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Medicaid and Telehealth

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Richelle Marting is an attorney, registered health information administrator, and certified coder who focuses on healthcare coding, billing, and reimbursement issues. She has practical, in-the-trenches experience with coding and billing issues. She has served as an outpatient multi-specialty surgery coder, hospital-based outpatient coder and a compliance coordinator for a large multi-specialty medical group. As an attorney she advises clients proactively on complex reimbursement questions and has guided multiple clients through extensive Medicare and OIG audits and investigations.
Waivers, Executive Orders, and Declarations, Oh My!

• Federal PHE status: Most recently renewed 10/18/2021
• Almost certain to be extended within the next week; would take us into mid April 2022
• Kansas: 15-day emergency declaration orders beginning 1/6/2022 22-01 and 22-02
  • Governor Kelly intends to work with legislature for legislation to extend executive orders through March

• 22-01: Any and all statutes relating to supervision, delegation, and related issues for healthcare providers are suspended to allow support for facility’s COVID-19 pandemic response (PA, APRN, nurses collected COVID specimens, pharmacists providing care for routine health maintenance and chronic disease states)

• 22-01: students can volunteer or work in whatever roles necessary appropriate to education, training, and experience

• 22-01: professionals licensed in any state in good standing can practice in Kansas
Waivers, Executive Orders, and Declarations, Oh My!

• Kansas: 15-day emergency declaration orders beginning 1/6/2022 22-01 and 22-02
  • Governor Kelly intends to work with legislature for legislation to extend executive orders through March

• 22-02: extends KDADS licensed professionals’ renewal, continuing education deadlines
• Missouri: COVID-19 emergency expired December 31, 2021
• “The state has communicated to its health care partners that there will be flexibility during a transitional period to fully resume pre-pandemic operations”
• Eliminated reciprocity for providers licensed in other states
• Reinstates geographic limits for APRN practice with collaborating physicians
• MHA has great waiver tracking tool. Note: “MHA staff are seeking clarification of the status of MO HealthNet waivers. It is not clear which, if any, remain in effect after 12/31/21”.

1/11/2022 update: “While the State of Emergency in Missouri concluded December 31, 2021, MHD must submit requests to the Centers for Medicare & Medicaid Services (CMS) to discontinue any of the flexibilities allowed during the Public Health Emergency (PHE). Therefore, the flexibilities continue temporarily until CMS approval is granted. Providers will be notified when the state is approved to discontinue the two flexibilities listed above.”
Missouri Medicaid
Pre-COVID

• Eligible providers: Any licensed health care provider enrolled w/ MO HealthNet
• Leave Rendering Provider ID 24j on CMS 1500 blank for Q3014
• Use POS 02
• For schools, use 03 and –GT
• Behavioral health services via telemedicine: POS 14, 21, 33, 51, 55, 56, 61 with -GT
Missouri Medicaid Pre-COVID

- Same provider can bill for distant and originating sites, as long as distant site is not within originating site facility (same as KS, Medicare)
- RHCs as originating sites bill using non-RHC provider number
- RHCs as distant sites can use either provider number
  - **PBRHC/UB04**: Rev code + CPT+ GT+ billed charge
  - **IRHC/UB04**: Rev code+T1015+GT
- FQHCs remove originating site fees for telemed from year end cost report
• **COVID-19 Hot Tip Index**
  • None of the hot tips have changed since 12/31/21 expiration

• **January 11, 2022 Telehealth Services:**
  • No originating site fee when patient is at home
  • No separate telehealth fee schedule; payment parity with in-person services
  • MHD also allowed the use of telephone for telehealth services, and allowed quarantined providers and/or providers working from alternate sites or facilities to provide and bill for telehealth services. These services should be billed as distant site services using the physician’s and/or clinic provider number. MHD did not require additional CMS flexibility for these options, and they will continue.

