAs do commercial telehealth do we know yet? Is it true that they are unable to perform e-visits (medicare)?	Medicare makes a distinction between e-visits and telehealth. From https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf: PTs, OTs, and SLPs are able to bill for e-visits, but assistants are not mentioned in the bulletin from CMS on March 17th "*Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:* [G2061, G2062, G2063]"

Where is the best place to get updates on Medicare and private insurance regarding tele-health? APTA, Medicare? Do we have any clarity about Medicare paying PT for Telehealth? People are using E-visits and telehealth interchangeably. I believe they are looked at quite differently by Medicare. Can you clarify? I thiink you need to clarify that telehelth and E-Visits are not the same. You can't use them interchangeably. This is Rick Gawenda. Telehealth is not covered and you can charge Medicare patients cash as of right now and an ABN is not required. What needs to be sent to a MEDICARE telehealth patient prior to their visit? Is there any thing specific they need to be informed of and sign?	See Rick Gawenda's comment: There is no need to give Medicare advanced notification that you are planning to provide e-visits to a patient. (Thank you, Rick!) You may let your patients know that e-visits are available, but they must request the service.

Providing and Documenting Medicare E-Visits

Questions	Responses
Should the documentation be done as a follow-up visit? Could a therapist provide e-visit from the therapist's home? Then does the current visit use the usual clinic as the place of service? Are these G codes currently in InsightGo ? for e-evisits(Medicare): states a patient portal is needed? sure we cant use zoom, skype or facetime? thought HIPPA was waived until " disaster is over" what is this patient portal? .. also talk about insightgo for pts in the home, how will this benefit a provider who is going into the home and when will it roll out..? If I have blended visits (some evisits/some in clinic) how will clinicient billing keep those separate? with documentation for the 7 days , what if we talk to them more than once. We need to schedule them to document , should we only bill on the last visit for the week? , what about the 2nd week?	Since Medicare E-Visits are only for "established patients", we are assuming that they would be appropriately done as a follow up visit, not an initial evaluation. We don't see any reason that an e-visit could not be done from the therapist's home, but the place of service for e-visits is the clinic. We are adding the e-visit "G-Codes", billing rules, and CR modifiers to all client databases in the very near future. When those elements are added, therapists will be able to document procedures that could conceivably be completed remotely along with the appropriate e-visit code. At sign off, the system will automatically "roll" the normal CPT code into the appropriate e-visit code: There is no problem utilizing a hybrid approach of some less frequent in clinic visits and e-visits.

	E-Visit Codes (G2061, G2062, G2063) are based on cumulative time over a 7-day period. If you are providing multiple e-visits within a 7-day period, you will need to track the cumulative time so you can apply the correct e-visit code for that 7-day period. Our general advice is to provide e-visits once weekly when appropriate to decrease the complexity of tracking cumulative time over multiple visits.

Commercial Payers

Questions	Responses
Just to clarify-Is the 02 code built in yet to InsightGo?	The newest version of the system for supporting commercial telehealth requirements is currently in release. At this writing, we expect the release to be completed by Thursday, March 25th. The new codes and modifiers necessary for telehealth services are included in that release.
So what do we do at this point with our telehealth visits that we are already doing. So far we have not signed off on any of these notes waiting to make sure that we have those get coded correctly with the POS code etc	Complete your telehealth visit documentation that is in process or already completed, but do not sign off on those visits until the new version is in place, and the payer setup is completed.
I HAVE FOUND OUT WHEN CALLING ON THE COMMERCIAL SIDE, ASH(AMERICAN SPECIALTY HEALTH) THEY ARE TELLING US TO BILL OUR NORMAL CODES HOWEVER PLACE OF SERVICE 02, WE ARE CALLING ON OUR BLUE CROSS PLANS AND SOME COVER TELEHEALTH AND SOME DO NOT, HUMANA	You will need to check each commercial payer to learn about their telehealth policies and requirements.

IS TELLING US TO BILL OUR REGULAR CODES HOWEVER PLACE OF SERIVCE 02. For the CPT and R codes that Clinicient plans on releasing this week. Will they be under the Procedures/Charge Ticket items? DR and CR r to both be used for institutional claims. Our state is required to cover telehealth, can I get clarity on what codes we would use for telehealth commercial visits. Is it just the normal 97110/97112 codes with correct modifier and place of service as "02", or is it 98970-98972?	

Other Payers

Questions	Responses
We talk onlu about Medicare and commercial insurances. What about public insurances like Illini Care or Meridian. Any changes with CPT codes for public insurances? Are we allowed to do e-visits?	Unfortunately, we have to assume that other non-Medicare payers will have varying policies and requirements. You will need to check with each payer.

State Requirements

Questions	Responses
Governor Newsom released memo on telehealth in state of CA stating all commerical payors must reimburse same amnt that was billed in clinic for their teleheatlh visit. Is there such a memo from Governor Cuomo in New York? this is what we will need so we dont have to check with each individual payor within the state.. thx	We think that is great news. But, even though the governor ordered all commercial payers to pay for telehealth, you will still need to know the exact documentation and claims requirements for each payer. We are asking all of our clients to send us information about any new state mandates, including New York.

Risk Mitigation

Questions	Responses
We just had a PT patient at 8 am today, around 11 am, he called that his friend who came for dinner 2 days ago was notified by his employer that his co-worker was tested positive & requested to self-quarantine. His friend didn't have symptom & waiting if test will be given. The patient didn't have symptom as well. Should we close the clinic & self-quarantine for 2 weeks & do Telehealth? WE ARE STILL SEEING SOME PATIENTS IN THE OFFICE, YOUR SUGGESTION FOR SIGN IN, TRYING TO KEEP THE HANDLING TO A MINIMUM.	We believe that you need to balance the benefit of hands-on in person care in your clinic or in the patient's home with the risk of transmitting the virus to your patient, yourself, your family and your staff. In most instances, we believe it is appropriate to utilize some type of remote therapy approach utilizing available teleconferencing and Keet.

Clinicient

Other Resources

Questions	Responses
Have you had a chance to get the Forum set up?	The Empower Forum is set up for Clinicient clients: https://go.empowerconnect.com/ClinicientDiscussionsHome?t=discussion and search for COVID. The Clinicient website is hosting publicly facing resources: https://www.clinicient.com/resource-center/

Other Issues

Questions	Responses
a little off topic, but you may want to let people know that I found out from my Professional LIability company that they started including in policies over the last 1-2 years an exclusion for "Communicable DIseases" --	Good to know.

The information provided herein is intended to be general in nature. Please contact the Centers for Medicare and Medicaid Services (CMS) for specific Medicare requirements -- www.cms.gov.

Clinicient Town Hall FAQ – March 30

March 30, 2020 | Rev 1.0

Category	Question	Answer
Providing and Documenting Telehealth/E-Visits	Would you please address the fee schedule settings? When I checked on Friday CMS had not published allowed amounts for G0261 - G0263. The rates added to fee schedules seem to be the same across all clients.	Yes. We arbitrarily established a fee for these services because CMS had not established allowed payments for these services. We estimated the fee based on RVUs when available for any of the remote visit services. We did not try to calculate any geographical variability. When a fee schedule is established for these services, we will be able to update fee schedules accordingly.
	I know that Clinicient has updated the Place of Service (POS) option to include Telehealth/E-Visit options. Does this automatically populate the GT and POS telecommunication billing codes?	No. There's too much variability in the current guidelines for us to apply modifiers and POS automatically. They must be applied by the therapist manually.
	In case this is not brought up, we did a trial billing for Medicare and it was denied with the GP CR modifier stating modifier is not consistent with billing codes and we used the G2063 code so we are going to take off the GP and try again.	You need to apply the appropriate E-Visit code (G2061, G2062, G2063) to trigger the billing rules which will roll time spent on procedures into the selected E-Visit code. If you're still having issues, please submit a case to Support in the Empower Community: go.empowerconnect.com.
	Trying to figure out how to do these E-Visits and document multiple days within the 7-day period. Today I spoke to Sue for 10 minutes and she wants to have another on Friday. We don't know how to go about arriving today, doing a note and then doing one on Friday for the cumulative time for both dates. Won't today's visit cross over if it is signed off?	E-Visit Codes (G2061, G2062, G2063) are based on cumulative time over a 7-day period. If you are providing multiple E-Visits within a 7-day period, you will need to track the cumulative time so you can apply the correct E-Visit code for that 7-day period. Our general advice is to provide E-Visits once weekly when appropriate to decrease the complexity of tracking cumulative time over multiple visits.
	Can PTA's and COTA's perform Telehealth?	PTs, OTs, and SLPs are able to bill for E-Visits, but assistants are not mentioned in the bulletin from CMS on March 17th "*Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these E-Visits and bill the following codes:* [G2061, G2062, G2063]"
	For Telehealth across state lines you might check to see if those states have a waiver for Sojourners into the state. Many states allow for pro teams, dance teams etc. to bring their PTs into the state and	Generally, you must be licensed in the state where the patient is located. We encourage you to start a conversation in the discussion forum in the Empower Community: go.empowerconnect.com

