

# Telemedicine providers FAQ

## Coverage

### What kind of telemedicine support is covered under TRICARE?

Visit [telemedicine for providers](#) for details.

## Licensing

### What are the licensing requirements for telemedicine providers?

Refer to [TRICARE Operating Manual \(TOM\) Ch. 7, Section 22.1, 2.2.3.1.](#)

## Equipment, platforms and technical requirements

### What are the equipment requirements for telemedicine?

Please refer to [TRICARE Policy Manual \(TPM\), Chapter 7, Section 22.1.](#)

### What platform should I use?

Each provider office will have different telemedicine needs. Review each platform's information to determine which one best meets your office's demands. However, Humana Military has identified software platforms [Doxy.me](#) and [VSee](#) that have agreed to assist our providers with their telemedicine needs.

### Can Humana Military help me with questions about Doxy.me and VSee, or help me set up an agreement with them?

No, you will need to work directly with these platforms.

### I already provide telemedicine for my patients. Do I need to change the platform I use?

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

### Am I required to use one of these platforms?

No, these platforms are options to review if you are looking for a method of delivering telemedicine. Any platform can be utilized as long as it is HIPPA compliant.

## Referrals

### Is a referral required for an Active Duty Service Member (ADSM) to be seen via telemedicine?

Yes, per TRICARE policy, all ADSMs will need a referral.

### Are the requirements for a referral different if the initial visit was held via telemedicine?

No, a Primary Care Manager (PCM) can refer a patient regardless if the initial visit was in-person or via telemedicine.

### I would like to change my patient's appointments from an in-person to a telemedicine one. Will this be covered?

Telemedicine visits are covered the same as regular office visits as long as the provider meets TRICARE policy requirements of delivery of telemedicine.

### 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.

## Billing

### How do I bill for telemedicine services?

Refer to the Current Procedural Terminology (CPT) code lookup tool for current CPT codes. Log in to [provider self-service](#) to use the CPT code lookup.

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

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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 [TPM Chapter 7, Section 22.1](#) and [TPM Chapter 7, Section 3.8](#).

## **Are any addendums required to ensure proper coverage and payment of claims?**

No addendum is required.

## **Is Partial Hospitalization Program (PHP) covered under telemedicine?**

Yes, as long as services are less than six hours. See the [TPM, Chapter 7, Section 22.1](#) for more information.

## **Distant sites**

### **For location-specific plans, will providers be tied to additional locations as needed?**

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

### **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.

## **Prescribing**

### **Can telemedicine providers prescribe to ADSMs?**

Yes, providers who see ADSMs via telemedicine can prescribe most drugs, per TRICARE policy.

### **Can telemedicine providers prescribe Schedule II medications?**

Current telemedicine providers can prescribe Schedule II medications as long as they comply with the *Ryan Haight Act*.

## **Applied Behavior Analysis (ABA)**

### **Can ABA services be provided via telemedicine?**

Parent/caregiver sessions (CPT code 97156) may be conducted via telemedicine only after the first six-month authorization period per authorized provider. All services provided via telemedicine must adhere to state laws governing telemedicine services.

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

Parent/caregiver sessions conducted remotely must include the GT and 95 modifier when submitting claims. Remote family adaptive behavior sessions must be in compliance with [TPM, Chapter 7, Section 22.1](#).

## **Speech therapy, occupational therapy and physical therapy**

### **What coverage is given to speech therapy, occupational therapy and physical therapy?**

Speech therapy is approved for new and continuity of care. Physical therapy and occupational therapy are approved for continuity of care only. The care must meet the requirements set forth in [TPM CH 7 Sec 22.1](#).

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**What are the reimbursement rates for telemedicine for speech, occupation and physical therapies? Is it by unit or per session?**

Please refer to the section on reimbursement on [CHAMPUS maximum allowable charge rates](#).

## Military hospitals or clinics

**If an ADSM is referred to a telemedicine provider, how does the provider communicate back to the military hospital or clinic?**

Feedback is communicated through the [Clear and Legible Reports \(CLR\) process](#).

**If I determine that a beneficiary is high risk during a telemedicine visit, how will I inform the military hospital or clinic?**

If a beneficiary is deemed high risk, that is communicated through the CLR process.

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