

A message from OPTA President, Christina Howard, regarding COVID-19 and Telehealth Services

March 19, 2020

Colleagues,

After the swift decision last week to cancel our annual conference, OPTA continues to review information from Federal, State, and Local levels in response to the COVID-19 Pandemic. OPTA has a Facebook page where we are posting information from APTA and other trusted resources. Our membership is diverse, and practices in a variety of settings and with a variety of patients. Please continue to review guidance from authorities and trusted resources that can help guide decisions.

APTA continues to be a great resource for regularly updated information, especially at the national level. Please bookmark and regularly access APTA's **Coronavirus** page. We recommend consulting the [Oregon Physical Therapy Board](#) page on COVID-19 for additional guidance.

Here is some general guidance from OPTA:

1. At the time this is written, there is no current directive that you should cease treating patients in your clinic. Exemptions are included for visits to healthcare providers and physical therapy is an essential medical service. Physical therapists should determine, on a case-by-case basis, if the care being provided warrants an in-person encounter and if such an encounter can be done in an environment that minimizes the potential risk of exposure to the COVID-19 virus. Consideration should be given to delay in-person encounters in such cases that a delay won't result in an adverse outcome. The underlying premise is to "do no harm." You and the patient must determine if the risk of providing care outweighs the risks of not providing care at this time.
2. Conduct proper screening procedures for your staff, patients, and those individuals accompanying patients to their appointments. Those failing basic screening questions should be redirected back to their home. Identify high risk individuals and follow current guidelines using the information provided by the [CDC](#) and the [OHA](#).
3. Maintain social distancing in your clinics. This would involve utilizing private treatment rooms and modifying schedules to reduce patient-to-patient interactions. Refer to this guidance document from [OHA for healthcare facilities](#).

4. Maintain the highest sanitary levels via frequent handwashing/sanitizer use and surface disinfection. Inform patients of your procedures via a posted notice at the time of check-in.
5. Follow guidance from federal, local, and state agencies that may influence how you handle any of the above suggestions. The CDC has provided a resource for [getting your practice ready](#).
6. For business and employment questions around the handling of this crisis, resources include: [Oregon Employment Department](#), and [Oregon Chamber of Commerce](#). You may also want to seek the advice of legal counsel.
7. Visit the [Oregon SBA](#) for information about small business resources.

Physical therapy providers are bound by the same core values and it is our duty as health professionals to provide the care that our patients need. Please coordinate with each other and do your best to deliver services and support each other.

The following information was developed by our colleagues at the California Physical Therapy Association. Our thanks to Rick Katz, from CPTA, for sharing this information:

Before You Begin Practicing Via Telehealth

Investigate and consider the issues within the following areas as you make decisions on whether or not to use telehealth in your practice. In addition, become familiar with some of the [commonly used terms in telehealth](#).

Telehealth: Billing and Coding Considerations

Medicare

Billing physical therapy services that have been provided through [telehealth](#) is an emerging challenge. Due to the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act, the Centers for Medicare and Medicaid Services (CMS) is expanding access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their providers without having

to travel to a healthcare facility. For the first time, PTs will be allowed to bill Medicare for telehealth visits under codes associated with online assessment and management services (HCPCS codes)

- G2061: Qualified non-physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes
- G2063: Qualified non-physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

Providers must use place-of-service code “02” and “GT” modifier. The payment rates are significantly lower than the traditional payment for an in-person visit under the CPT 97000 code series. To determine the reimbursement rates for G2061-G2063, visit the [CMS Physician Fee Schedule lookup tool](#). Medicare coinsurance and deductible apply to the services.

To qualify as an e-visit, three basic qualifications must be met:

1. The billing practice must have an established relationship with the patient, meaning the provider must have an existing provider-patient relationship;
2. The patient must initiate the inquiry for an e-visit and verbally consent to check-in services; and
3. The communications must be limited to a seven-day period through an "*online patient portal*."

Although the patient must initiate the service, CMS allows "practitioners to educate beneficiaries on the availability of the telehealth service prior to patient initiation." For example, if a patient cancels treatment because they can't come to the clinic or are concerned about leaving home, then the PT may advise the patient that she or her can "virtually" contact the therapists as needed.

For Medicare patients who want to continue PT interventions and are willing to pay cash, there is an alternative to billing with the three HCPCS G-Codes (G2061-G2063). Physical therapists are not statutorily authorized Medicare providers of telehealth and physical therapy services are not on the list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth; you can charge the Medicare patient your fee to provide telehealth services and no CPT codes would be billed to the Medicare program. An ABN would not be required to be issued to the Medicare

beneficiary since an ABN is only required when normally the services would be covered by the Medicare program but under the circumstance, you expect the Medicare program not to pay for that service(s). You could issue a voluntary ABN to the Medicare beneficiary if so desired. For further information on the ABN, click [here](#) and read Section 50.3.2. *If there is a secondary insurer, providers may want to submit a claim to Medicare to get a denial and then submit to the secondary payer.*

Medicaid

Telehealth is eligible for reimbursement in Oregon. [Visit this guidance document to learn more about contractors and payment](#)

Third-Party Payers

Payment for telehealth depends on your contract with your payer. There is no list of third-party payers that pay for telerehab. Also confirm with each payer whether the originating site can be a private home or office, if services must be real-time or can be asynchronous, and any other limitations to your use of telehealth.

For third-party billing, there are "telehealth" CPT codes. But before reporting CPT codes you traditionally use for clinical visits or billing for telephone services (98966-98969), check with your payer. Many of the physical medicine and rehabilitation codes (97000 series) specify "direct 1-on-1 patient contact," which by strict definition would exclude telehealth unless you and your payer have agreed to include these services. A payer also may require an addendum attached to the bill that identifies the service as being provided via telehealth, along with an explanation of the charges, so be prepared to outline the reasoning for using telehealth.

You also should check with your payer about using place-of-service code "02" when billing for telehealth services to specify the entity where service(s) were rendered. Regardless of the payer or policy, if you provide and bill for services using telehealth, make sure that you are practicing legally and ethically, and are adhering to state and federal practice guidelines and payer contract agreements.

Two commercial telehealth platforms are [eVisit](#) and [VisuWell](#). If you use them, it's a good idea to check their information against the primary sources of state law.