

# Telehealth Resources for Occupational Therapy

Presented by Tammy Richmond, MS, OTRL, FAOTA  
and Monica Wright, CPC, CPMA, CPCO



# Disclosures



TAMMY RICHMOND, MS, OTRL, FAOTA is an Occupational Therapist and Exercise Physiologist with an extensive clinical background in rehabilitation, wellness, management, and technology. She is the CEO and founder of Go 2 Care, [www.go2care.com](http://www.go2care.com) an online telehealth company that provides education, consultation, services and technology solutions. Tammy serves as an advisor for 5plusTherapy, Inc. and PersonalRN. She also previously served as the Chair for the Telerehabilitation SIG at the American Telemedicine Association and content expert of the AMA Telehealth Coding workgroup for the American Occupational Therapy Association and Co-authored the AOTA Telehealth Position Paper.

# Disclosures



Monica Wright, CPC, CPMA, CPCO has over 20 years' experience in coding, billing and practice management. She has three certifications from AAPC and has taught coding and billing to students, physicians, and staff of private medical practices and within hospital settings. She is currently pursuing a Masters in Health Administration from LSUS. She is the Manager, Coding and Payment Policy at AOTA.

# Learning Objectives

go<sub>2</sub>CARE

- Provide overview of telehealth in occupational therapy
- Discuss current COVID 19 telehealth coverage for occupational therapy providers
- Review available COVID 19 telehealth and AOTA resources for occupational therapists



# TELEHEALTH DELIVERY VS SERVICE.....

“...the application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies”  
(AOTA Telehealth Position Paper)



Occupational therapy practitioners use telehealth as a service delivery model to help clients develop skills; incorporate assistive technology and adaptive techniques; modify work, home, or school environments; and create health-promoting habits and routines.

# TELEHEALTH DEFINITIONS

**Synchronous** means live, interactive, “face to face” communications. Often referred to as video conferencing.



**Asynchronous** is store and forward types of information such as images, video captures, chat, IM or email

**Originating site** is where the client is located or where the store and forward data originates

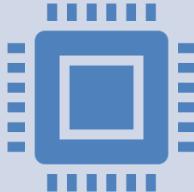
**Distant site** is where the provider is located

\*You must be licensed in the state where the patient is located.

# HIPAA Compliant Platform Vs Software



**\*HIPAA compliant software** is usually an app or service for healthcare organizations that includes all the necessary privacy and security safeguards to meet the requirements of **HIPAA**, for instance, secure messaging solutions, hosting services, and secure cloud storage services. (SaaS)



**\*HIPAA compliant platform** is everything needed: Software, data connectivity, provider network, technological expertise, patient portals, and all other workflows fully integrated within an existing framework of systems or devices, and then administered by a telehealth service provider to help ensure maximum effectiveness and efficiency. (PaaS)

\*Check for HIPAA COVID 19 Waivers with payers



# Telehealth 5 Service Models in Occupational Therapy

Evidence supports use of technology across all models of care

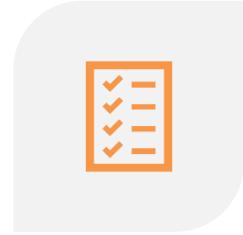
Consider key Telehealth Guidelines



Services incorporate various types of technologies

Evidence based utilization

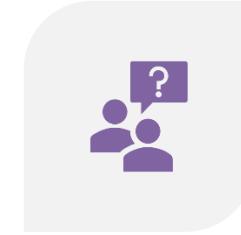
# Key Telehealth Documents



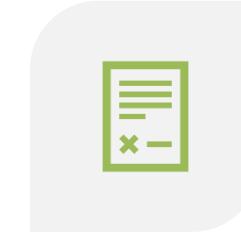
\*COMPETENCY  
CHECKLIST



HIPAA PRIVACY  
STATEMENT



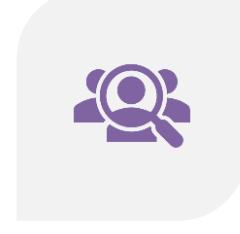
FERPA CONSENT  
(SCHOOL BASED)