• **FAQ:** Do not report 99441-99443, G2012 for audio-only services. Bill regular code (e.g. office visit) with POS 02.
Summary of Changes

• 3/1/20: Well child checks can be provided via telehealth (FFS and MCOs)

• 3/23/20: Hospitals may bill facility fee for distant site services; use UB04, GT, $0

Example:
Professional distant site services provided via Telemedicine:
CMS 1500: CPT and POS 02

UB 04 for hospital facility fee:
Two Lines:
Line 1 – Rev code (510) + CPT+ GT+ zero billed charge
Line 2 – Facility Rev Code (510)+ facility fee billed charges

• 5/21/20: PT/ST/OT for FFS and MCOs
• 4/12/21:
  — Psychiatrists, advanced practice psychiatric nurse, psychologist, LCSW, LMSW, professional counselor, marital and family therapist
  — If 1) patient is in residential or inpatient location; and 2) is receiving behavioral health via telemedicine: -GT modifier *required* (note difference from KS Medicaid, Medicare)
    • Do not bill with POS 02
• Waived requirement for established provider relationship to deliver telehealth
191.1146. Physician-patient relationship required, how established. — 1. Physicians licensed under chapter 334 who use telemedicine shall ensure that a properly established physician-patient relationship exists with the person who receives the telemedicine services. The physician-patient relationship may be established by:

   (1) An in-person encounter through a medical interview and physical examination;

   (2) Consultation with another physician, or that physician's delegate, who has an established relationship with the patient and an agreement with the physician to participate in the patient's care; or

   (3) A telemedicine encounter, if the standard of care does not require an in-person encounter, and in accordance with evidence-based standards of practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

2. In order to establish a physician-patient relationship through telemedicine:

   (1) The technology utilized shall be sufficient to establish an informed diagnosis as though the medical interview and physical examination has been performed in person; and

   (2) Prior to providing treatment, including issuing prescriptions or physician certifications under Article XIV of the Missouri Constitution, a physician who uses telemedicine shall interview the patient, collect or review relevant medical history, and perform an examination sufficient for the diagnosis and treatment of the patient. A questionnaire completed by the patient, whether via the internet or telephone, does not constitute an acceptable medical interview and examination for the provision of treatment by telehealth.
COVID-19 Guidance for Providers | Home State Health

- July 1, 2021 and after: waivers of prior authorization requirements end
- Follow MoHealthNet billing policies for telehealth
- Continues to show no member liability for telehealth on website
- “Any services that can be delivered virtually will be eligible for telehealth coverage”
• Telehealth Services | UHCprovider.com
• COVID-19 temporary provisions date guide - UnitedHealthcare (uhcprovider.com)
• For all UnitedHealthcare Medicaid plans, any originating site or audio-video requirements under UnitedHealthcare reimbursement policies are waived if consistent with state-specific regulations and/or guidance, so that telehealth services provided by a live interactive audio-video or audio-only communication system can be billed for members at home or another location.
• PT/OT/ST, chiropractic therapy, home health and hospice provider visits, interactive audio-video technology must be used.
UnitedHealthcare generally follows CMS policies on the types of care providers eligible to deliver telehealth services, although individual states may define eligible care providers differently. These include:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified registered nurse anesthetist
- Care providers are required to check with the applicable professional licensing boards for guidelines on where they are able to practice during the COVID-19 national public health emergency period.
While the **1135 waiver** is in force, care providers may also use telephones that have audio and video capabilities for telehealth services for Medicare or Individual and fully insured Group Market health plan members during the COVID-19 national public health emergency period.

Subject to a **blanket waiver** that did not require an 1135 waiver request.
UnitedHealthcare is reimbursing all codes on the CMS Covered Telehealth Services list during the national public health emergency for services furnished under Medicare Advantage, Medicaid* and Individual and fully insured Group Market health plans. UnitedHealthcare is also reimbursing additional codes for Individual and fully insured Group Market health plans through the national public health emergency period. View codes here. Additional covered codes and information can be found in the Telehealth and Telemedicine Reimbursement policies for Medicaid and Individual and fully insured Group Market health plans.
Telehealth Healthy Blue is following the communication on telehealth visits per MHD. MHD telehealth communications can be located on the provider website.

