

**Idaho Telehealth Council
Reimbursement Matrix**

Existing or Future Reimbursement Policy	Blue Cross	Medicaid 2016	Noridian	Optum Idaho Existing	PacificSource	Regence BlueShield 2016	Select Health 2016
What is your organization's current reimbursement payment model?	BCIs current telemedicine benefit has been in place for several years for psychiatric services to address prescriber shortage. The reponses below are based on the telemedicine policy that was put in place 2012.	Mainly fee for service, contracted managed care for dental, behavioral health, and transportation services.	Fee-For-Service	Fee For Service; encounter rate for select provider types.	We reimburse on RBRVS on CMMS approved codes.	For Telehealth, we have conversion factors assigned which will be multiplied by the CMS RVU, per CPT code.	As it relates to telehealth we cover certain E/m codes only when billed with GTmodifier; we do not cover GQ modifier.
Please describe your organization's financial parity policy.	Follow benefit/health plan documents and rules set by ASO group vendor contracting terms.	We currently reimburse at parity for selected services.		No response.	Follow benefit/health plan documents and applicable laws.	No response.	We reimburse the CPT codes the same for telehealth services as for face-to-face visits.
Please describe your organization's service parity policy.	No response.	We allow reimbursement only for defined services and do not have a service parity policy as such.		No response.	No response.	No response.	I'm not sure I understand this question.
Please describe patient vs. payer responsibility.	No response.	Medicaid Providers must accept Payment in full without patient responsibility except for a modest co-pay of \$3.65 for certain services.		No patient responsibility in Medicaid plan	Per plan documents and CMMS guidelines	Financial responsibility will align with Member benefits.	Patient responsibility is the same for currently covered services; as "virtual visits" are rolled out there may be some change in reimbursement responsibility.
Which of the following technologies are eligible for telehealth reimbursement?							
Live Video	X - Synchronous communication/real time synchronous audio visual	X	X	X	X	X	X
Store and Forward	Currently covered for radiology services						
Remote Patient Monitoring							
Email							
Phone						X	
Fax							
Which of the following providers are eligible for telehealth reimbursement?							
Physicians	X - Psychiatry only	X	X	X	X	X	X
Nurse Practitioners	X - Psychiatry only	X	X	X	X	X	X
Physician Assistants	X - Psychiatry only	X	X	X	X		X
Clinical Psychologists			X	X	X	X	X
Podiatrists							
Dentists							
Chiropractors							
Optometrists							
Midwives							
Social Workers			X	X			X
Speech Therapists		X (7-1-16)					X
Physical Therapists		X (7-1-16)					
Occupational Therapists		X (7-1-16)					
Therapeutic Consultants		X					
Certified Registered Nurse Anesthetists							
Clinical Nurse Specialists			X			X	
Nurse-Midwives			X				
Registered Dietitians or Nutrition Professionals			X				X
Does your organization specify a patient setting or location as a condition of payment for telemedicine?	Yes	No - there just needs to be "real time synchronous audio-visual"		Telehealth practitioners must have an originating and distant site identified as defined by ATA in order to conduct telehealth service.	Consistent with Medical Necessity	No response.	No