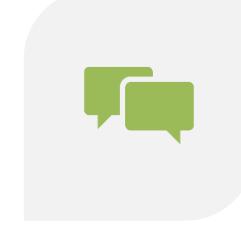
\*TELEHEALTH  
INFORMED CONSENT



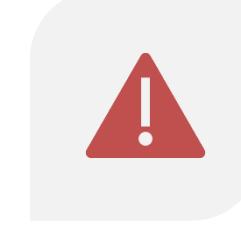
TELEHEALTH  
PARTICIPATION  
SCREENING



LEGAL AND ETHICAL  
GUIDELINES



TELEHEALTH PATIENT  
SATISFACTION SURVEY



TELEHEALTH  
ENCOUNTER NOTE  
(DAILY PROGRESS NOTE)

# COVID 19 Impacts Telehealth in OT

The federal-led COVID-19 policy changes affect Telehealth in OT in the following areas. As a provider, be aware of factors affecting where, how and when you can provide telehealth services:

- Geographic locations
- Specific types of services
- Specific types of health sites
- Modality; synchronous (live, videoconferencing) vs asynchronous (chat, data, etc) vs telephone
- Facility Fee
- Existing relationship vs New patients
- Co-pays/out of pocket
- HIPAA requirement waivers
- Licensure portability waivers



# State Scope of Practice

**Q: What rules does my state licensure law have pertaining to delivery of services via telehealth?**

Each state individually determines whether telehealth is permitted, which is why AOTA cannot advise that telehealth is best practice for all. AOTA has compiled a **state-by-state chart** of state occupational therapy statutes, regulations, and position statements adopted by state occupational therapy boards as well as broader telehealth statutes and regulations. If your state has not addressed telehealth it is import to check with your **state regulatory board**. In addition to advocating for states to ensure access to occupational therapy services, AOTA is collaborating with state occupational therapy associations to track and distribute information regarding state regulation changes to licensure, telehealth, and payment for occupational therapy services: **State Actions Affecting Occupational Therapy in Response to COVID-19**.



## State Actions Affecting Occupational Therapy in Response to COVID-19—Updated as of March 26, 2020

AOTA is tracking actions being taken by governors, state legislatures, and state agencies in response to the COVID-19 pandemic. Key issues profiled below relate to licensure, telehealth, and payment for occupational therapy services. AOTA is collaborating with state occupational therapy associations to compile and distribute this information. AOTA and state associations are advocating with state governments to ensure that consumers are able to access OT services. Recent updates to this chart are highlighted in gray. For more information, contact AOTA's State Affairs staff at [sptd@aota.org](mailto:sptd@aota.org).

State	Licensing board updates	Updated Telehealth policies	Medicaid & private Insurance policy updates
AL	No updates at this time	<p><a href="#">Alabama Medicaid extended temporary telemedicine coverage to physicians, nurse practitioners, physician assistants, and dental providers who currently receive Alabama Medicaid payment</a></p> <p><a href="#">Alabama Medicaid extended temporary telemedicine coverage for speech and occupational therapy providers</a></p>	<p><b>Private Insurance:</b> <a href="#">BCBS of AL</a> allows in-network providers to provide medically necessary services that can be appropriately delivered, including occupational therapy.</p> <p><b>Medicaid:</b> <a href="#">On March 23, the federal government granted an 1135 waiver</a></p>
AK	<a href="#">Division of Corporations, Business and Professional Licensing Guidance on Telehealth and Licensing During COVID-19</a>	<a href="#">Division of Corporations, Business and Professional Licensing Guidance on Telehealth and Licensing During COVID-19</a>	<b>Private insurance:</b> State-regulated plans are encouraged to liberalize telehealth benefits.
AZ	<p><a href="#">Board statement on website:</a> Update 3/25/2020 9:33 a.m.: Governor Ducey issued Executive Order 2020-15 which expands telemedicine to include occupational therapists. The Board is not able to interpret the language of the order or give legal advice. However, the order does say telehealth services may be provided by "any Arizona licensed healthcare provider type including, but not limited to...."</p> <p>For information regarding the practice of telemedicine, please refer to Arizona Revised Statutes Title 36: Chapter 36 and Title 32: Chapter 34.</p>	<p>Governor issued <a href="#">Executive Order 2020-07 (pdf)</a> which says Department of Health Services in conjunction with the Department of Insurance requires that all insurers regulated by the state cover telemedicine visits at a lower cost-sharing point for consumers than the same in-office service to encourage utilization of telemedicine for the duration of the state's public health emergency.</p> <p>Governor issued <a href="#">Executive Order 2020-15 (pdf)</a> which requires all health insurance plans regulated by the Arizona Department of Insurance and all Medicaid plans to provide coverage for all health care services provided through telemedicine if the health care service was covered were it provided in person.</p>	<p><b>Private insurance:</b> Governor's <a href="#">Executive Order 2020-07 (video links)</a> also requires insurance companies and health plans to cover out of network providers, including out of plan laboratories and telemedicine providers.</p> <p><b>Medicaid:</b> <a href="#">On March 23, the federal government granted an 1135 waiver</a></p>

