VIVA VOICE

PROVIDER NEWSLETTER | FALL 2026

Medicare Telehealth Services

VIVA HEALTH is committed to improving access to quality care by covering a broad range of telehealth services that extend beyond Medicare covered telehealth benefits. Telehealth provides members with convenient access to care while supporting continuity of treatment.

Telehealth services include:

- Primary Care Physician Services
- Physician Specialist Services
- Mental Health Services (Individual or Group)
- Psychiatric Services (Individual or Group)
- Physical Therapy and Speech-Language Pathology Services
- Outpatient Substance Abuse Services (Individual or Group)
- Other Health Care Professional Services
- Urgently Needed Services

Billing Guidelines:

- Procedure codes 98000–98016, with or without a telehealth modifier
- Any eligible procedure billed with modifier 93, 95, or GT

Claims must be submitted with one of the following Place of Service (POS) codes:

- POS 10 – Telehealth Provided in Patient's Home
- POS 02 – Telehealth Provided Other Than in Patient's Home

Note: Telehealth specialist services excludes services from a chiropractor, podiatrist, hearing or vision exams, diabetes self-management training, kidney disease education, and smoking cessation counseling.

If you have any additional questions regarding telehealth services please contact Provider Services at VivaProviderServices@uabmc.edu or call Provider Customer Service at (205) 558-7474.

Chronic Care Management (CCM) Services

VIVA HEALTH is the exclusive provider of Chronic Care Management (CCM) services for both our Commercial and Medicare members through our VCare program.

Providers are encouraged to refer any VIVA HEALTH member who may benefit from Chronic Care Management services to the VIVA HEALTH Care Management Department. Our VCare program is designed to support members with chronic conditions through coordinated care, education, and ongoing outreach to help improve health outcomes.

Please note that claims submitted by providers for Chronic Care Management (CCM) services are not covered under the member's benefits and will deny as non-covered. These services are not billable to the member.

If you have any questions, please contact Provider Services by email at **VivaProviderServices@uabmc.edu.**

Medicare Appeals Regulatory Review Processes

VIVA MEDICARE Appeals Department must adhere to the Centers for Medicare and Medicaid Services' (CMS) regulatory review processes for the review of appeals related to Part C and Part D coverage. CMS offers appeal flow charts outlining these regulatory review processes via the following references:

Medicare Managed Care (Part C) Appeals Process Overview:

https://www.cms.gov/medicare/appeals-and-grievances/mmcag/downloads/managed-care-appeals-flow-chart-.pdf

Medicare Prescription Drug (Part D) Appeals Process Overview:

https://www.cms.gov/medicare/appeals-and-grievances/medprescriptdrugapplgriev/downloads/flowchart-medicare-part-d.pdf

Please take this opportunity to revisit these regulatory review process overviews to ensure your provider organization is taking these into consideration as it relates to your organization's expectations in appeal review timelines and response to appeal documentation requests.

Dapagliflozin Lower Tier Availability

As of June 1, 2026, dapagliflozin (generic Farxiga) has been moved from Tier 3 to Tier 1 for our VIVA MEDICARE *Plus, Premier, Classic,* and *Infirmary Health Advantage* members, resulting in an average monthly saving of $42 per month. This change was made to further remove affordability adherence barriers and expand access to a broader range of effective antidiabetic medications available at a $0 copay.

Using generic dapagliflozin will lower monthly copay costs for all VIVA MEDICARE members. To help ensure that members receive the generic formulation, please indicate "generic substitution allowed" when prescribing Farxiga, or prescribe dapagliflozin directly as the medication.

For additional member costs savings, prescribe for a 100-day supply so members can receive more medication with no additional costs.

Fraud, Waste, and Abuse Risks Associated with CPT Code 90837 - Mental Health Psychotherapy-Telehealth

Telehealth services have expanded access to mental health treatment, allowing providers to deliver psychotherapy services to patients experiencing anxiety, depression, and other behavioral health conditions from the convenience of their homes. CPT code 90837 represents 60 minutes of individual psychotherapy and requires a minimum of 53 minutes of face-to-face or telehealth clinical services.

CPT code 90837 is subject to scrutiny by the Centers for Medicare and Medicaid Services (CMS), and commercial health plans. Payers closely monitor the use of this code due to its susceptibility to fraud, waste, and abuse.

