

[Tricare-West](#)

Overview

February 4, 2020 though TBD

COVID-19 Outbreak: Using Telemedicine

Tuesday, March 10, 2020

Updated March 30, 2020

Coronavirus disease 2019, also referred to as COVID-19, is an emerging illness. While many details about the coronavirus are still unknown, we recognize the best way to prevent illness is to avoid exposing others to this virus. One option your office may be using to minimize patient and staff exposure during the COVID-19 outbreak is telemedicine. If you do offer this service, we'd like to remind you of TRICARE's benefit and billing requirements.

TRICARE covers medically and psychologically necessary telemedicine services provided to a beneficiary at home. Specific technical requirements, outlined in TRICARE Policy Manual, Chapter 7, Section 22.1, must be met. (Note: Exclusions for applied behavior analysis services apply.) We offer an overview on our [Telemedicine Services](#) page. Audio-only telephone services are not covered.

How does state licensing apply to telemedicine?

Providers delivering telemedicine services must be licensed in the state(s) in which the services are provided *and* received. (For example, if the beneficiary's home is in California but the provider is located in Washington, that provider must be licensed in California and Washington for the services to be covered by TRICARE.)

Is an authorization required?

Telemedicine services are subject to the same authorization and referral requirements that apply to in-person medical and psychological services. Visit our [Prior Authorization, Referral and Benefit Tool](#) to view current approval guidelines.

What video conference platforms can be used?

Video conferencing platforms must meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Find additional details on video conferencing, connectivity and privacy guidelines on our [Telemedicine Services](#) page.

What is the difference between synchronous and asynchronous telemedicine services?

Synchronous telemedicine services refers to the exchange of electronic information in at least two directions at the same time, such as real-time video. Asynchronous telemedicine services refers to storing/transmitting information in one direction at a time, such as submitting medical history or images from one party to another.

How does billing work?

For synchronous telemedicine services, bill using CPT or HCPCS codes with a GT modifier for the distant site and Q3014 for the originating site to distinguish telemedicine services. Use place of service "02" in conjunction with the GT modifier. For asynchronous telemedicine services, bill using CPT or HCPCS codes with a GQ modifier and place of service "02." Note: You may indicate "Signature not required – distance telemedicine site" in the required patient signature field on the claim form.

View the TRICARE Policy Manual, Chapter 7, Section 22.1 for additional information. For the latest information on the COVID-19 outbreak, visit www.cdc.gov/coronavirus.

TRICARE Coverage for COVID-19 Testing

Friday, March 13, 2020

updated March 18, 2020

With the spread of the coronavirus disease (COVID-19) now across the U.S., testing for COVID-19 remains important. Please review the following questions and answers about COVID-19 testing reimbursement for your TRICARE patients.

Is COVID-19 testing covered under TRICARE?

TRICARE covers medically necessary and appropriate testing. Beneficiaries suspected to have COVID-19 should be tested following Centers for Disease Control and Prevention (CDC) guidelines.

Is prior authorization required?

There are no authorization requirements specific to COVID-19 testing. You do not need an approval from HNFS for medically necessary testing.

Are there utilization limits for how often this test can be provided?

No. Care must be medically necessary and appropriate.

What copayment or cost-share will my TRICARE patients have?

Find current cost information on our [Copayment and Cost-Share](#) page.

Per this link, Cost-Share has not been waived.

Are there specific billing codes?

The Centers for Medicare & Medicaid Services (CMS) recently developed two new Healthcare Common Procedure Coding system (HCPCS) codes for providers and laboratories to test patients – HCPCS U0001 and U0002 – for dates of service on or after Feb. 4, 2020. A new CPT® code, 87635, was released for immediate use effective Friday, March 13, 2020.

The CMS verbiage includes the term “panel.” Are there limitations for other testing on the same date of service?

There are no limitations for other testing on the same date of service.

Can I submit claims to HNFS now or is there a waiting period?

We can accept claims for COVID-19 testing; however, they will be held until April 1 to allow for system updates.

What is the reimbursement rate?

Reimbursement will be based on billed charges (less network provider discounts) until criteria is met to establish a state prevailing rate.

TRICARE beneficiaries who are unsure where or when to seek care may contact the [Military Health System Nurse Advice line](#). For the latest CDC guidelines, visit www.cdc.gov/COVID19.