

	Question	Answer
1	Has OHCA allowed for telehealth visits for well child care?	OHCA will now cover well child visit via telehealth for children ages 2 and above. OHCA believes it is not appropriate for children under age 2.
2	We have been told that we can bill new patient virtual visits. Is that correct?	Provider may bill telehealth visits via video for new or established members; telephonic visits are only covered for established members.
3	Are wellness visits being covered by telehealth?	OHCA will now cover well child visit via telehealth for children ages 2 and above. OHCA believes it is not appropriate for children under age 2.
4	Should total time be documented or time in and time out?	Documentation should show time in and time out of the visit when code is based on a time element.
5	For time for the Telephone codes, will you accept total time or does the provider have to document exact time in and time out?	Documentation should show time in and time out of the visit when code is based on a time element.
6	WE are specialist, is the referral from PCP still required	Yes a referral from a PCP is still required. If members and/or specialists are not able to get a referral from the PCP they can contact us to assist with this or for further guidance.
7	I am a podiatrist, which telephone codes do I use? 99441-43, or 98966-68	A podiatrist would use the 99441-99443 codes when E&M services are provided telephonically.
8	Do you want any modifiers applied to the telephone service (99441-99443) and do you want them reported with POS 11 or POS2?	No modifiers are required with telephonic codes. OHCA is not editing these codes on place of service at this time.
9	What are the GT modifiers? Where would find them?	GT modifier signifies services was provided via telehealth.
10	Just to clarify....The telephone codes 99441-99443 are only for established patients in contrast to Medicare waiving this requirement?	Yes, we are currently following the description of the code that states use for established patient.
11	Will you allow RPM during this timeframe? ie: blood pressure monitors?	The codes for remote patient monitoring are not currently covered.
12	What dates cover the emergency period (re -- keeping members in SoonerCare)?	March 18, 2020 through the end of the month in which the President declares the national emergency over.
13	In the Interim Final Rule, Medicare now allows providers to assign the evaluation and management (E/M) code based on the total time or the medical decision making (MDM). Will the OHCA follow these guidelines?	Providers should select the level of visit based on MDM and documentation should support that level of visit.
14	What about using POS 02 instead of the Modifier GT?	OHCA requires the use of the GT modifier; we are not currently editing on the place of service for telehealth.
15	Is SoonerCare covering COVID19 testing?	Yes, SoonerCare covers both U0001 and U0002 for COVID19 testing.
16	Several commercial insurance including Medicare require a modifier 95 for telehealth, Medicaid as secondary requires a modifier GT how do you will that be handled on secondary claims?	Providers should note on their EOMB that the insurance requires 95 but OHCA requires GT, TPL department will use this note when processing claims. Medicare claims will be processed as billed.
17	CMS is stating that we can use Medical Decision Making only for the level of care for 2 way virtual visits. Will you accept this as well?	Providers should select the level of the telehealth visit based on MDM and documentation should support that level of visit.
18	With telemed visits do we use POS 11?	You may use POS 02 or 11; OHCA is not currently editing telehealth on place of service.
19	Are there stipulations for the telephone visits? ie do we have to attempt video contact first? Can we bill for telephone follow on a problem that we have seen for in the last 7 days?	It is preferable to utilize video telehealth services when available. Per the CPT description of the code for telephonic visits, the service does not originate from a related E&M visit within the past 7 days or lead to a visit within the next 24 hours or soonest available appointment.
20	Do telephonic codes require the GT modifier?	No, GT is not required with visits performed telephonically.
21	Are RHC's allowed to do Telehealth visits and if so, is the reimbursement the All inclusive rate?	Yes, RHCs are allowed to bill telehealth visits when performed via video and will be reimbursed their all-inclusive rate. Providers cannot be reimbursed the all inclusive rate for visits performed telephonically.
22	Regarding Rehab & Ltach facilities - Do we bill as Inpatient or as something different? Are modifiers needed?	Inpatient rehab and LTACH providers would continue to bill they way do currently do for inpatient services.
23	Is the video visit place of service 11?	Providers may use place of service 02 or 11.
24	Should providers append the GT modifier to the telephone CPT codes?	No, GT is not used with visits performed telephonically.
25	Which physician types are covered in telehealth? MD, DO, OD, DC, etc?	Any physician that is currently contracted and can perform SoonerCare services is eligible to bill for telehealth services when appropriate.
26	Govener Stitt stated that there are plenty of supplies available for providers, How do we obtain N95 masks, gloves, PPE when our regular suppliers are backordered?	Please visit www.gov.ok.gov
27	CAN A WELL CHILD VISIT BE DONE VIA VIRTUAL VISIT	Well child check visits are not allowed via telehealth at this time. If that changes, providers will be notified.
28	Medicare is waiving the exam portion for new patients, is Medicaid going to allow only MDM for telehealth?	Documentation should support the level of visit billed.
29	If it is a new patient telephone only that has COVID symptoms and we need to test? Are these visits still coded by 99441-99443? If they come in for testing could we then bill as a 9920 code?	99441-99443 are for established patients only. If a member comes in for testing and an E&M service is also provided, the E&M code can be billed.
30	Please clarify the 98966 - 68 codes.	These telephonic codes are billable by providers other than physicians, physician assistants and nurse practitioners. Services are for established members only. See the CPT manual for code definitions.
31	For video face to face visit time and total time spent on the visit. Which time use for the coding?	Providers should select the level of visit based on MDM and documentation should support that level of visit.