	not have to be separately licensed. Something that might open up some added opportunities for your clients that are traveling out of state.	
	Can you review billing in EMR for an E-Visit?	Please reach out to Clinicient Support in the Empower Community: go.empowerconnect.com
	Just to confirm, the POS set in the therapist's notes trumps other places where POS can be set?	Yes.
	I am interested in discussing the potential hold ups for CMS to allow for full Telehealth. I have heard that one hold up is the need for the physician involvement. Are we pushing the idea that this MD involvement could be waived and allow for us to move more into a primary care - direct access role?	Yes, we are advocating that rehab professionals be able to provide services without physician supervision.
	I know that Clinicient has updated the POS option to include Telehealth/E-Visit options. Does this automatically populate the GT and POS telecommunication billing codes?	We've added the E-Visit "G-Codes", billing rules, and CR modifiers to all client databases. At sign off, the system will automatically "roll" the normal CPT code into the selected E-Visit code. There's too much variability in the current guidelines for us to apply modifiers and POS automatically. They must be applied by the therapist manually.
	If an appointment is selected as Telehealth vs. home/clinic, will the Telehealth billing rule prevent standard CPT codes from being billed? I heard the POS 2 defaults to the 3 CMS codes?	No. Some standard CPT codes can be billed for a Telehealth visit for some commercial payers.
	To confirm with E-Visits, a CR modifier is needed, but no 02 is needed. Is an 11 or 12 needed, if so where is that applied?	For CMS E-Visits, it is our understanding the POS is the physical location of the therapist. If the therapist is in clinic, then it would be POS 11, if the therapist is in the home, then it would be POS 12. The original information from CMS indicated that the CR modifier is to be used for E-Visits (G2061, G2062, G2063). However, we have received feedback from therapy organizations indicating that different MACS are providing other guidelines. Please check with your individual MAC.

	On the APTA website there are Telehealth CPT CODES, can we use these codes?	As of 4/2/2020, PT/OT/SLP are not approved to provide Telehealth services under CMS, only E-Visit. Some commercial payers are paying for standard CPT codes commonly used by PT, OT, SLP performed as Telehealth visits.
	Do we still need the GP modifier for Medicare when billing E-Visits? Thank you all for your collaboration!	The original information from CMS indicated that the CR modifier is to be used for E-Visits (G2061, G2062, G2063). However, we have received feedback from therapy organizations indicating that different MACS are providing other guidelines. Please check with your individual MAC.
	What is the uber conference feature (how to use and what does it allow for us to do?) Is it available on Insight EMR?	For more information regarding Uber Conferencing, please see Teleconferencing with InsightGo and Uber Conference.
	For Telehealth - how do we know what modifiers to use? Do we need to call all the insurance companies and ask each one for each plan?	You will need to check each commercial payer to learn about their Telehealth policies and requirements.
	Where do you apply the correct modifier for home visits?	You need to apply the appropriate E-Visit code (G2061, G2062G2063) to trigger the billing rules which will roll time spent on procedures into the selected E-Visit code. For further assistance, please submit a Support ticket via the Empower Community: go.empowerconnect.com
Commercial Insurance	For BCBS coverage -- how are they asking for them to be billed as far as modifiers, place of service, etc. Have they released a national policy yet or is it still just state-by-state, plan-by-plan?	Please go to the COVID-19 Resource Center on clinicient.com. We will post any resources we receive and find helpful to our clients.
	Can Telehealth be done for a patient who is out of network with our clinic or can it only be done on patients who are in network?	You will need to check each commercial payer to learn about their Telehealth policies and requirements.
	Once an appointment is selected as a Telehealth visit with a commercial insurance, is the therapist going to be putting in the "95" modifier or does the Clinicient software put it in for the billing?	The original information from CMS indicated that the CR modifier is to be used for E-Visits (G2061, G2062, G2063). However, we have received feedback from therapy organizations indicating that different MACS are providing other guidelines. Please check with your individual MAC. If you still have questions, please open a Support case with the description "multiple modifiers". You can submit a support case
	Do you have any information regarding Telehealth coverage for Florida Blue	You will need to check each commercial payer to learn about their Telehealth policies and requirements.

	commercial and MC advantage plans including coding?	
	Be careful to assume because I contacted BC Anthem that they will not pay for our patient in OR. Standard BC will pay for OR patients for the patients I checked.	Thanks for the information. We encourage you to start a conversation in the discussion forum on the Empower Community: go.empowerconnect.com
	CR modifier, is this only Medicare or do you know about other payers? Thank you all!	You will need to check each commercial payer to learn about their Telehealth policies and requirements.
	Does anyone have info regarding billing Aetna Telehealth. What POS do we use?	You will need to check each commercial payer to learn about their Telehealth policies and requirements. You can also visit the COVID-19 Resource Center on clinicient.com. We will post any resources we find helpful to our clients.
	Are institutional providers able to be Medicare and Blue Cross - policies stating "professional"?	You will need to check each commercial payer to learn about their Telehealth policies and requirements. You can also visit the COVID-19 Resource Center on clinicient.com. We will post any resources we find helpful to our clients.
Support	We are having some issues with the E-Visit codes not appearing on all the procedure pic lists for all the Medicare patients. Any thoughts?	Please reach out to Clinicient Support in the Empower Community: go.empowerconnect.com
	We were told by Clinicient support on Friday that a second modifier box was going to be added. We need a second modifier box because of Medicaid authorizations. Any updates on that?	Please reach out to Clinicient Support in the Empower Community and open a case with a description of "Multiple Modifiers." go.empowerconnect.com
	I had difficulty finding tasks in Insight go. We rely on this to communicate with our team. Am I missing the location of where it is?	InsightGo is designed for ease of use with built in app learning. For additional support, please reach out to Tristan Robinson at trobinson@clinicient.com.
	Can you use regular insight on a cell phone incase someone does not have Wi-Fi or can you only use InsightGo?	Therapists can document on-the-go on their mobile device using the InsightGo tool. You will need Wi-Fi or data in order to access InsightGo as it is a browser-based tool.
	Is there a backlog for Keet health? I signed up last week and haven't had a response.	Upon Agreement signature of the Keet 90-day trial, clients will receive email communication from Keet Implementation with next steps. Please reach out to Keet Implementation at implementation@keethealth.com or 512-401-3027, option 2

	Are evaluation templates made in InsightEMR now available in InsightGo?	Yes.
	When you select the place of service, does that automatically apply the appropriate modifier for treatment at home?	We don't see any reason that an E-Visit could not be done from the therapist's home, but the place of service for E-Visit is the clinic.
	Are all possible modifiers loaded in the system and ready to be applied?	We've added the E-Visit "G-Codes", billing rules, and CR modifiers to all client databases.
	Any update on a report we run to sort by POS?	We do not yet have a report for POS.
Other/Misc.	Thanks for doing these webinars - Is Telehealth and E-Visits the same as far as just following up on the patient or is Telehealth more of doing active therapy?	Medicare makes a distinction between E-Visits and Telehealth: cms.gov – Telemedicine Toolkit
	So E-Visits might be covered. Does it matter if Zoom or Skype is used?	We encourage you to use the teleconferencing technology that you are most comfortable with.
	Do we know anything about reimbursement for Telehealth? Is it typically the same as in clinic?	When Telehealth visits (not E-Visits or virtual check-ins) are covered by the payer, they're typically paid the same as in clinic.
Resources	Where is Jerry's spreadsheetavailable?	Telehealth and Remote Visit Code Coverage
	Clinicient's Town Halls will be hosted daily until further notice. For access to Town Hall webinars and documents/resources shared in our discussions, please visit our COVID-19 Resource Center: COVID-19 Resource Center	

Clinicient Town Hall FAQ – March 31

March 31, 2020 | Rev 1.0

Category	Question	Answer
Providing and Documenting Telehealth / E-Visits	Thoughts about doing a Telehealth appointment and not signing it until we know if CPT codes will be paid? Versus e-visit low reimbursement now?	We recommend therapists hold off on signing until we have more clarity from CMS.
	Do you think we should hold on submitting Medicare visits until an update is sent by CMS approving for PT's to bill Telehealth?	Yes.
	Is it okay to treat out-of-state patients via Telehealth?	Generally, you must be licensed in the state where the patient is located. We encourage you to start a conversation in the discussion forum in the Empower Community: go.empowerconnect.com
	If we can use the 97 codes now for Medicare, do they take the CR modifier like the e-visit codes?	The CR modifier is to be used for E-Visits (G2061, G2062, G2063). As of 4/2/2020, PT/OT/SLP are not approved to provide Telehealth services under CMS, only E-Visits.
	How many times per week can you see Telehealth visits?	The guidelines are based on minutes and complicated, but the easiest way to consider this for Medicare is one "e-visit" per patient per week.
	The E-Visits don't seem to be functioning exactly as designed, or maybe I misunderstood how they would work. Could you clarify and walk through entering minutes/charges for E-Visits and how it will translate to units when the note is signed?	Please visit Clinicient's COVID-19 Resource Center: COVID-19 Resource Center
	I saw information on adding modifiers in Clinicient for E-Visits. Is it the same process for adding the modifiers for Telehealth? If Medicare allows Telehealth do we still use the same modifier as the E-Visits?	Yes, the process for adding modifiers is the same. You will use a different modifier for Medicare Telehealth.
	I was under the impression that a Telehealth visits can only be billed once a week and billed based on the amount of total time spent online with a patient in a 7-day period. Can we bill a patient more frequently than once a week?	E-visit Codes (G2061, G2062, G2063) are based on cumulative time over a 7-day period. If you are providing multiple E-Visits within a 7-day period, you will need to track the cumulative time so you can apply the correct e-visit code for that 7-day period. Our general advice is to provide E-Visits once weekly when appropriate to

