

# Temporary Telehealth Policy for Check-in Services - COVID-19 State of Emergency

**Policy Alert #2020-03**

**Date: March 26, 2020**

In response to the COVID-19 crisis, BWC is initiating temporary policy changes that will allow flexibility in the provision of care to injured workers. These changes will be effective until the state of emergency related to COVID-19 is lifted within the state where the injured worker resides.

## Virtual Check-In and Telephone Services

With this telehealth policy update, BWC will temporarily expand the providers permitted to bill for virtual check in services and telephone services to check in with established patients. Telephone services include CPT codes 99371, 99372 or 99373. The virtual check in service codes include CPT codes 98970, 98971, and 98972. The virtual check-in contact is usually made electronically through a patient portal. For purposes of this temporary policy update, the contact can also be made by email.

These code sets are currently billed by providers who can render Evaluation and Management Services. Under Policy Alert #2020-02, BWC extended the ability for licensed providers able to render psychotherapy CPT codes 90832-90838, to bill telephone services.

With this alert, BWC expands the use of the telephone codes and allows the use of the virtual check-in for the following providers:

- Physical therapists;
- Occupational therapists;
- Athletic trainers; and
- Speech language pathologists.

These codes are not billable if the services are not directly provided by the licensed provider, including when a physical therapy assistant or occupational therapy assistant, psychology intern, etc. is operating under the supervision of a licensed provider.

## Prior Authorization Requirements

If the MCO has given authorization for therapy services, the provider would not be required to obtain additional authorization to check-in with the injured worker during the state of emergency.

## Documentation

Documentation requirements will follow BWC's [Billing and Reimbursement Manual](#) requirements. Under this temporary policy change, therapy providers will also be required to reference the COVID-19 state of emergency and the reason necessitating the check-in. The time and clinical decision-making must also be documented in the medical record.

## Billing and Reimbursement

Therapy providers must append modifier CR (catastrophe/disaster) to these codes to identify the COVID-19 state of emergency.

All billing under this policy alert must be on the CMS-1500, including when provided by a hospital-employed therapist. Hospitals will need to be enrolled as a provider type-12-clinic to bill on the CMS-1500.

The place of service billed should identify the location of the therapist when initiating the contact.

Virtual check-in code frequency is limited to once per week, when needed. Time is accumulated for any contact during the week to determine the billing code. A virtual check-in code cannot be billed when any other code has been billed by the same provider in the same week.

Telephone check-in frequency under this policy update is limited to once per week, when needed and cannot be billed when any other code has been billed by the same provider in the same week.

Clinical support time cannot be counted towards the time to determine which code to bill.

The codes cannot be billed within 7-days before or after an in-person visit.

Injured workers in an inpatient setting or residing in a nursing home, would be excluded from the check-in or telephone services.