Will Healthy Blue cover telephone-only services in addition to telehealth via video + audio?
Yes. Healthy Blue is following the communication on telehealth visits per MHD. MHD telehealth communications can be located on the provider website at the following URL: https://dss.mo.gov/mhd/providers/pages/provtips.htm.
3/12/20
- Home added as eligible originating site
- No payment for Q3014 (originating site) with POS 12 (home) unless eligible enrolled provider is with the patient
- Telephone may be used with patient consent, followed by written approval
  - No specific timeframe or format
- HIPAA-compliant A/V*
- No change in coverage, but allows for additional delivery method for some services
- No change to providers or specialties permitted
- Payment same as face to face visit
- Implementation dates of MCOs may vary
- Still in effect

- Payment for all Telehealth from MCOs will equal in-person rates
- Flexibilities will continue through Kansas emergency declaration
- “In place until rescinded”

*3/17/20 DHHS OCR and Enforcement Discretion
June 12, 2020

• Retroactive to March 12, 2020
• Early Childhood Intervention, Local Education Agency providers can offer services by phone or telemedicine
  • Does not modify coverage, only provides mode of delivery
  • Use POS 02

<table>
<thead>
<tr>
<th>ECI Providers –</th>
<th>T1001</th>
<th>T1017</th>
<th>T1027</th>
<th>99402</th>
<th>99404</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEA Providers –</td>
<td>T1001</td>
<td></td>
<td></td>
<td>99402</td>
<td></td>
</tr>
</tbody>
</table>
June 12, 2020
- Retroactive to March 12, 2020

## Serious Emotional Disturbance (SED) Waiver Services

<table>
<thead>
<tr>
<th>Service Descriptor</th>
<th>Code</th>
<th>Allowed Mode of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH Attendant Care (specific to the SED waiver)</td>
<td>T1019 HK</td>
<td>Tele-video* and telephone*</td>
</tr>
<tr>
<td>Independent Living/Skill Building</td>
<td>T2038</td>
<td>Tele-video and telephone*</td>
</tr>
<tr>
<td>Parent Support and Training (individual)</td>
<td>S5110</td>
<td>Tele-video and telephone</td>
</tr>
<tr>
<td>Parent Support and Training (group)</td>
<td>S5110 TJ</td>
<td>Tele-video* and telephone*</td>
</tr>
<tr>
<td>Wraparound Facilitation</td>
<td>H2021</td>
<td>Tele-video and telephone*</td>
</tr>
</tbody>
</table>
June 12, 2020
• Retroactive to March 12, 2020

<table>
<thead>
<tr>
<th>Service Descriptor</th>
<th>Code</th>
<th>Allowed mode of delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy</td>
<td>G0152</td>
<td>Tele-video and telephone</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>G0151</td>
<td>Tele-video and telephone</td>
</tr>
<tr>
<td>Speech-Language Therapy</td>
<td>G0153</td>
<td>Tele-video and telephone</td>
</tr>
</tbody>
</table>
Kansas Medicaid Telehealth COVID Flexibilities

June 12, 2020
• Retroactive to March 12, 2020

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99406</td>
<td>Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes</td>
</tr>
<tr>
<td>99407</td>
<td>Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes</td>
</tr>
<tr>
<td>S9453</td>
<td>Smoking cessation classes, non-physician provider, per session</td>
</tr>
</tbody>
</table>

The above CPT/HCPCS codes must be billed with an appropriate ICD-10 code to signify that the beneficiary receiving the service, is a tobacco user. ICD-10 codes appropriate to use are:
The range F17.and O99.33 - Z72.0
June 12, 2020
• Retroactive to March 12, 2020
• Added 99204, 99214 as covered via telehealth
June 2020

- Retroactive to March 12, 2020

Table 2:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>977110</td>
<td>Therapeutic Exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes</td>
</tr>
<tr>
<td>977112</td>
<td>Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes</td>
</tr>
<tr>
<td>977140</td>
<td>Manual (Physical) therapy techniques to 1 or more region, each 15 minutes</td>
</tr>
<tr>
<td>977161</td>
<td>Evaluation of Physical Therapy, typically 20 minutes, low complexity</td>
</tr>
<tr>
<td>977162</td>
<td>Evaluation of Physical Therapy, typically 30 minutes moderate complexity</td>
</tr>
<tr>
<td>977163</td>
<td>Evaluation of Physical Therapy, typically 45 minutes, high complexity</td>
</tr>
<tr>
<td>977164</td>
<td>Re-evaluation of Physical Therapy, typically 20 minutes</td>
</tr>
<tr>
<td>977165</td>
<td>Evaluation of Occupational Therapy, typically 30 minutes, low complexity</td>
</tr>
<tr>
<td>977166</td>
<td>Evaluation of Occupational Therapy, typically 45 minutes, moderate complexity</td>
</tr>
<tr>
<td>977167</td>
<td>Evaluation of Occupational Therapy, typically 60 minutes, high complexity</td>
</tr>
<tr>
<td>977168</td>
<td>Re-evaluation of Occupational Therapy established plan of care, typically 30 minutes</td>
</tr>
<tr>
<td>977530</td>
<td>Therapeutic Activities to improve function, each 15 minutes</td>
</tr>
<tr>
<td>977535</td>
<td>Self-care or home management training, each 15 minutes</td>
</tr>
<tr>
<td>977550</td>
<td>Physical performance test or measurement, with report, each 15 minutes</td>
</tr>
</tbody>
</table>