# Billing Requirements

- **Vary payer to payer**
- Modifiers
  - **95** Synchronous telemedicine service rendered via a real-time interactive audio and videotelecommunications system
  - **GT** Via interactive audio and video telecommunication systems
  - **GQ** Via asynchronous telecommunications system
- Place of service
  - **02**

# OT and Medicare Telehealth

- Occupational therapy is statutorily excluded from telehealth under Section 1834 of the Social Security Act
- 1135 Waivers - added the ability to perform e-visits
- Can charge cash pay for true telehealth services not covered under the Medicare program
- Interim final rule added virtual check ins and telephone assessments - NOT Telehealth
- Cares Act gave Secretary permission to expand telehealth
  - Actively lobbying to get this to apply to OT, PT, SLP



# Qualified nonphysician health care professional online assessment – Medicare E-visits

G2061	Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
G2062	11-20 minutes
G2063	21 or more minutes



# Medicare E-visits

## What is an e-visit?

The 2020 MPFS describes e-visits as non-face-to-face "patient-initiated digital communications that require a clinical decision that otherwise typically would have been provided in the office." The descriptors further suggest that the codes are intended to cover short-term ("up to seven days") evaluations and assessments that are conducted online or via some other digital platform, and likely also include any associated interpretation and clinical decision making.



# Medicare E-visits

## What are the billing requirements?

1. The patient must be established with the practice.
2. The patient initiates contact through a patient portal. (Clients can be notified that they may contact the office via online patient portal with any questions.)
3. The patient must consent to the e-visit.
4. Once the communication is received, the time spent reviewing, assessing, and responding over the next 7 days is used to determine the level of service. Time must be documented, along with detailed documentation of the service provided. Documentation must justify the amount of time spent.



# Medicare E-visits

## **What constitutes a patient portal?**

A patient portal is a secure online website that gives patients convenient, 24-hour access to personal health information from anywhere with an Internet connection.



# Medicare E-visits

Patient initiates contact:	OT response
Patient's caregiver has questions about ADLs	Caregiver training (e.g., transfer training, ADL training, home exercise program training, positioning)
Patient with lymphedema or wound care concerns sends a question regarding self-management techniques	Walk the patient through manual lymph drainage and compression wrapping or wound care
Patient sends a question regarding difficulty using adaptive device	Advise the patient on how to get the device to function properly, and provide additional patient education materials on ways to use the device most effectively in their current environment
Patient using a TENS unit for chronic pain has questions	Review the modality settings, electrode placement, and schedule of daily use



# Medicare E-visits

Patient initiates contact:	OT response
Patient has questions about fall prevention techniques given at last visit	Review the balance exercises with ball, Theraband, small weights, walking drills; send written program via portal
Patient recovering from cerebral vascular accident has questions and requires follow up with functional activity home program	Review and coach caregiver in assisting in the home stretching and functional activities home program
Patient with cognitive dysfunction has questions about home program	Review home program of cognitive work sheets, check those completed, and send additional handouts based on client's progress and barriers
Patient with ALS has questions about feeding tube	Review getting air out of feeding tube, proper functioning



# Medicare E-visits

- Not Telehealth
- Case management not treatment
- Only billed once per 7 days
- Patient must initiate again for another e-visit to be billed
- Use place of service 11 or 12, where therapist is located
- Considered sometimes therapy
- CMS is relaxing enforcement of established patient requirements
- Patient must be under a therapy plan of care



# Virtual Check in

**G2010** Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

**G2012** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

# Virtual Check in

- Meant to be brief 5-10 minutes
- Via telephone or other electronic media
- Quick check in or review of images or video
- Meant for established patients but CMS is relaxing enforcement
- Patient initiated
- Patient consent required
- Considered sometimes therapy