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Which of the following facilities are qualified patient locations?	Based on provider type and billing code appropriateness						
Provider Office		X	X	X	X		X
Hospital/Critical Access Hospital			X		X		X
Rural Health Clinic		X	X	X	X		X
Federally Qualified Health Center			X	X	X		X
Community Mental Health Center		X	X	X	X		X
Skilled Nursing Facility			X		X		
Assisted Living Facility		X			X	X	
Stroke Center					X		X
Rehabilitation/Therapeutic Health Setting					X		X
Ambulatory Surgical Center					X		
Residential Treatment Center							
Hospital-based Dialysis Center			X		X		
School/School-based Health Center		X (7-1-16)			X	Need Clarity	
Home		X		X - if transmission by ATA requirement is supported.		X	X
Any approved Site of Service code					X		
Which of the following services are eligible for telehealth reimbursement?							
Consultations			X		X	X	X
Office Visits	Per policy for psychiatric prescriber only	X	X			X	X
Individual Psychotherapy		X	X	X	X	X	X
Pharmacologic Management		X	X	X	X		X
Diagnostic Assessment		X				X	X
Please list all specialties that are eligible for telehealth reimbursement.	Psychiatric prescribers	Physicians, physician assistants, advance registered nurse practitioners, and therapeutic consultants for behavioral consultation for developmental disability services. Speech Language Pathologists, Occupational Therapists, and Physical Therapists as of 7-1-15 (policy details still under development)		Psychiatrists, Psychologists, APRN/PA, and social workers contingent upon IBOL regulation	Any licensed and credentialed PacificSource provider	Primary Care and Behavioral Health providers fully credentialed and contracted with Regence.	Any we approve.
Please list all CPT codes that are eligible for telehealth reimbursement.	90791**,99XXX*,99XXX**, 90833**, Q3014, revenue code 780, (requires corresponding HCPC code Q3014)	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 96150, 96151, 96152, 96153, 96154, 99354, 99355, 99406, 99407, 99495, 99496, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, H2011, H2019	G0425; G0426; G0427; G0406; G0407; G0408; 99201; 99202; 99203; 99204; 99205; 99206; 99207; 99208; 99209; 99210; 99211; 99212; 99213; 99214; 99215; 99231; 99232; 99233; 99307; 99308; 99309; 99310; G0420; G0421; G0108; G0109; 96150; 96151; 96152; 96153; 96154; 90832; 90833; 90834; 90836; 90837; 90838; G0459; 90791; 90792; 90951; 90952; 90954; 90955; 90957; 90958; 90960; 90961; G0270; 97802; 97803; 97804; 96116; G0436; G0437; 99406; 99407; G0396; G0397; G0442; G0443; G0444; G0445; G0446; G0447; 99495; 99496; 90845; 90846; 90847; 99354; 99355; G0438; G0439	90791, 90792, 90832, 90833, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, T1014, Q3014	98966-69; 99441-444; G0406-8; G425-7; G0459 for government; 0188T-0189T, any eligible service billed with a -GT modifier for commercial	Prescribers: <ul style="list-style-type: none"> 99441, Telephone assessment and management service provided by a prescriber; 5-10 minutes of medical discussion 99442, Telephone assessment and management service provided by a prescriber; 11-20 minutes of medical discussion 99443, Telephone assessment and management service provided by a prescriber; 21-30 minutes of medical discussion 99444, Online assessment and management services (using video, Internet) Non-Prescribers: <ul style="list-style-type: none"> 98966, Telephone assessment and management service provided by a qualified non-physician; 5-10 minutes of medical discussion 98967, Telephone assessment and management service provided by a qualified non-physician; 11-20 minutes of medical discussion 98968, Telephone assessment and management service provided by a qualified non-physician; 21-30 minutes of medical discussion. 98969, 90834-GT 	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99224, 99225, 99226, 99231, 99232, 99233, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 99221, 99222, 99223, 90863, 96040, G0406, G0407, G0408, G0425, G0426, G0427
Does your organization require a modifier code to indicate telehealth services?	Yes, GT	Yes, GT	Yes, GT	Yes, GT	GT unless video communication is integral to the code (ie 0188T)	Only 90834; not required for codes listed in line 58.	Yes, GT

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Does your organization have restrictions related to the amount of distance between a distance site provider and a patient?	No	No		No, however all practitioners must be within the US and licensed in Idaho.	No	No	No
Does your organization have geographical restrictions such as rural vs urban, population size, or health professional shortage area?	No	No	A rural Health Professional Shortage Area (HPSA) located either outside of a Metropolitan Statistical Area (MSA) or in a rural census tract; or a county outside of a MSA.	No	No	No	No
Does your organization have additional conditions of payment for services provided via telemedicine? If so, please explain.	To be considered as telemedicine, must be interactive synchronous audio video telecommunication that is in compliance with HIPAA regulations and approved by BCI for provision of telemedicine.	Behavioral Consultation is only available for patients on the Developmental Disability Waiver.		Yes, providers must be credentialed within the Optum network and complete attestation to meeting ATA requirements in order to provide telehealth services.	No, but services must be medically necessary.	No response.	We must explicitly approve the provider in performing telehealth.
Does your organization have requirements for patient identification?	Yes, provider is responsible for appropriately identifying BCI membership prior to providing telehealth services.	No different than for face to face services.		Yes- members must be Medicaid eligible beneficiaries	Yes	Yes	Have not dealt with this issue per se; but would require verification by provider and trust the provider.
Does your organization have requirements to verify benefit eligibility?	Yes	Yes		Yes, providers are required to verify member eligibility prior to rendering services	Yes	Yes	Again rely on the telehealth provider to perform this.
What is your organization's policy to establish informed patient consent?	Informed consent is to be established by the provider in a similar manner to face to face encounters.	Patient consent and method of delivery must be obtained and maintained in the patient's permanent record. The patient can stop using the technology and the service should cease immediately and an alternative in-person appointment scheduled.		This would be a provider responsibility to collect any necessary consent or release of information	Per applicable state laws.	Same as for in-person services.	That would be part of the telehealth process and not part of our policies per se.
Please list any exceptions or exclusions to telehealth reimbursement.	Reimbursement is not available for a telephone conversation, e-mail, or fax between a physician and a participant, or for physician to physician communication without patient being present.	Reimbursement is not available for a telephone conversation, electronic mail message (e-mail), or facsimile transmission (fax) between a physician and a participant.		N/A	Q3014	Anything outside of our published policy, and reimbursement scope & guidelines.	We cover what we cover as outlined above, none of the other CPT codes will reimburse with-GT modifier.
Please provide any suggestions you may have to ensure appropriate use.	Need further development of practice guidelines by subspecialty organizations to establish guidance for payers on what is considered a safe and valuable use of the telemedicine methodologies by each medical specialty.	No response,		Optum operates within our quality program to ensure providers are meeting expectations outlined within their contract.	No response.	No response.	Open to what has been demonstrated in the published peer-reviewed literature to improve health outcomes or result in similar health outcomes and reduce the costs of healthcare.