		decrease the complexity of tracking cumulative time over multiple visits.
	Is there any further clarification about whether E-Visits or remote visits like Telehealth for Medicare patients will count to the 10-visit rule?	To our knowledge, Telehealth or E-Visits count towards the progress reporting period.
	I'm still unclear on time spent with a patient on e-visit. In the example you have for Uber conferencing shows a 60 min ex. as a 30 min e-visit. Is that automated?	Thank you for bringing this to our attention. We will review as it is possible it is not accurate. The emphasis for that video was to highlight how to use Uber Conferencing and less about correct documentation. We will look at that this today, and again, thank you for highlighting that it might not be correct.
Providing and Documenting E-Visits (Modifiers)	We spoke with the Support team and they said that they were working on a second modifier box at sign off. We need it for our Medicaid clients needing prior authorization because we need to add the 96 or 97 modifiers for the claim to pay. Any updates on that?	Please reach out to Clinicient Support in the Empower Community and open a case with a description of "Multiple Modifiers": go.empowerconnect.com
	Do we use the modifier 95 or CR when doing an E-visit for a Medicaid patient?	Use the CR modifier.
	How do I find out about the allowed codes and modifiers?	Please visit Clinicient's COVID-19 Resource Center: COVID-19 Resource Center
	How should we manually input a payer that requires two modifiers? For example, our Texas Medicaid plans require that an assistant have a UB modifier, and therapists a U5 modifier. They also want a 95 modifier for Telehealth, but the sign off screen only allows 1 manual modifier input. What do you recommend we do in this situation?	Please reference 4/2 Town Hall Meeting. If you still have questions, please open a Support case with the description "Multiple Modifiers". You can submit a support case via the Empower Community: go.empowerconnect.com
	If not covered by another caller/question, please comment on CMS's latest release to cover Telehealth using standard 97 codes.	Jerry is recommending holding until more clarity with the 97 codes.

	If we can use the 97 codes now for Medicare, do they take the CR modifier also, like the e-visit codes?	The CR modifier is to be used for E-Visits (G2061, G2062, G2063). Currently, as of 4/2/2020, PT/OT/SLP are not approved to provide Telehealth services under CMS, only E-Visits.
	When we add the CR modifier for Medicare E-Visits- it doesn't zero-out the CPT codes, is it supposed to?	You need to apply the appropriate e-visit code (G2061, G2062, G2063) to trigger the billing rules which will roll time spent on procedures into the selected e-visit code.
	Try the modifier in position 2 if in 4 it truncates it. At least that is what happened to me.	Please reference 4/2 Town Hall Meeting. If you still have questions, please open a Support case with the description "Multiple Modifiers". You can submit a support case via the Empower Community: go.empowerconnect.com
	Under section 1834(m) PTs are not included. Does this supersede the announcement yesterday from CMS announcing that PT will be covered with limited CPT codes?	We believe that CMS may be changing the rules and therefore have changed some, but not all yet. We also are encouraging individuals to use the CMS template letter to send an email to CMS, urging them to use their 1135 waiver authority, which can be found on this page: apta.org/Telehealth; as is AOTA and ASHA. We also are encouraging individuals to use the CMS template letter to send an email to CMS, urging them to use their 1135 waiver authority, which can be found on this page: apta.org/Telehealth
Commercial Insurance	This isn't a question. Just a statement from American Specialty Health (ASH). They are accepting Telehealth via CPT codes 97161-GQ, 97162-GQ and 97110-GQ. They also stated to use 11 for place of service. Have you all heard this?	Fabulous! For more information, visit ashlink.com
	Are you hearing anything from Humana Commercial regarding covering Telehealth? Also, how are others handling evals for new referrals for Tricare?	You might find Telehealth and Remote Visit Code Coverage helpful. We encourage you to also start a conversation in the discussion forum in the Empower Community: go.empowerconnect.com
	I asked this question on Marcy 27 and again yesterday, but I was wondering if Telehealth can be done with a patient who has a commercial insurance that our clinic is not in network with?	Each commercial payer has its own guidelines related to Telehealth. You'll need to contact the payer directly.
	If you don't see your question regarding commercial insurance above, we encourage you to start a conversation in the Empower Community: go.empowerconnect.com	

Risk Mitigation	Here in North Carolina, PT has been deemed an "essential" service so we are able to remain open on a limited basis, there's a high probability that either a patient or a staff member might end up testing positive. What are others doing about this situation as to the next steps? I.e. should we close immediately if that happens, inform all patients, etc? If so, what is the suggested or requisite time frame until we can re-open? Any suggestions?	We believe that you need to balance the benefit of hands-on in person care in your clinic or in the patient's home with the risk of transmitting the virus to your patient, yourself, your family and your staff. Please resort to your state's social distancing guidelines. Alternatively, we believe it is appropriate to utilize some type of remote therapy approach utilizing available teleconferencing and Keet.
Other/Misc.	Is this Medicare cash program a loan rather than a grant?	Please reference 4/2 Town Hall Meeting. If you still have questions, please open a Support case with the description "Multiple Modifiers". You can submit a support case via the Empower Community: go.empowerconnect.com
	Should we wait to sign off on notes and bill payers?	Assuming your question is about Telehealth visits, we recommend that you hold off on signing until we have more clarity on PT/OT/SLP being approved as Telehealth providers.
	Holly would you send me the link to start Keet. Thanks.	Please visit Keet's website to get started: keethealth.com
	Is there specific verbiage to include in our documentation when doing Telehealth?	There is some recommended verbiage. For more information, see Telehealth and Remote Visit Code Coverage
	Is it HIPPA compliant?	HIPAA-compliant technology has been relaxed during the COVID-19 crisis. The HIPAA-compliant technologies tend to have an added charge to them. We encourage you to use the teleconferencing technology that you are most comfortable.
	From you all understand do all billable communication with a patient it has to be done on a patient postal type of platform, also when will the provider checklist be added to Clinicient.	Many providers are using a teleconferencing service. Jerry provided more context during the 4/2 Town Hall. Please provide more context regarding "provider checklist".
	Do we charge or hold off on any copayments?	CMS waived co-payments and co-insurance during this crisis. Unfortunately, we are not sure what this means and cannot provide more guidance. We are not sure if it is lost revenue or deferred.

	I have a workflow question. I'm assuming we need to go ahead and just keep writing recertification notes to fax to the doctor asking to extend the plan of care due to coronavirus. Is that correct?	Yes.
	Best way to get therapists trained ASAP on InsightGO for PT offering Telehealth from home? When signing, I can't find where to add location code (it won't let me sign note in InsightGO without the location code).	InsightGo is designed for ease of use with built in app learning. For additional support, please reach out to Tristan Robinson at trobinson@clinicient.com.
	Not compliant unless you have an agency licensed with signed BAA – Is Clinicient doing this for its customers?	BetterPT, a preferred partner, is a HIPAA-compliant technology. HIPAA-compliant technology has been relaxed during the COVID-19 crisis. The HIPAA-compliant technologies tend to have an added charge to them. We encourage you to use the teleconferencing technology that you are most comfortable.
	We are struggling with uber conference and the iPad or phone. Does this app only work on a computer or am I missing something?	The best experience is laptop to laptop using a Chrome browser. We included Uber Conf because we felt it was the easiest but as with all video conferencing technology, they come with pros and cons. We encourage you to use the one that works the best for you.
Resources	What is the source for the document Jerry showed that states that payment for PT/OT/SLP is not covered?	For more information, please visit: cms.gov
	Can you put a list of the CPT codes that we could use for teletherapy for PT, OT and ST in the Empower community?	For more information, see Telehealth and Remote Visit Code Coverage
	Clinicient's Town Halls will be hosted daily until further notice. For access to Town Hall webinars and documents/resources shared in our discussions, please visit our COVID-19 Resource Center: COVID-19 Resource Center	