# Telephone Assessment and Management

**98966** Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

**98967** Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

**98968** Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion



# Telephone Assessment and Management

- Cannot relate to a visit within the past 7 days
- Patient initiated
- Established patient but CMS will relax enforcement
- Considered sometimes therapy

# Tricare

March 18, 2020

- *\*\*Update:* If a beneficiary meets all other criteria for a covered service for speech therapy and for continuation of PT/OT, (**but not initiation of PT/OT**), it is covered using telemedicine, using any coding modifiers as you would for a TRICARE network provider office visit.
- Must be licensed in state where care is provided and received
- HIPAA compliant platform
- Synchronous – use CPT code with GT modifier, place of service 02
- Asynchronous – use CPT code with GQ modifier
- <https://www.humanamilitary.com/provider/education-and-resources/quick-access/policy-updates-and-alerts/COVID-19-telemedicine-031320>



# United Healthcare

- Effective March 18 – June 18, 2020
- Place of service 02
- Modifier 95
- <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-pt-ot-st.html>

# United Healthcare

Occupational Therapy	97165	Occupational therapy evaluation -low complexity
Occupational Therapy	97166	Occupational therapy evaluation-moderate complexity
Occupational Therapy	97167	Occupational therapy evaluation -high complexity
Occupational Therapy	97168	Occupational therapy re-evaluation
Occupational Therapy	97110	Therapeutic procedure, one or more areas, each 15 minutes
Occupational Therapy	97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
Occupational Therapy	97112	Therapeutic procedure, one or more areas, each 15 minutes
Occupational Therapy	97535	Self-care/home management training, each 15 minutes

# Cigna

- Allowed through May 31, 2020
- Use modifier GQ, standard place of service
- <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>

Code	Description
97165	OT eval low complex 30 min (Telephonic or virtual)
97166	OT eval mod complex 45 min (Virtual)
97110	Therapeutic exercises (2 unit limit)





Until June 4, 2020

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

98966, 98967, 98968 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 21-30 minutes of medical discussion.

[https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc\\_link\\_content\\_section\\_responsivegrid\\_copy\\_responsivegrid\\_accordion\\_10](https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_10)



# Blue Cross Blue Shield

- Decisions varying by state
- Recently announced telehealth policies:
  - Blue Cross Blue Shield Alabama
    - <https://www.bcbsal.org/web/coronavirus>
  - Blue Cross Blue Shield and Health Advantage of Arkansas
  - Blue Cross Blue Shield of Minnesota
    - [https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA\\_26858512](https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_26858512)
  - Blue Cross Blue Shield of Nebraska
    - <https://www.nebraskablue.com/Providers/COVID-19>
  - Blue Cross Blue Shield of New Mexico



# Medicaid

- Varies state by state
- 34 states have been approved for 1135 waivers
- Review state specific guidance for billing guidelines
- Changes can be found on AOTA website



## State Actions Affecting Occupational Therapy in Response to COVID-19—Updated as of March 26, 2020

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## A L E R T

March 27, 2020

<<<<<NOTE: This ALERT is a replacement to the ALERT dated March 24, 2020>>>>>

**To:** Speech and Occupational Therapy Providers

**Re:** Temporarily Allowing Speech and Occupational Therapy Services  
Through Telemedicine during COVID-19 Emergency

This notice serves as a replacement for the March 24, 2020 Alert titled Alabama Medicaid Extends Temporary Telemedicine Coverage for Speech and Occupational Therapy Providers.

In response to the Coronavirus Disease 2019 (COVID-19) pandemic, for dates of service on or after March 16, 2020, Medicaid is temporarily allowing covered speech and occupational services to be performed via telemedicine. This allowance should only be used for medically necessary services that can be appropriately delivered in a secure, confidential location. The therapy provider and recipient/caregiver must use an interactive audio/video telecommunications system. These actions will be effective for one month, expiring on dates of service April 16, 2020. Alabama Medicaid will reevaluate for continuance as needed.

Medicaid will update claims processing systems by **March 30, 2020**. For a listing of covered procedure codes, please visit

[https://medicaid.alabama.gov/content/Gated/7.6.1G\\_Provider\\_Manuals/7.6.1.1G\\_Jan2020/Jan20\\_37.pdf](https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan2020/Jan20_37.pdf) for the Provider Billing Manual. Please note, this list could be revised as needed.