Mental health psychotherapy sessions billed under CPT code 90837 generally include three core components: assessment of the patient's mental status, application of psychotherapy interventions designed to reduce distress, and evaluation of any changes in the patient's mental condition. Documentation should clearly support the services rendered and demonstrate the medical necessity of the treatment provided.

Several common FWA indicators are associated with the billing of CPT code 90837. One of the most significant concerns is upcoding, which occurs when providers bill for a 60-minute psychotherapy session even though the actual session lasted less than the required 53 minutes. Upcoding may also occur when administrative activities, such as scheduling appointments, collecting payments, or completing documentation after the session, are improperly counted toward billable psychotherapy time.

Another major compliance issue involves vague or missing time documentation. Accurate start and stop times are critical when billing time-based services. Incomplete or nonspecific documentation can result in claim denials, reduced reimbursement, audits, or requests for medical records. Insurers expect clear evidence that the required duration of service was met.

Insufficient medical necessity documentation is another frequent audit finding. Progress notes must demonstrate why the intensity and duration of a 60-minute psychotherapy session were clinically appropriate. Documentation that lacks evidence of significant symptoms, functional impairment, treatment complexity, or therapeutic interventions may fail to support the level of service billed.

Additionally, providers may be cited for billing for services not rendered, which occurs when a claim is submitted for a psychotherapy session that did not occur, was substantially shorter than documented, or includes non-billable administrative time to meet the minimum time threshold. Such practices can result in overpayments, repayment demands, civil penalties, or allegations of healthcare fraud.

To reduce FWA risks, providers should implement strong compliance practices. Best practices include documenting precise session start and stop times, clearly describing therapeutic interventions and patient responses, establishing clinical justification for session length, and conducting periodic self-audits to identify documentation deficiencies and billing patterns that may attract payer scrutiny.

As telehealth psychotherapy services continue to grow, accurate documentation and compliant billing practices remain essential to ensuring that CPT code 90837 is used appropriately. Maintaining thorough records and adhering to payer requirements can help providers minimize fraud, waste, and abuse risks while supporting high-quality behavioral health care.

Compliance is about **doing the right thing every time**—for our members, our plan, and ourselves. **Getting it right the first time protects everyone.**

Medicare's Annual Enrollment Period (AEP) Starts Soon

All Medicare members have the chance to enroll in a new Medicare plan from October 15 through December 7.
If patients request information about VIVA MEDICARE plans, please direct them to call us at:

1-888-830-8482 (toll-free) | TTY: 711

8am - 8pm, Monday - Friday (Oct 1 - Mar 31: 8am - 8pm, 7 days a week)

Or visit us online at **www.VivaHealth.com/Medicare**

Online Provider Application

As a reminder, effective May 1, the online application has replaced the previous hard copy (PDF) form. Our new and improved online provider application was designed to make joining our network faster and more efficient.

What to Expect:

- Applications can now be submitted through a user-friendly online web form.
- All required fields and supporting documents must be completed and uploaded to ensure your application is processed.
- Applicants will receive immediate confirmation upon submission, along with updates as their application moves through the review process.

To access the new application and get started, please visit: **www.VivaHealth.com/Provider/Become-a-Provider/**

If you have any questions about the new application process, please contact us at **VivaParticipation@uabmc.edu.**

Submitting Demographic Updates

Demographic updates for clinic/group practices, hospitals, ancillary providers, and practitioners already reassigned to your Tax ID, should be submitted to **VivaParticipation@uabmc.edu.**

Demographic updates include:

- Adding, removing, or changing practice or billing/remit addresses
- Updating first or last names
- Updating collaborating physicians
- Updating telephone or fax numbers
- Terminating practitioners

2026 Viva Medicare Special Needs Plan Model of Care (SNP MOC) Provider Training

The Centers for Medicare and Medicaid Services (CMS) require that Medicare Advantage Organizations (MAO) provide annual Special Needs Plan (SNP) Model of Care (MOC) training to all providers that care for any dual eligible members.

You may complete the training and submit the attestation online at **VivaHealth.com/Provider/SNP-Provider-Training**

While the training itself must be completed by every participating provider, an attestation can be completed one time for all providers within a group by an individual given authority to sign on behalf of the practice.

If you have questions about the SNP MOC training, please email **VivaMOCTraining@uabmc.edu**