Clinicient Town Hall FAQ – April 2

April 2, 2020 | Rev 1.0

Category	Question	Answer
Providing and Documenting Telehealth / E-visits	Do we have reimbursement amounts for those codes?	If the question is related to the new codes we are adding, those reimbursement amounts will be specific to the payer. If I misunderstood your question, please ask again.
	Because I have not seen a signed note, does the modifier attach to each line item? As the biller, if I must make changes, I would need to know.	Please contact Support directly. You can also submit a Support ticket via the Empower Community: go.empowerconnect.com.
	If we do an E-Visit with a Medicare patient do we put the appointment down as "clinic" for POS and not Telehealth?	It is our understanding that for Medicare E-Visits, the POS should be the physical location of the therapist. If the therapist is in the clinic, then use clinic. If the therapist is at their home, then use home.
	Do you have any information on ability to bill Telehealth services (or E-Visits for Medicare) over state lines?	For the Medicare E-Visit codes, it is our understanding the (POS) should refer to the physical location of the therapist. If the therapist is conducting the visit from the clinic, then POS should be clinic. If from his/her home, then POS should be home.
	How do therapists automatically apply a modifier?	Historically, we have automatically applied the 59 modifier. For these new modifiers, we're not automatically applying them as so much is changing.
	Did you discuss whether we need the CR modifier on the G2061-G2063 codes?	Yes. The original information from CMS indicated that the CR modifier is to be used for E-Visits (G2061, G2062, G2063). However, we have received feedback from therapy organizations indicating that different MACS are providing other guidelines. Please check with your individual MAC.
	Do we add the modifiers for each CPT code billed during a Telehealth visit?	Please contact Support directly. You can also submit a Support ticket via the Empower Community: go.empowerconnect.com.
	For Medicare, do E-Visits and Telehealth codes apply to the Medicare threshold?	Yes.
CMS Medicare	Does CMS require a signed POC for E-Visits?	Yes.
	We read that hospital outpatient clinics were excluded in the CMS guidelines with Telehealth. Is that how you read it as well?	That is our understanding. We are trying to clarify that ourselves. If you have a resource to this, we'd appreciate it if you sent that to Jerry Henderson at JHenderson@clinicient.com.

	Is the Medicare relief fund basically a loan?	Andrew Christman is suggesting that it is a version of the loan. It is our understanding that if it is $10K, there will not be interest, but you will still need to payback the $10K.
	What is the date that the application for Medicare Advanced Payments needs to be submitted by?	As of now, we are not aware of the actual date, just that it takes 7 days to process.
	I read that a Medicare patient must request teletherapy visits. How do they do this?	You can tell your patient that E-Visit services are available. If they want an E-Visit, they may request it.
State Requirements & Guidelines	For Oregon Workers Comp, I thought I heard therapist activity and therapist "ex" are the only codes that will be paid? This is third hand, so just wanted to ask if you know about Oregon Workers Comp CPT codes for Telehealth?	You will need to check each commercial payer to learn about their Telehealth policies and requirements.
	For some of the insurances we can bill for Telehealth encounters we can use 99451-99452 and online digital eval visit 98970-98972. Are you aware of that and can you add those codes?	To add codes for your organization, please submit a Support ticket via the Empower Community: go.empowerconnect.com.
	Yesterday the NY State Workers Comp question was asked. CPT Code: 99441, 2, 3. You did not mention these codes as being added	To add 99441 for your organization, please contact Support This is NOT one of the codes we are making available to all. You submit a Support ticket via the Empower Community: go.empowerconnect.com.
	FOR GEORGIA THEY TOLD US FOR WORKERS COMP TO USE OUR REGULAR CODES	Thanks for sharing! We encourage you to start a conversation in the discussion forum on the Empower Community: go.empowerconnect.com
Support	E-Visit codes that have been added to our topic tree and fee schedule are not accessible when therapist is in chart. Help?	Please submit a Support ticket via the Empower Community: go.empowerconnect.com.
	This might be a support case question, and if it is, that's ok. For G-codes, we billed our first round of G-codes to Aetna this week and our rep reached out to us and said we are billing over $1000 for a single G code visit. I was under the impression that the therapist could put the amount of numbers they spent with the patient in the minutes box and the system would roll that into the 1-unit charge. That doesn't appear to be happening. Should we only be billing 1	Please submit a Support ticket via the Empower Community: go.empowerconnect.com.

	minute for that charge?	
	How can we enter a second modifier? For our SLPA's, we need GT for teletherapy, as well as HM to indicate that it was an assistant.	Please submit a Support ticket via the Empower Community: go.empowerconnect.com.
Commercial Insurance	Is it true we cannot charge copayments for teletherapy sessions for any commercial providers?	CMS is waiving your obligation to collect the copay, but be careful to blanket that across all commercial payers.
	Is anyone able to do Telehealth with BCBS? They told me to go through Carecentris, which is a Home Health group that we have not been able to get into.	We have no information. We encourage you to start a conversation in the discussion forum on the Empower Community: go.empowerconnect.com
	Aetna is waving copays for Commercial and Medicare Advantage plans even if they're not related to COVID-19. Independence BC is waving copays only for COVID-19 related visits.	Thank you for the information. We encourage you to start a conversation in the discussion forum on the Empower Community: go.empowerconnect.com
Other/Misc.	Any indication that payers might relax timely filing?	Andrew mentioned that he has not yet heard that timely filing is being relaxed.
	What providers are paying for Telehealth or E-Visits?	You will need to check each commercial payer to learn about their Telehealth policies and requirements.
	If you are a Rehab Agency/Outpatient Rehab Facility you can bill Medicare Telehealth?	We do not currently have an answer for this.
Resources	Where can I find out what additional information, we must get from the patients for a Telehealth visit? Is there an authorization to do Telehealth?	We've covered this in the 4/7 Town Hall. You can also access the library of Clinicient's Town Halls by visiting the COVID-19 Resource Center.
	Clinicient's Town Halls will be hosted daily until further notice. For access to Town Hall webinars and documents/resources shared in our discussions, please visit our COVID-19 Resource Center: COVID-19 Resource Center	

Clinicient Town Hall FAQ – April 3

April 3, 2020 | Rev 1.0

Category	Question	Answer
Providing and Documenting Telehealth/E-Visits	Has any headway been made regarding adding the second modifier column on the HICFA forms so the billing can go out accurately?	Review 4/2 Town Hall. If you need further assistance, please contact support and open a case with a description of "Multiple Modifiers". Our Support team is working with clients to determine the best approach.
	Medicare is paying for standard PT codes for Telehealth. Do we enter the Place of Service as home or clinic to be sure there's no screw up with insurance reimbursement?	For the Medicare E-Visit codes, it is our understanding the POS should refer to the physical location of the therapist. If the therapist is conducting the visit from the clinic, then POS should be clinic. If from his/her home, then POS should be home.
	Our clinic is just overriding the modifier 59 with the Telehealth modifier. I just was wondering if Clinicient was considering finally adding the multiple modifier columns, just like on the HICFA forms, to its program so this situation won't come into play again? HICFAs have always had four modifier columns.	Review 4/2 Town Hall. If you need further assistance, please contact support and open a case with a description of "Multiple Modifiers". Our Support team is working with clients to determine the best approach.
CMS Medicare	I was reading the CMS rule for G-codes: it mentions they are relaxing enforcement of an 'established patient' during public health emergencies. Does this mean we can bill for a Medicare E-Visit without billing a full evaluation?	We have not yet been able to confirm this and cannot provide specific guidance but thank you for your information. We encourage you to proceed as you believe best given the information you do have.
	To the individual who asked about treating patients in other states: this was in the statement released from CMS on 3/30/20: Practitioner Locations: Temporarily waive Medicare and Medicaid's requirements that physicians and non-physician practitioners be licensed in the state where they are providing services. State requirements will still apply. CMS waives the Medicare requirement that a physician or non-physician practitioner must be licensed in the State in which she/he is practicing for individuals for whom the following four conditions are met: 1) must be enrolled as such in the Medicare program, 2) must possess a valid license to practice in the State which relates to his or her Medicare enrollment, 3) is furnishing services – whether in person or via Telehealth – in a State in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity, and	Thank you for this information.

	4) is not affirmatively excluded from practice in the State or any other State that is part of the 1135 emergency area. I just found this on the CMS website about ABN. This information is listed under Other Prohibitions Transfer liability to the beneficiary when Medicare would otherwise pay for items and services. This might apply to the new evals.	
	Have you heard that Medicare may send your average monthly payments to the provider? I heard from a dentist this is true, but not sure if it applies to PT.	There is the accelerated and advanced Medicare program. Request to your MAC website. You will need to complete information and will accelerate 90-days cash flow. There are a few considerations. See link for more information: cms.gov – Accelerated/Advanced Payments
	Have you heard any more about Medicare and whether we can take new patients?	We honestly have not been able to confirm this but encourage to please proceed with the information Medicare has provided.
State Requirements & Guidelines	We are from NY and they are requesting 99441 be billed for Worker's Compensation for telemedicine. Is the Worker's Compensation code, 99441, going to be added to the system?	To add 99441 for your organization, please contact Support. This is NOT one of the codes we are making available to all. You submit a Support ticket via the Empower Community: go.empowerconnect.com.
	I've seen Facebook posts stating some therapists have contacted the Licensure Board of the state in which they treat (close border issue), but do not have current licensure and have been able to receive a temporary license easily and quickly.	Great information. Thank you!
	I have confirmation from BCBS of Delaware that they are NOT paying the co-pay.	You will need to check each commercial payer to learn about their Telehealth policies and requirements.
	I have conflicting info from payer to payer regarding the cost-share in Louisiana.	For further assistance, please visit Telemedicine Rules for Louisiana.
	Cost sharing waived in NJ also.	Thank you.
	BCBS NC is covering Telehealth for all specialties including PT	Thank you. We encourage you to start a conversation in the discussion forum on the Empower Community: go.empowerconnect.com
Commercial Insurance	Will Blue Shield pay for Telehealth codes other than 97110?	You will need to check each commercial payer to learn about their Telehealth policies and requirements.
	Someone said the insurance companies waving the copays becomes the providers responsibility. Is this	You will need to check each commercial payer to learn about their Telehealth policies and