During the COVID-19 emergency, it is important to file claims as quickly as possible to ensure payment from Medicaid is made to Medicaid providers close to the date of service. The Centers for Medicare and Medicaid Services has increased the federal matching percentage for the emergency timeframe, but states can only receive the increased match on claims that are paid during the emergency.

For policy questions, please email [elizabeth.huckabee@medicaid.alabama.gov](mailto:elizabeth.huckabee@medicaid.alabama.gov), [beverly.churchwell@medicaid.alabama.gov](mailto:beverly.churchwell@medicaid.alabama.gov) or [shauna.williams@medicaid.alabama.gov](mailto:shauna.williams@medicaid.alabama.gov).

For billing questions, please call the provider assistance center at (800) 688-7989 – (Nationwide Toll Free) (334) 215-0111.

[https://medicaid.alabama.gov/documents/1.0\\_ALERTS/1.0\\_2020/1.0\\_ALERT\\_UPDATE\\_Medicaid\\_Extends\\_Temporary\\_Telemedicine\\_Coverage\\_Speech\\_OT\\_Providers\\_3-27-20.pdf](https://medicaid.alabama.gov/documents/1.0_ALERTS/1.0_2020/1.0_ALERT_UPDATE_Medicaid_Extends_Temporary_Telemedicine_Coverage_Speech_OT_Providers_3-27-20.pdf)



## A. Implementing Part B of the *IDEA* and Section 504 during a COVID-19 outbreak

**Question A-1:** Is an LEA required to continue to provide a free appropriate public education (FAPE) to students with disabilities during a school closure caused by a COVID-19 outbreak?

**Answer:** The IDEA, Section 504, and Title II of the ADA do not specifically address a situation in which elementary and secondary schools are closed for an extended period of time (generally more than 10 consecutive days) because of exceptional circumstances, such as an outbreak of a particular disease.

If an LEA closes its schools to slow or stop the spread of COVID-19, and does not provide any educational services to the general student population, then an LEA would not be required to provide services to students with disabilities during that same period of time. Once school resumes, the LEA must make every effort to provide special education and related services to the child in accordance with the child's individualized education program (IEP) or, for students entitled to FAPE under Section 504, consistent with a plan developed to meet the requirements of Section 504. The Department understands there may be exceptional circumstances that could affect how a particular service is provided. In addition, an IEP Team and, as appropriate to an individual student with a disability, the personnel responsible for ensuring FAPE to a student for the purposes of Section 504, would be required to make an individualized determination as to whether compensatory services are needed under applicable standards and requirements.

If an LEA continues to provide educational opportunities to the general student population during a school closure, the school must ensure that students with disabilities also have equal access to the same opportunities, including the provision of FAPE. (34 CFR §§ 104.4, 104.33 (Section 504) and 28 CFR § 35.130 (Title II of the ADA)). SEAs, LEAs, and schools must ensure that, to the greatest extent possible, each student with a disability can be provided the special education and related services identified in the student's IEP developed under IDEA, or a plan developed under Section 504. (34 CFR §§ 300.101 and 300.201 (IDEA), and 34 CFR § 104.33 (Section 504)).

# Department of Education

<https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-covid-19-03-12-2020.pdf>



# Department of Workers Compensation



## NEWSLINE

Release Number: 2020-21

March 19, 2020

### DWC Provides Guidance on Medical Evaluations During State of Emergency Period

The Division of Workers' Compensation (DWC) appreciates the efforts of the workers' compensation community to provide care for injured workers during the COVID-19 pandemic. Of paramount importance is that everyone follow all guidance from the Governor as well as federal, state and local public health agencies regarding COVID-19.

After adherence to all public health guidance and orders, DWC encourages all parties to consider creative solutions appropriate to providing care to injured workers. The increased use of telehealth services for medical treatment may be appropriate. The [California Business and Professions Code section 2290.5](#) requires that "...the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented."

Review state specific guidelines

<https://www.dir.ca.gov/DIRNews/2020/2020-21.html>



# AOTA Resources

COVID 19

<http://www.aota.org/Practice/Health-Wellness/COVID19.aspx>

Telehealth Resources

<http://www.aota.org/Practice/Manage/telehealth.aspx>

Legislative Action Center

<http://cqrcengage.com/aota/home?0>



# Questions

[regulatory@aota.org](mailto:regulatory@aota.org)

