

COVID-19 PROVIDER TELEMEDICINE FAQs

Does TRICARE cover COVID-19 testing?

Beneficiaries suspected to have COVID-19 should be tested following [CDC guidelines](#), as TRICARE covers medically necessary and appropriate testing.

What coverage is available for telemedicine?

TRICARE covers the use of interactive audio-visual technology to provide clinical consultations and office visits when appropriate and medically necessary. These services are subject to the same authorization requirements and include, but are not limited to:

- Clinical consultation
- Office visits
- Speech Therapy (ST), Occupational Therapy (OT) and Physical Therapy (PT) can now be provided via telemedicine. ST is approved for new and continuity of care. PT and OP are approved for continuity of care only. The care must meet the requirements set forth in *TPM CH 7 Sec 22.1*. Please watch our website for new guidance.
- Telemental health (individual psychotherapy, psychiatric diagnostic interview examination and medication management)
- Audio-only services are covered

*Please refer to the Telemedicine-Applied Behavior Analysis (ABA) section for more details regarding temporary ABA provisions.

The link to the policy can be found under our [provider COVID-19 information page](#).

Does the beneficiary need to be an existing patient for the provider to be able to conduct a telemedicine appointment?

There is no stipulation in policy that indicates services are for existing patients only. The exception would be for PT and OT providers.

OT/ST/PT were opened up temporarily for telemedicine; is there a projected end date, or how will we notify our providers when there is no longer an exemption?

Information will be posted to provider self-service.

What are the reimbursement rates for telemedicine for PT/OT/ST? Is it by unit or per session?

Please refer the provider to [TRICARE.mil](#) for [reimbursement rates](#).

I would like to change my patients appointments from an in person appointment to a telemedicine appointment. Is this covered?

Telemedicine visits are covered the same as regular office visits as long as your provider meets TRICARE policy requirements surrounding the delivery of telemedicine. Please refer to the Telemedicine-ABA [section](#) for details regarding temporary ABA provisions.

Can a current referral for specialty care be used for telemedicine? Do any codes need to be added to the referral?

As long as the provider meets the criteria in the *TRICARE Policy Manual*, the existing referral will be honored. No additional codes (for telemedicine) need to be added.

Will telephone consults with beneficiaries be paid temporarily during COVID-19?

Yes. TRICARE now covers audio-only telemedicine services.

Is telemedicine for behavioral health only?

No, any provider can provide telemedicine. Please refer to the Telemedicine-ABA section for details regarding temporary ABA provisions.

Is there an application required?

There is no application required.

What are the licensing requirements for telemedicine providers?

Video conferencing platforms used for telemedicine services must have the appropriate verification, confidentiality and security parameters necessary to meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

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What are the equipment requirements for telemedicine?

Please refer to policy-*TRICARE Policy Manual, Chapter 7, Section 22.1*

Is the beneficiary's home considered an originating site?

Yes

Is there guidance on what platforms are appropriate or how to make Skype usable? Does Humana Military have a list of HIPAA-compliant software/free platforms?

HIPAA-compliant software/platforms used by other providers include: Medici Doxy.me, Chiron, and VSee. The programs are not promoted or endorsed by Humana Military.

Are any other documents/addendums required to ensure proper coverage and payment of claims?

There is no addendum required.

Is there a need for additional credentialing to bill Place of Service (POS) 02-physicians or practitioners furnishing telemedicine services from distant site ID?

There is no additional credentialing required.

How do I bill for telemedicine services?

Please refer provider to policy for applicable CPT codes.

Synchronous* telemedicine services will use CPT or HCPCS codes with a GT modifier for distant site and Q3014 for an applicable originating site to distinguish telemedicine services. Also, Place of Service "POS 02" is to be reported in conjunction with the GT modifier.

Asynchronous* telemedicine services will use CPT or HCPCS codes with a GQ modifier.

**Synchronous telemedicine services involve an interactive, electronic information exchange in at least two directions in the same time period. Asynchronous telemedicine services involve storing, forwarding, and transmitting medical information on telemedicine encounters in one direction at a time.*

When submitting claims for telemedicine services, the provider may indicate "Signature not required-distance telemedicine site" in the required patient signature field.

For more details, please refer to *TPM15 Chapter 7, Section 22.1* and *TPM15 Chapter 7, Section 3.8*.

Is Partial Hospitalization Program (PHP) covered under telemedicine?

Yes, as long as services are less than six hours.

[Learn more →](#)

In regards to location-specific plans, will providers be tied to additional locations as needed?

If the provider files a claim from a network location that they are not affiliated to, Wisconsin Physicians Service (WPS) will affiliate the provider to that location.

Telemedicine ABA

Can Applied Behavior Analysis (ABA) services be provided via telemedicine?