	correct?	requirements.
	Can SLPs provide evaluation sessions via Telehealth with NEW patients? Is this covered by all insurance types and is there a special way to document/codes to use?	This will be payer by payer. Medicare will not allow this to-date.
	Copays are waived, but insurance is paying it. It is not a cost savings for insurance companies.	Thanks for the information.
Support	How can I bill an E-Visit for a Medicare Advantage Plan? If I create a "visit" in my schedule and check in the patient, they'll be required to pay a copay counting as one of their authorized visits.	Please submit a Support ticket via the Empower Community: go.empowerconnect.com. Our Support team should be able to help you on the specifics and make sure this is setup correctly for your organization.
	Some payers are asking for Place of Service 11. The Telehealth location option on the appointment is pulling POS 2 and negating the therapist codes, pulling them into the timed CMS codes due to the billing rule. What is the work around for this? Choosing "clinic" and not "Telehealth" doesn't help as the charges need to have appropriate modifiers added. For busier companies, it's nearly impossible to determine what visits are Telehealth, as the charges tab doesn't include appointment type to sort/add correct modifiers.	Please submit a Support ticket via the Empower Community: go.empowerconnect.com. Our Support team should be able to help you on the specifics and make sure this is setup correctly for your organization.
Other/Misc.	I am assuming then we SHOULD NOT BE COLLECTING COPAYS?	This is dependent on the payer. If cost sharing has been waived, you are not obligated to attempt collecting co-pays and co-insurance.
	Does the cost sharing reduction include out of network providers?	You will need to check each commercial payer to learn about their Telehealth policies and requirements.
	Self-insured plans have their own rules regarding cost-sharing.	Thank you.
Resources	Where can I find the spreadsheet about coverages by different plans?	Please visit, Telehealth and Remote Visit Code Coverage.
	Does anyone have a direct contact for N95's or other masks? *Continued...* We are working with a limited amount of personal. I only need fifty.	I am going to inject this as a call for help. How many do you need? I personally have a contact to a supplier but for very, very large quantities. *Continued...* I would love for us to get a conversation on this going on Empower discussion forum – go.empowerconnect.com

	Where on the CMS website is that form to fill out to ask for money?	This was posted in the chat window. Please reference.
	Clinicient's Town Halls will be hosted daily until further notice. For access to Town Hall webinars and documents/resources shared in our discussions, please visit our COVID-19 Resource Center: COVID-19 Resource Center	

Clinicient Town Hall FAQ – April 6

April 6, 2020 | Rev 1.0

Category	Question	Answer
Providing and Documenting Telehealth/ E-Visits	I have a therapist that knows a patient well and is going to their home to provide therapy (which we have never done). Other than a POS Home is there a modifier required for in home visits?	Not that we know of.
	We are starting an auditing system and have found it helpful for auditing modifiers, but not for POS. Can you provide guidance on reporting for that?	Thank you. We do not yet have a report for POS.
	How are other providers mitigating the high cancellation rate for Telehealth visits? We are experiencing about 25% cx/ns rate despite automated appointment/phone reminders?	Hope you can join the webinar on patient engagement & Telehealth. If others chime-in, I will repeat their comments. Otherwise, we encourage you to start a conversation in the discussion forum on the Empower Community: go.empowerconnect.com
	In response to the question about cancellation rate for Telehealth, we currently have a 0% cancel rate. We have the therapists call the patients themselves to arrange the visit. Maybe that help?	Thank you for adding that information.
	What are the preferred platforms for Telehealth/E-Visits?	Uber Conferencing is embedded in InsightGO, and we also recommend our preferred partner, BetterPT. However, you can use any teleconferencing platform that you are comfortable with (HIPAA requirements are relaxed) and do your documentation in Insight.
	We've had success with doxy.me which is HIPAA compliant.	Thank you.
	Can you repeat the codes that are covered by Telehealth?	Please go to the COVID-19 Resource Center on clinicient.com. There is a spreadsheet located there that can provide details to the best of our understanding currently.
	We got an email this morning from CMS stating that POS should be equal to what it would have been had the service been furnished in person.	Yes, for E-Visits that is our understanding as well. Thank you.
	If transmitting Medicare claims right now, should we be using C2061-G2063?	Yes, those are the only remote visit codes that are approved by traditional Medicare payers (currently).

HOME HEALTH IS 12	Thank you.
Is anyone seeing Medicare via Telehealth, holding their claims with the hope they will approve Telehealth versus the current E-Visits?	That is our hope too, but no promises.
Do we use the GP code when billing for Telehealth and E-Visits?	Seems to be all over the map based on feedback that we are getting today.
Any word on where things stand with Medicare regarding whether we can see a new patient?	The E-Visit codes must be done with an "established patient." The most conservative interpretation is POC, and least conservative is a patient already to the clinic. We don't have further clarity regarding this.
Is Telehealth just for private practice and not institutional billing?	CMS approved the Telehealth codes, but not PT,OT,SLP. Only the E-Visit codes are approved for PT,OT,SLP.
What is the place of service code if we elect to provide treatment to our patients in their home?	POS = 12 or home
I'm getting patients telling me that evals ARE getting approved. I am leaving it up to the patient to check with their provider and the patient to sign a waiver of financial responsibility if they do not cover it.	Thank you.
I received communication from Medicare late Friday night with the following information: - Place of Service (POS) equal to what it would have been had the service been furnished in-person. Modifier 95, indicating that the service rendered was performed via Telehealth. As a reminder, CMS is not requiring the CR modifier on Telehealth services. However, consistent with current rules for Telehealth services, there are two scenarios where modifiers are required on Medicare Telehealth professional claims: - Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier. - Furnished for diagnosis and treatment of an acute stroke, use G0 modifier. There are no billing changes for institutional claims; critical access hospital method II claims should continue to bill with modifier GT.	Thanks for the information!
I received notice the CR should now be 95.	Thank you. Would love more context on if that was specific for the E-Visit codes. We encourage you to start a conversation in the discussion forum on the Empower Community:

		go.empowerconnect.com
Commercial Insurance	Everything I've read on Aetna Telehealth has stated Modifier GT with POS 02 will be required for 1500 forms. If there was a new announcement this morning stating something different, can that be shared to the group?	Please go to the COVID-19 Resource Center on clinicient.com. We will post any resources we receive and find helpful to our clients.
	Aetna does NOT accept 97530...	Thanks for the clarity.
	Aetna initially wanted POS to be Telehealth. Just got an email that they now want it to be Clinic.	Thank you for the information.
	Aetna wants Clinic for 97000 CPT Series.	Thank you.
	I have an Aetna announcement from today with the GT modifier being used.	Good to know. Thank you.
	Every time I call Aetna I'm told that they waive patient responsibility (including deductibles) during the pandemic. I've made sure to ask if this applies for PT or only for COVID related treatments. They always say that it is waived for all treatments via Telehealth.	Thanks for the information. We encourage you to start a conversation in the discussion forum on the Empower Community: go.empowerconnect.com
	We just got paid for an Aetna claim for Telehealth. 02 place of service with GT modifier.	Hurray!
	Cigna also limits 97110 to two units max.	Thank you.
	For Cigna are you showing a two-unit limit?	Yes.
	What Cigna e-eval and re-eval codes are accepted?	Please visit, Telehealth and Remote Visit Code Coverage.
	We have GQ also for 97000 CPT Codes for Cigna.	Thank you.
	From my research, Cigna only allows CPTs 97161, 97162 and 97110 for PT.	Thank you for the information!
	I called Cigna on 03/27/20. I was told there are commercial plans and there are Medicare Advantage Plans with Cigna. If you are filing a claim on a Cigna Medicare Plan then it will be GT but if it's a commercial plan then it will be a 95. The POS is will 02 for both.	Thank you for sharing.
	Monitor Monday teleconference today said that you must call each commercial insurer for POS and modifier requirements since they are not necessarily following Medicare requirements.	We encourage providers to check each commercial payer to learn about their Telehealth policies and requirements.
	Looks like UHC has put a term on the eligibility of PTs to bill Telehealth. Haven't seen that with any others. Has	We encourage you to start a conversation in the discussion forum on the Empower