32	Will telehealth be extended past April 30?	Extension of need to continue services will be reviewed closer to the end of April.
33	Is special documentation required/suggested for E/M codes performed and billed with the GT modifier?	Documentation should support the level of visit billed.
34	Are these services only covered for covid related dx's?	No, telehealth and telephonic visits are not restricted to COVID19 diagnoses only.
35	Is Medicaid allowing the new CMS rules for code level selection during the PHE (public health emergency)? CMS is allowing the use of total time spent on the visit or MDM (current MDM grid) for code selection?	Providers should select the level of visit based on MDM and documentation should support that level of visit.
36	What code are you accepting for collection of specimen only??	OHCA will open coverage for G2023.

37	Since we currently are defering well child care over 2 yrs of age and currently no reimbursement for virtual check up will the pay per member month payment be under the scrutiny of well check up in the last 18 mo?	We are now allowing reimbursement for well child checkups via telehealth for children over the age of 2.
38	We are Speech, Occupational, and Physical therapy doing telehealth services. If this is a speech therapy we are using the GN modifier for speech, GT Teleheath and the Telehealth location. Is this correct?	Yes, therapy providers would bill their specific therapy modifier (GN, GO, GP) and then the GT modifier when services are provided via telehealth.
40	I still have questions about billing Medicare and Medicaid. Medicare requires 95 modifier and the claim crosses over to Medicaid do we have to get claim denied then change modifier GT?	Generally, we process Medicare crossover claims how they are billed to Medicare.
41	Are there any temporary modifications to the provider enrollment process to contract providers being emergently credentialed to assist during the pandemic? OHCA Enrollment is efficient normally, but asking in case expedited processes have been implemented such as those put in place for Medicare.	Yes. Provider enrollment is waiving finger-print criminal background checks, enrollment fees and site visit requirements during the emergency period.
42	Same question of Speech therapy if this is a commercial claim do we bill the GN modifier, 95, GT or would it be 95, GN, GT?	Therapy providers would bill their specific therapy modifier (GN, GO, GP) and then the GT modifier when services are provided via telehealth.
43	G2023 is the new Medicare code for collection of SARS COVID19 specimen. SoonerCare does not recognize this code. Is there a code to use for SoonerCare?	OHCA has opened coverage for G2023.
44	GN, 95 for commercial	No response required
45	Should we be confirming "consent to treat" with patients with telehealth as a matter of practice? Should this be documented in the chart?	Oklahoma does not require a separate consent to treat via telehealth. Your overall consent is sufficient.
46	Can they do a new patient via evisit or is it established only	E&M telehealth visits are for new and established members; telephonic visits are for established members only.
47	provider enrollment has been awesome!	No response required
48	You say any copay would be waived if billed for positive COVID treatment. However, I have submitted a claim for a positive COVID patient before April 1st, and the ICD10 code U07.1 was not effective yet, I used B34.9 but claim processed with a copay to the patient. Is there another code being accepted for positive COVID before April 1st?	CMS would not allow us to enter the testing / treatment codes for COVID into our system until April 1. However, we did backdate the code for dates of service on and after 3/1/2020. Please resubmit your claim.
49	How will pay per member month payments be calculated with deferment of well child care over 2 yrs of age. Currently required to have a check up in the last 18 months to receive payment	We are now allowing reimbursement for well child checkups via telehealth for children over the age of 2.
50	Can you bill a telehealth for well child visit?	OHCA will now cover well child visit via telehealth for children ages 2 and above. OHCA believes it is not appropriate for children under age 2.
51	What place of service would we bill for virtual visits such as facetime, skype? Would it be 02 or 11? Also would these need the GT modifier	Telehealth services can be billed with either place of service 02 or 11; we are not editing telehealth on place of service at this time.
52	How would you "note" the -95 vs -GT modifier on the secondary claim? Thx!	There is no specific format required, just a note indicating the reason for modifier difference
53	yes	No response required
54	Earlier you indicated that the well visits would not be covered via telehealth?	OHCA will now cover well child visit via telehealth for children ages 2 and above. OHCA believes it is not appropriate for children under age 2.
55	One more time. Are you saying that we can use Skype & Zoom, specifically??	Please see: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
56	Do you expect the current rules/guidelines discussed to extend beyond April 30?	OHCA will review necessity of extensions closer to the end of April.
57	Are these services going to be allowed after this emergency ends?	OHCA will be reviewing all aspects of telehealth, including quality of care, for continuation in the future.
59	All of these questions and responses will be posted on the website is that correct?	Yes
61	It would be really helpful to continue virtual visits to expand access to subspecialty care. I hope we get to continue!	OHCA will be reviewing all aspects of telehealth, including quality of care, for continuation in the future.
62	Are you allowing coverage of the 99421-423 for online pt portal communication, managements? Because they are telemedicine type service by definition, you would not want GT, correct	99421-99423 are used for telephonic visits. They do not require use of the GT modifier.
63	Appreciate you all reaching out.	No response required
64	What the website again? Slowly please..	www.okhca.org/COVID19
65	A CS modifier has been released to waive cost sharing for treatment for COVID-19 related illness, are you going to be using this?	OHCA will open access to this modifier, but will not be editing claims based on modifier usage at this time.
66	Thank you for providing this call.	No response required
67	YES!!! SECOND MEETING NEEDED!	No response required
68	Thank you for this Q&A meeting. It was extremely informational and helpful.	No response required