TRICARE is temporarily permitting the unlimited use of CPT code 97156 ("Patient/Caregiver Guidance") via synchronous (real-time HIPAA compliant audio and video) TH services only to beneficiaries with an existing, active authorization from the contractors.

Note: This change is in effect from March 31, 2020 through the end of the COVID-19 public health emergency

Who can render "Patient/Caregiver guidance"?

CPT code 97156 (either in-person or via telehealth) may only be rendered by Board Certified Behavior Analysts (BCBA) and assistant behavior analysts.

What codes are included in this exception?

This exception is limited to CPT code 97156. CPT codes 97151, 97153, and 97155 are still excluded from TRICARE coverage under the ACD for delivery via telemedicine.

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Will documentation requirements change due to this exception?

Every session rendered as 97156 via telehealth shall adhere to the same documentation standards set forth in *TOM Chapter 18, Section 4, Paragraph 17.2* to include documenting Place of Service 02.

What do I need to know about filing claims for ABA telemedicine?

The claims filed must include the GT modifier and Place of Service (POS) code 02 or the claim shall be denied.

On any date of service, if the GT modifier is used for CPT code 97156, only 97151 and T1023 shall be payable in addition to 97156/GT for the same date of service. All other CPT codes filed on the same date of service as CPT code 97156/GT shall be denied reimbursement.

On any date of service where CPT code 97156 is filed without the GT modifier, all CPT codes in the existing ABA authorization for that beneficiary shall be payable.

How will claims be processed for ABA telemedicine services?

Our claims processor has made coding changes to allow for the temporary provision of rendering unlimited CPT code 97156 via telemedicine.

Note: Due to required claims system changes for this temporary provision, providers should anticipate longer processing and payment times.

Do current ABA authorizations need to be updated for telemedicine?

No. An additional authorization is not required, nor are changes to the existing authorization. An expiration date extension will not be required or allowed. (Maintaining the current authorization ensures that all submitted claims are tied to an existing authorization, therefore preventing any non-authorized ACD claims from being paid.)

Can I use telemedicine for ABA for all of my authorized TRICARE beneficiaries?

Telemedicine is not appropriate for all beneficiaries diagnosed with Autism Spectrum Disorder (ASD). Clinical judgment should be used when determining who is appropriate to receive ABA services virtually.

What are the equipment requirements for telemedicine?

Please refer to policy *TRICARE Policy Manual, Chapter 7, Section 22.1*.

How does this exception affect the authorization timeline?

No extensions to the authorization timeline will be granted. For authorizations expiring during this period, and subsequent authorization requests, all relevant requirements (i.e., the PDDBI) are expected to be completed on time.

No retro-authorizations will be approved. Do not let an authorization lapse.

What happens if the authorization is expiring during this window?

For authorizations that expire during this specified window, the ABA provider may complete the treatment plan update through an indirect assessment and submit the claim using CPT code 97151. All requirements of CPT code 97151 still apply.

If my patient needs authorization to begin ABA services, has the process changed?

For new authorizations resulting from new referrals during this timeframe, CPT code 97151 will be issued to complete an indirect assessment, review of records, and development of a treatment plan.

The treatment plan should be developed with the full recommendation of all CPT codes for the 6-month authorization period. Any program modifications may be completed under in-person CPT code 97155 once the social distancing provision is lifted.

No other ACD program requirements will be exempt.

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Where can I find more information about this provision?

Additional information can be found [here](#) →

Note: The “Policy” link under the COVID-19 Guidance section contains the notification being sent to ABA providers regarding this provision.

An important note about TRICARE program information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. Military hospital and clinic guidelines and policies may be different than those outlined in this publication. For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic.

Telemedicine platforms

I received an email from Humana Military about platforms I could use for telemedicine. Can you explain what this is?

Humana Military has identified four vendors that have agreed to assist our providers with their telemedicine needs at a potentially lower cost. You should review each vendor by going to HumanaMilitary.com/platforms to determine which vendor offers you the best options.

Are these vendors contracted with Humana Military?

No, you will need to work directly with these vendors for your needs.

Can Humana Military help me set up an agreement with these vendors?

No, since we are not contracted with these vendors, you will need to work directly with them on all agreements, costs and support.

I already provide telemedicine for my patients. Do I need to change what I am doing?

No, if you are already using a platform that meets the requirements and your needs, there is no need to change.

How will I know which one is the best for me? Could you recommend one?

Each provider office will have different telemedicine needs. Review each vendor’s information to determine which one best meets your office demands. Each vendor offers customer service to answer your specific questions. Please visit HumanaMilitary.com/platforms to view all options and details.

Am I required to use one of these vendors?

No, these vendors are options to review if you are looking for a method of delivering telemedicine.