	anyone else?	Community: go.empowerconnect.com
	As TriWest is administered by Optum which also administered by UHC, are we aware if TriWest is following CMS or UHC guidelines?	No we are not aware of this.
	I also received a memo from our MAC Palmetto GBA discussing Telehealth, but it made no mention of if PTs were to be covered under Telehealth now.	Thank you.
	We're having problems getting Blue Shield to pay for evals with 97530. They just denied our appeals. Do you have documentation we can use in our appeal to get them to see this rule was changed?	Some commercial payers do not pay for 97530 as Telehealth service.
Payment	WE'VE BEEN TOLD TO COLLECT FROM PT AND THEN REFUND IF THEY PAY IN FULL.	This is dependent on the payer. If cost sharing has been waived, you are not obligated to attempt collecting co-pays and co-insurance.
	Are clinics doing teletherapy collecting co-pays?	This is dependent on the payer. If cost sharing has been waived, you are not obligated to attempt collecting co-pays and co-insurance.
	Is cost sharing occurring? Are co-pays being waived and are insurances paying fully?	This is dependent on the payer. If cost sharing has been waived, you are not obligated to attempt collecting co-pays and co-insurance.
	Has anyone received payment on a Telehealth visit?	We encourage you to start a conversation in the discussion forum on the Empower Community: go.empowerconnect.com
	What is Medicare paying regarding the codes for E-Visits?	It is our understanding, G2061 is approximately $12, G2062 is approximately $22, G2063 is approximately $34 depending on your location.
Support	Where can clinicians find the modifier 95 to apply?	It needs to be applied by the therapist. Drop down grid to apply it. You can call support for additional help or submit a support case via the Empower Community: go.empowerconnect.com
	If there has been miscoding for POS, can the biller go in and adjust this and if so where?	Someone from our Support team can assist you with this. Please submit a support case via the Empower Community: go.empowerconnect.com
Resources	Will John Woolf's presentation be a separate registration from the Town Hall meeting?	Yes. If you have not received the invite, please visit Conducting Telehealth for Your Patients to register.
	CMS put out a video today on Telehealth including E-	Thank you. We will post it in the resource

	Visits and it addressed the CR.	center.
	Can you record the Telehealth webinar on Wednesday?	Yes, it will be recorded, but you will need to register to get the recording. You can also find a copy of Clinicient's webinars in the COVID-19 Resource Center on clinicient.com.
	Medicare Coverage and Payment of Virtual Services - CMS released a video providing answers to common questions about the Medicare Telehealth services benefit. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.	Thanks for sharing. We'll be updating our COVID-19 Resource Center on clinicient.com with materials mentioned in our Town Hall webinars.

Clinicient Town Hall FAQ – April 7

April 7, 2020 | Rev 1.0

Category	Question	Answer
Providing and Documenting Telehealth/E-visits	Have you created that statement about patient consent to Telehealth visits due to COVID-19 in the system that we can pull into note or do we need to create it?	Our recommendation is to save a "boilerplate" statement that can be saved and edited for each therapist. Here is a starting point: *"The patient requested, and has consented to, this virtual visit in lieu of an in person visit to mitigate the risk of COVID-19 transmission. This visit was completed utilizing videoconferencing technology from my home office. The patient has previously consented to the use of this technology and the storage of video recordings. In addition, the patient understands that as providers we are not responsible in the event of a technology failure. Prior to the visit, the patient's identity and location was verified. The clinical decision making that occurred as a result of the visit is included in the chart note."* Each therapist can revise the statement to personalize it for your needs, keep it in a document, then paste it into a summary statement for each remote visit.
	How do you suggest we verify the patient ID upon eval if you've never meet them in person?	Attendees have suggested to ask the patient to hold up their driver's license and display it at the beginning of care.
	This is the first I've heard of keeping a video recording. Is that something that must be done?	It is our understanding that a video recording is not required, but there may be some video conferencing vendors that archive the recordings and you may want to mention that to your patients.
	Rick Gawenda says you cannot see a patient for a physical visit within 7 days of an E-visit.	Thanks for sharing. For the E-visit codes, you can only bill once for the total cumulative minutes in the 7-day period. We suggest for ease that you target only 1 E-visit per week per patient. Also, you cannot do an E-visit within 7 days of an in-office visit.
	What POS code is used when 'home' is chosen?	12
	For any new patient, first visit of evaluation and Plan of Care can be done by Telehealth/E-visit?	Not payable by traditional Medicare, but where Telehealth is allowed by commercial payers.
	We have plans of care expiring for many folks who we are doing E-visits with. Should we attempt to re-certify these as able, even if we are not able to perform all	Yes, our recommendation is to re-certify it, and maybe even a new POC because the treatment method is different.

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the various objective testing as done with a normal in-clinic visit?	
Just to clarify, for traditional Medicare, we are to utilize the E-visit codes and NOT the regular CPT codes as other commercial payers?	Traditional Medicare covers the following remote visit codes for PTs, OTs, and SLPs in private practice: G2010, G2012, G2061-G2063, 98966-98968
Is Clinicient keeping an eye out for any changes on UB04 vs HCFA 1500 claim forms? I assume you have this automated.	Yes.
Is it clear now that Medicare pays for Telehealth or not yet?	No new news on this. E-visits for Medicare are still approved for PT/OT/SLP but we have heard nothing additional on Telehealth.
Do you know if the commercial payers will allow PTA's and COTA's to perform the Telehealth visits?	We have not heard that PTA and COTA are approved to perform Telehealth visits by commercial payers. You will need to connect with each payer directly. You may wish to post a question on the Empower discussion forum to see if others have experience.
Can you update us on the status of the multiple modifier issue?	Jerry reviewed this in our Town Halls last week. It should be quite rare for this to be a situation based on the combination of codes. If this is not the case for you, we ask that you contact support directly and they will work with you on the right approach for your organization.
What are the billable codes? For therapy? E visit codes?	Please reference the spreadsheet in the COVID-19 Resource Center on clinicient.com. For E-visits: G2061 - G2063. For Telehealth, you will need to check with each commercial payer.
I have a patient whose secondary will cover his visits if Medicare does not pay. Should I bill the usual codes so Medicare will deny and then secondary can pick up?	Yes, but please make sure that the patient is notified via an ABN.
I am an OT working for a physician, hand therapy," billed incident to", any idea how Telehealth would be charged for this?	No.
We've received a denial from MC for the G2063 code with CR modifier?	POS should be clinic or home and, in some situations, the specific MAC was wanting a 95 versus CR.
Will Clinicient automatically put in proper modifiers when g- code for E-visit is entered?	No. There is so much variability at this time that we cannot do this.
Based on the CMS memorandum that came out on 3/30 I was under the impression that the following Medicare Telehealth	Those Telehealth services were not approved for PT, OT, SLP. Only E-visit codes.

	services could be billed, not just the E-visit codes. Can you speak to this? Therapy Services, Physical and Occupational Therapy, All levels (CPT codes 97161-97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507)	
	Last week you recommended holding on signing E-visits with hopes that CMS would change ruling about Telehealth. You're still recommending therapists wait to sign E-visits?	We would like to believe that those Telehealth services will be approved but have not seen any further movement on this.
Commercial Insurance	I am not seeing which modifiers each insurance requires. Is that in the spreadsheet?	You might find the Telehealth and Remote Visit Code Coverage spreadsheet helpful.
	UHC has indicated therapy Telehealth services billed on a UB-04 should be submitted with Rev Code 780. Will the Telehealth POS feature allow the Rev Code to be updated as well, or does the feature only work on a 1500?	Someone from our Support team can assist you with this. Please submit a support case via the Empower Community: go.empowerconnect.com
State Requirements & Guidelines	Just wondering if any practices are doing group therapy via Telehealth? Also, perhaps this has already been discussed here, but Cal. Gov. Newsom issued Exec. Order N-43-20, which allows for greater discretion regarding Telehealth during this COVID-19 crisis. I'd be interested to know if any California PT practices have adjusted their Telehealth practice considering this executive order.	We haven't heard of any practices doing group therapy via Telehealth. The group code is not covered by any payers that we have seen as a Telehealth service.
	Do you know anything about VA - if they are covering Telehealth or following Medicare E-visits?	We don't have any information about VA coverage for Telehealth currently.
	We're in a state where our governor has issued an executive order that insurance companies pay for the same services/codes that would be performed in clinic would that executive order supersede information given from insurance company during benefit verification.	Thanks for sharing. We encourage you to start a conversation in the discussion forum on the Empower Community: go.empowerconnect.com
	Checking to see if 99441 has been added so us in NY can bill for workers comp.	You will need to reach out to support directly to add these. They are specific to NY and so we are handling these are "local" and not adding to all databases

