

HIGHMARK HOME HEALTH TELEMEDICINE FAQs

April 24, 2020

Updated May 28, 2021

TELEMEDICINE REQUIREMENTS

Q1: What Home Health services may be provided to Highmark members via virtual visits?

A1: You can offer virtual visits* for Observation, Training, or Education for the following disciplines:

- Skilled Nursing
- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology
- Medical Social Worker Visits

**A virtual visit must contain both audio and video elements.*

Q2: Can remote monitoring be delivered through virtual visits?

A2: Yes, providers may collect information about their patients through remote monitoring services such as blood pressure, pulse, and weight monitoring. However, these services are considered non-reimbursable services.

Q3: Can a Start of Care or Recertification Assessment be performed through a virtual visit?

A3: As stated in the CARES Act, Telemedicine cannot take the place of ordered in-person visits. A Start of Care assessment should be done in person to establish a home health episode. If deemed appropriate by the home health agency, an observational-only recertification assessment may be performed through a virtual visit.

Q4: Am I allowed to use alternate communication channels, such as Skype or FaceTime, for telehealth treatment or diagnosis purposes during the COVID-19 Public Health Emergency?

A4: Yes when deemed appropriate using the provider's medical judgment and delivered within the definition of the code billed.

CODING/BILLING/REIMBURSEMENT

Q1: What Home Health services can be delivered via virtual visits?

A1: The Home Health services in the chart on the next page may be delivered via virtual visit. Please use the appropriate revenue code for telemedicine services (780) on the claim.

Home Health providers reimbursed under the Highmark **Fee-for-Service methodology** will be reimbursed for these services separately.

Home Health providers reimbursed under the Highmark **Episodic methodology** will **not** be reimbursed for these services separately, but should still include the Revenue Code/HCPCS codes on the claim.



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| Revenue Code | HCPCS | Service |
|--------------|-------|---------------------------------|
| 780 | G0151 | Physical Therapy |
| 780 | G0151 | Physical Therapy Evaluation |
| 780 | G0152 | Occupational Therapy |
| 780 | G0152 | Occupational Therapy Evaluation |
| 780 | G0153 | Speech Therapy |
| 780 | G0153 | Speech Therapy Evaluation |
| 780 | G0299 | Skilled Nursing |
| 780 | G0299 | Skilled Nursing Evaluation |
| 780 | G0155 | Medical Social Services |

Q2: Do I need to request prior authorization for applicable virtual visit services during this time?

A2: No. Since virtual visits are not to replace in-person visits, prior authorization for virtual visits will not be required. During this time, utilization of virtual visits will be monitored and subject to audit. Prior-authorizations are still required for In-Person Home Health visits.

Q3: Are visit limits expanded during this time?

A3: No. All benefit maximums still apply (e.g., X number of visits in a calendar year or plan benefit period).

Q4: Should virtual visits be billed on the same claim as in-person visits?

A4: While we do not anticipate claims processing issues, in order to allow for normal processing times of in-person visits, it is our recommendation that providers bill virtual visits on a separate claim from in-person visits.

Member Coverage

Q1: What is the cost of a virtual visit to the member?*

A1: All Highmark member cost-sharing (deductibles, coinsurance and copayments) for virtual visits will be waived for dates of service from March 13, 2020 through June 30, 2021 **regardless of medical diagnosis.**

**This information applies to our commercial group, individual and Medicare Advantage products. This will not apply to any FEP or self-insured employer group that has opted out of the cost share waiver. Members should contact Member Services (using the number on the back of their card) to see if this applies to their plan.*