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<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97521</td>
<td>Evaluation of Speech Fluency</td>
</tr>
<tr>
<td>97522</td>
<td>Evaluation of Speech Sound Production</td>
</tr>
<tr>
<td>97523</td>
<td>Evaluation of Speech Sound Production with Evaluation of Language Comprehension and Expression</td>
</tr>
<tr>
<td>97524</td>
<td>Behavioral and Qualitative Analysis of Voice and Resonance</td>
</tr>
</tbody>
</table>
Kansas Medicaid Telehealth COVID Flexibilities

August 2020

• Effective 3/12/20
• Telemedicine or telephone
• FQHCs, RHCs get encounter rate when acting as distant site
• SNFs may be originating site but no extra payment
• Distant site and originating site are the same: no payment for originating site
• No payment for G2012 virtual check-ins because E/Ms are paid via phone
• Physicians only may provide telemedicine to KS resident if licensed in another state
Kansas Medicaid Telehealth COVID Flexibilities

May 2020
- Tele-video only (no phone)

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual</td>
</tr>
<tr>
<td>92526</td>
<td>Treatment of swallowing dysfunction and/or oral function for feeding</td>
</tr>
<tr>
<td>97533</td>
<td>Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one to one) patient contact, each 15 minutes</td>
</tr>
<tr>
<td>90785</td>
<td>Interactive complexity (list separately in addition to the code for the primary procedure)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97151</td>
<td>Behavior identification assessment administered by a physician or other qualified health care professional, each 15 minutes</td>
</tr>
<tr>
<td>97152</td>
<td>Behavior identification-supporting assessment, administered by one technician under the direction of the physician or other qualified health care professional, each 15 minutes</td>
</tr>
<tr>
<td>97153</td>
<td>Adaptive behavior treatment by protocol, each 15 minutes</td>
</tr>
</tbody>
</table>
**KMAP: Effective November 16, 2020**

**Sunflower: Effective November 16, 2020**

- H0036-HA Community Psychiatric Supportive Treatment, Child/Youth
  - Age range: 0-21
- H0036-HB Community Psychiatric Supportive Treatment, Adult
  - Age range: 16-99
- H2017-TJ Psychosocial Rehabilitation, Child/Youth, Group
  - Age range: 0-21
- H2017-HQ Psychosocial Rehabilitation, Adult, Group
  - Age range: 16-99
- Allowed via telemedicine “until that allowance is specifically rescinded”
Kansas Medicaid Telehealth

**KMAP: Effective March 12, 2020**

**Sunflower: Effective March 12, 2020**

- H2011 Crisis Intervention at the Basic Level
- H2011-HK Crisis Intervention at the Intermediate Level
- Permitted via telehealth (both tele-video and telephone) by CMHCs
- Submit protocol to KDADS for approval
- May receive retrospective start date approval
- KDADS routes to KMAP, all 3 MCOs
- Flexibilities for crisis intervention via telehealth end when “rescinded, until May 3, 2020, or until the statewide State of Disaster Emergency proclaimed on March 12, 2020, relating to COVID-19 expires, whichever is earlier”
Oklahoma Medicaid

- June 1, 2021: use of telehealth in physical therapy has ended
- 3/16/20
  - Expanded telehealth coverage
  - Continue using –GT modifier
  - Phone allowed if member does not have access to telehealth equipment
  - Use 99441, 99442, 99443, 98966, 98967, 98968 for E/M phone visits
  - Documentation should indicate why telehealth was utilized if service was not reimbursed as telehealth prior to 3/16/20
  - Waives requirement telehealth is provided to established patients
Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I