Keet Health	Who can I email directly about Keet?	Please reach out to holly@keethealth.com directly.
Other/Misc.	I am trying to get remote visits set up with my company and wondering what are the best video platforms to use as well as some pros and cons? I am leaning towards Uber conference right now because it's free until June 30, I believe, and relatively easy to use. We have also ran into the issue that the patient can't use their phone for video even if the clinician is in the clinic.	We have embedded a link for Uber Conferencing directly within InsightGO for ease of use. Based on our evaluation we found that this is one of the more simple teleconferencing solutions. Uber Conferencing works best on laptop to laptop over chrome. We also recommend BetterPT as a more sophisticated HIPAA-compliant solution. However, you really can use whatever teleconferencing solution you prefer (while they have eased HIPAA-compliance) and then simply document in Insight EMR or in InsightGO.
	What is the best practice to update furloughed therapists in the staff editor, so claims don't go out in error w/ their names?	Please submit a Support ticket via the Empower Community: go.empowerconnect.com. Our Support team should be able to assist you with this.
Resources	Can we please get a copy of that text for virtual visit summary?	*The patient requested, and has consented to, this virtual visit in lieu of an in person visit to mitigate the risk of COVID-19 transmission. This visit was completed utilizing videoconferencing technology from my home office. The patient has previously consented to the use of this technology and the storage of video recordings. In addition, the patient understands that as providers we are not responsible in the event of a technology failure. Prior to the visit, the patient's identity and location was verified. The clinical decision making that occurred as a result of the visit is included in the chart note.*
	May I please ask for date and time again for webinar regarding business resources (non-billing/Telehealth related)?	The webinar for the "softer" side (patient interaction) of Telehealth is tomorrow, Wednesday, April 8th from 11 - 12 PST. The webinar for potential options for financial relief for organizations is Thursday, April 9th from 11 - 12 PST.
	Noridian Medicare just sent out an email that they are doing webinars starting on 4/9, for the next few weeks, regarding Telehealth, FYI. Probably could find out more about their take on the 97000 series for PTs for Telehealth.	Thanks for sharing! We encourage you to share any information on the discussion forum in the Empower Community: go.empowerconnect.com.
	Your spreadsheet indicates Rehab Agencies are eligible to provide E-visits. Can you share the source document that provides this verbiage?	The spreadsheet has been edited since then. There is still a question about facility-based practices (ORFs and CORFs) because of the ambiguity in the interim rule. As one example, in describing the extension of G2061-G2063 on page 56 of the interim rule: "we are clarifying here that there are several types of practitioners who could bill for these services. For example, the services described by these codes could be furnished as licensed

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	clinical social worker services, clinical psychologist services, physical therapist services, occupational therapist services, or speech language pathologist services, so practitioners that report services in those benefit categories could also report these online assessment and management services."
May we get a sample of the information you placed in Blaze Dashboard?	Posted into the chat window.
Clinicient's Town Halls will be hosted daily until further notice. For access to Town Hall webinars and documents/resources shared in our discussions, please visit our COVID-19 Resource Center: COVID-19 Resource Center	

Clinicient Town Hall FAQ – April 8

April 8, 2020 | Rev 1.0

Category	Question	Answer
Providing and Documenting Telehealth / E-visits	How does our biller edit claims held in the One-Click claims delay to include correct modifiers and POS code?	Jerry covered details regarding multiple modifiers in a couple of Town Halls last week. This should be a relatively rare situation. If it is not for your organization, we ask that you reach out to Support directly. Open a case with subject, "Multiple Modifiers". They have individuals focused on the multiple modifiers and help you approach this the right way for your organization.
	What was the denial for E-visit?	The modifier had not been included and so it was denied and is a simple resubmission.
	What codes are being used with CMS?	The E-visit codes are: G2061- G2063.
	Are we supposed to use G-codes when we do a follow up E-visit? Is a telephone follow up okay to use with G-codes?	E-visits are coded with one of the following: G2061, G2062, or G2063. One of these codes classifies care as an E-visit.
	There were new codes but then they said you could use the regular codes	It is our understanding that those E-visit codes are the only ones that we are aware of that are currently approved for PT,OT,SLP as a supplemental "check-in" for an established patient. Traditional Medicare was not paying for Telehealth codes for PT, OT, SLP and then they released an announced-on March 16th but did not update the interim rule for PT, OT, SLP as approved providers. We are simply guessing that the intent is to allow PT, OT, SLP but the interim rule still needs to be updated. There are some additional remote visit codes that were just recently suggested but we are still unclear. One of the attendees contacted their direct MAC who indicated that PT, OT, SLP could use the Telehealth codes.
	Can SLP, OT, PT provide therapy in the same week with the 7-day cumulative limit?	For the E-visit codes, you can only bill once for the total cumulative minutes in the 7-day period. We suggest for ease targeting only 1 E-visit per week per patient. Also, you cannot do an E-visit within 7 days of an in-office visit.
	The issue we're having is our PTs are not adding modifiers for Telehealth and confirming POS code, we've decided this should be handled by our biller due to rules differing based on payer. However, with	Please contact support and open a case with the description "Multiple Modifiers". They have a dedicated support personnel to help you through this.

	one-click claims, we aren't sure how to add/change info before the claim is sent.	
	They brought up the 98966-98968 codes for telephone use but were not sure if we could use them. Are you recommending we use the G-codes for use with follow up phone calls?	Traditional Medicare accepts those codes and they may be used for a telephone assessment of an established patient "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"
	For telephone visits requiring 98966 - 98968 codes, we were advised last night the CR modifier is no longer required for Medicare.	Thanks for sharing.
Commercial Insurance	The way we understand it, is that commercial ONLY pays if MC pays. Seems different than what was discussed.	You will need to check each commercial payer to learn about their Telehealth policies and requirements.
	The way we understand it, is that commercial ONLY pays if MC pays. Seems different than what was discussed.	You will need to check each commercial payer to learn about their Telehealth policies and requirements.
Support	Is there a way to see the POS code when signing off a note in InsightGO to confirm POS? This can be seen when signing off in InsightEMR, just want to check that this is possible on all platforms?	In InsightGO, you can confirm the POS by looking at the appointment.
	We understand why they've been locked, but when will the templates will be opened for editing? Is there a rough timeline?	We are targeting the end of May. The release of those changes were impacted and delayed by our support for COVID-19. Support is ready and willing to help in the meantime.
Patient Intake/HIPPA Compliance	Our consent form is on our website. Patients can sign electronically (we use jotform) and it gets emailed to our admin who uploads to Clinicient as an attachment. Feel free to copy: ActivePTandsports.com. A webpage designer can easily add.	This is great information. Thanks for sharing!
	IntakeQ is great and affordable!	Thank you.
	We've been using the FREE version of DocSign in the meantime.	Thanks for sharing.
	We've mailed new patients their intake paperwork and ask they send it back right away.	Thank you.

	In response to the patients needing to sign paperwork, we have started using IntakeQ. It is fairly inexpensive.	Thank you.
	If you're using Google Suite (business version) you can set up a HIPAA compliant BAA (Includes Google Hang Out for video chat).	This is great information. Thanks for sharing!
	Use phone to take a photo	Thank you for sharing!
	Listened to HIPAA and COVID-19 webinar and the speaker said if using a non-HIPAA compliant app, have a written script that you read to the client stating it does not meet privacy and security requirements, and do you want to continue. This interaction must be documented in the MR and state the script used so person cannot say that part was not mentioned.	Great information. Can you share the source of this information? For example, the webinar you attended.
	As far as I know - including from the APTA - they have relaxed the requirements for a 'patient portal' to be able to include telephone follow-up for E-visits.	Thank you for the information.
Other/Misc.	There is a specific modifier that must be added to the Medicare claim that let's Medicare know that an ABN is in place OR Medicare will deny and write off the charge thus not allowing any charges to be forwarded to the secondary.	Thank you for this information. We encourage you to start a conversation in the discussion forum on the Empower Community: go.empowerconnect.com
Resources	Jerry's spreadsheet indicates Rehab Agencies are approved for E-visits. Can you share the CMS document stating Rehab Agency/Private Practice is eligible?	The spreadsheet has been edited since then. There is still a question about facility-based practices (ORFs and CORFs) because of the ambiguity in the interim rule. As one example, in describing the extension of G2061-G2063 on page 56 of the interim rule: "we are clarifying here that there are several types of practitioners who could bill for these services. For example, the services described by these codes could be furnished as licensed clinical social worker services, clinical psychologist services, physical therapist services, occupational therapist services, or speech language pathologist services, so practitioners that report services in those benefit categories could also report these online assessment and management services."
	Source for documenting use of non-HIPAA app. Speaker recommends having a BAA but	Thank you.

there will be a cost. 4medtrainingcatalog.com	
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Clinicient Town Hall FAQ – April 9

April 9, 2020 | Rev 1.0

Category	Question	Answer
Providing and Documenting Telehealth/E-Visits	We just received our first Medicare E-Visit denial. My question is, how did this get billed when the PT didn't sign off on this note? I have emailed Andrew earlier and have attached the EOB and 1500 form.	Please reach out to Support directly or submit a case via the Empower Community: go.empowerconnect.com
	I've had the PT sign off on all patient visits and change POS to 11 and use "97" codes. We'll see in two weeks if they pay this.	Fingers crossed and we'd appreciate an update.
	We've seen denial codes stating, "procedure code is inconsistent w/ the modifier", "missing/invalid place of service" and "missing/invalid procedure code".	Thank you. Are you using POS 02 (Telehealth) or POS 11 (clinic)?
	Our office did a couple of Telehealth visits with patients who have Federal Blue Shield plans, and our office used the 95 modifier. Unfortunately, these claims were denied. When I called Blue Shield and inquired why the claims were denied, I was told that we should have used the GT modifier rather than the 95 modifier.	OK. Thank you.
	Only two units of 97110	Thank you
Commercial Insurance	97163 is high complexity initial evaluation and has been omitted which is our most commonly used evaluation code. Guess Cigna feels Telehealth is not that tough. They should try it!	Thank you and agreed.
	Not sure if I pointed this out before, but Cigna does not allow 97163, only 97161 and 97162 for PT evals.	Thank you. We will double-check the XLS.
Support	I have requested support to add 99421-99423 in our data base, but still haven't seen them added. Do you know how long that may take?	I've alerted Support and you should receive a call from them shortly. If they are still not added by today, please reach out to Support directly.
Other/Misc.	We understand why they were originally locked, but we are wondering when the templates will be opened again for	At this point we are targeting the end of May. Those changes were impacted and delayed by the efforts from COVID-19.

	editing? Or if you guys have a timeline of when this may happen?	
	Tell Andrew the denial code we got was CO-16	Thanks.
	Are we able to edit our topic tree/chart templates yet? I want to add a template for patient consent.	We are targeting the end of May. The release of those changes were impacted and delayed by our support for COVID-19. Support is ready and willing to help in the meantime.
	Why did Clinicient stop ability to edit again?	Multiple customers had inadvertently corrupted their databases by some actions that they made. I honestly don't remember why that suddenly started to occur, but we had to "stop the bleed" because the effort to repair those databases was significant and consuming all our resources (rather than working on new good things).
	Do we have a report yet to track Telehealth claims in Clinicient billing yet?	No, there is not currently a report for this.
	How is RCM handling secondary claims that require a different Telehealth modifier from the primary payer?	We are not sure yet. Andrew's team is still trying to understand how the primary payers are working.
	Do Medicare advantage plans (Humana) follow Medicare rules, i.e. no Telehealth yet?	We do not know.
	Is there a report that pulls by modifier?	Please submit a case via the Empower Community: go.empowerconnect.com
Resources	Can you share the link for the webinar immediately after this one?	Potential Relief for Rehab Webinar
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Clinicient Town Hall FAQ – April 13

April 13, 2020 | Rev 1.0

Category	Question	Answer
Providing and Documenting Telehealth / E-visits	Could you please read the codes again?	**98966 - 98968**: Non-physician telephone assessment **98970 - 98972**: Non-physician online digital E&M
	Do we need to have an open/signed plan of care when performing telephone assessments (98966-98969)? Are these only allowed for established patients and are we able to go back and bill for these retroactive to when COVID started (mid March)?	For Medicare, these are only allowed for established patients.
	Any news about speech codes for E-visits?	These have been added to Jerry's XLS that you can find on the COVID-19 Resource Center on clinicient.com.
	For Telehealth visits where standard CPT codes have been billed, if the payer requests including a 95 modifier to indicate Telehealth, where do we put the modifier? On the treatment code(s)? On one of the CPT codes?	On all the codes for that visit.
	Cigna had published to use 97110 and only 2 units.	Thanks for discussing this verbally with Grace on the Town Hall.
	Cigna revised their policy on Friday to include all codes.	Thank you.
	Cigna said as of 4/6 they will pay regular codes.	Thank you
	GQ for asynchronous vs GT synchronous coding modifiers.	Thank you for the information.
	UHC came out with an update to bill POS 11 as we would if the visit were in person. Prior to this UHC said to bill using POS 02. What will happen to visits billed before today w/ POS 02?	Andrew's gut thinks they will be processed prior to today. For DOS today, plan on POS 11.
	Does anyone know the reimbursement for 98966, 98967, 98968?	Yes. This was the challenge of getting those published to the fee schedule as we could not find a fee associated with them.
Department of Health & Human Services	Can PTs keep the HHS payment? The terms and conditions appear to be providers treating potential COVID-19 cases.	Although it may not contain all details related to the program, we encourage you to start by accessing information at the following link for

		more information: hhs.gov/provider-relief. This also might be helpful: apta.org/PTinMotion.
	Is the HHS money taxable?	We encourage you to visit the following link for more information: hhs.gov/provider-relief
	My understanding is that the APTA is commenting on HHS payments. The regulatory affairs staff is trying to obtain more details. Then I have a question about charting for Telehealth visits	Thank you.
	From HHS website: Priorities for the remaining $70 billion The Administration is working rapidly on targeted distributions that will focus on providers in areas particularly impacted by the COVID-19 outbreak, rural providers, providers of services with lower shares of Medicare reimbursement or who predominantly serve the Medicaid population, and providers requesting reimbursement for the treatment of uninsured Americans.	Thank you.
	My email came from UHG on behalf of US Dept of Health and Human Services.	Thank you.
	I received an email the same day I received the money. Stating the payment would be labeled HHS.	Thank you
	We read through the HHS Attestation. I was trying to get another set of eyes and take on usage of funds.	We will discuss this after the Town Hall and see if there is additional information we can gather.
	What is your take on the CARES Act Provider Relief Fund? What does this money have to be used for?	Impact as a result of COVID-19. It is detailed out in the attestation that must be signed. hhs.gov/provider-relief Some of the other programs, e.g., the PPP loans do have very specific dollars applied to specific areas. We've posted a summary of these programs to our COVID-19 Resource Center on clinicient.com.
	I did get an email Friday. "CARES Act Provider Relief Fund: Action Required (Agm Physical Therapy LLC)"	Thank you. We shared your information during the Town Hall.
Commercial Insurance	Information to share about Medrisk Workers Comp Vendor: Medrisk is communicating with some of our current patients about wanting to switch them to their Rehab PT at Medrisk to conduct Telehealth. Just wanted to see if anyone else has had this come up?	Thank you for the information and the subsequent dialogue it created during the Town Hall.

	I see Medicaid is allowing PTA's to provide Telehealth. Are other insurers? It may depend on locality and insurance provider but what trends are you seeing?	We are not aware of any insurers paying for PTAs to provide Telehealth.
	Is she Cigna and ASH in Connecticut? If not, where?	Grace indicated she was in Georgia.
	CAUTION WITH CIGNA! Their changes for 'allowing all codes' is based on CMS ruling.	Thank you
	static.cigna.com/assets	Thank you. I posted in the chat window for others.
	What POS is Cigna / ASH requiring?	Our understanding is Cigna wants POS 11.
	Original source of UHC POS change?	Sent an email to Tracy and CC'ed Paddy asking for these details.
	Molina has a sheet available that states billing POS 02 has a site of service payment differential. Is that true for all insurance?	Unfortunately, all payers seem to be different.
	Will Cigna allow for PT, OT, and SLP to provide virtual care? Yes. PT/OT/ST providers can now deliver virtual care for any service if it is on their current fee schedule and if CMS covers it virtually. We have removed the previous guidance that only a select number of codes on the fee schedule could be billed. PT/OT/ST providers should also submit virtual claims with a GQ, GT, or 95 modifier and a face-to-face place of service code (e.g., POS 11). Important notes: While we encourage PT/OT/ST providers to follow CMS guidance regarding the use of software programs for virtual care, we are not requiring the use of any specific software program at this time. We maintain all current medical necessity review criteria for virtual care at this time. Our national ancillary partner American Specialty Health (ASH) is applying the same virtual care guidance, so any provider participating through ASH and providing PT/OT services to Cigna customers is covered by the same guidance.	But, the open issue that has made this confusing is that CMS has not corrected that language making PT/OT/ST eligible providers for Telehealth services.
Keet Health	Are there going to be any adjustments in payments for those that are already using Keet now that you are giving it away free for a few months? Who can I call directly to talk about our contract?	Please reach out to Holly directly at: holly@keethealth.com

	When will we roll out V3 with Keet?	My understanding is that this is a little later this year. Please reach out to Holly directly at: holly@keethealth.com.
Other/Misc.	My question is around the timing of bringing staff back on to more normal payroll hours in relation to the receiving of the PPP dollar distribution. I am trying to figure out the 8-week time period. I have heard that starts from the time the PPP $ is dispersed. Any thoughts?	Thank you for your question. We unfortunately do not have this level of detail. If you want to join a future Town Hall and raise your hand, we would be glad to open this question to the audience to see if others have knowledge related to this.
	A question off topic – Will anyone from Clinicient do a zoom demo on Insight go?	There is a video in InsightGO on how to use Uber Conferencing which is currently embedded. Zoom can be done outside InsightGO and then you can simply document in InsightGO.
	Updates with "incident to" billing of Telehealth?	No further updates.
	To your knowledge, has CMS made any decisions for Telehealth in the SNF setting?	Not to our knowledge.
	Medrisk will pay if existing patient. No modifier needed.	Thank you.
	We had our physician state he wanted our therapist, as we know his protocols. Post-surgical hand patient. When we called Medrisk they said "ok".	Thank you. We shared your information during the Town Hall.
	Medrisk told us that established patients can be seen via Telehealth. New patients have to be referred to telerehab@medrisknet.com.	Thank you. We shared your information during the Town Hall.
Resources	Is there somewhere that lists the payment structure?	CMS has published fees for some but not for all. There are RVUs for some but not all.
	Send the slide deck link	For access to Town Hall webinars and documents/resources shared in our discussions, please visit our COVID-19 Resource Center: COVID-19 Resource Center
	Is there someplace to listen to prior townhalls?	Please visit the COVID-19 Resource Center.
	For access to Town Hall webinars and documents/resources shared in our discussions, please visit our COVID-19 Resource Center: COVID-19 Resource Center	