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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 10/18/2021–1/14/2022

• Almost certain to be extended within the next week; Renewed January 14, 2022; will take us into mid-April 14, 2022
Pediatric ambulatory telehealth use increased from 2015 to 2017 as direct-to-consumer and subspecialty care telehealth models were developed, but usage within primary care was still low pre-pandemic.

2016 AAP Periodic Survey, only 15% of pediatricians had used telehealth in the past year, with payment and billing issues reported as barriers to adoption and use.

>1 in 4 parents reporting worsening mental health and 1 in 7 reporting worsening behavioral health for their children.
Pediatric Telehealth Considerations

• Not subject to the same pre-COVID stringent requirements of Medicare’s rural geographic areas and originating site limits
• Highly payor-specific and even plan specific
Before the Service

• Scheduling
  • Licensure
    • **KS:** Permanently allows out of state telemedicine providers to treat patients located in Kansas if physician receives [BOHA telemedicine waiver](#); 15 days approval time and renew annually *KS HB 2208; 9/14/2021.*
    • **MO:** Must be licensed in Missouri to treat a patient located in Missouri
    • **OK:** Temporary critical need [license](#) in response to COVID emergency. Physicians, RTs, Pas. Good for 180 days unless renewed but no later than September 14, 2022.

• Registration paperwork – consider who can consent
• Where to send link to connect?
Before the Service

• Consent
  • MO: Obtain consent before telehealth is initiated; document.
  • OK: healthcare practitioner shall obtain informed consent with at least 5 minimum elements. Patient signs written consent statement. Failure to comply is unprofessional conduct. Doesn’t apply to interprofessional consultants

• Can the patient legally consent to the service on their own?
  • Consider mental, behavioral health
  • Substance use, abuse
  • STD prevention, screening/diagnostic testing, treatment, birth control
  • Mental health
Before the Service

• Consent

  • [Frequently Asked School Based Medicaid COVID-19 Questions (ksde.org)]

Q. What if there is an issue that parents don’t have a way to sign the Medicaid Consent form at all?

A. At this time there is no specific timeline on when written approval must be obtained from the parent, but written consent is required to stay in alignment with KDHE policies. Verbal consent or email meets the consent piece, but a written approval must be obtained at some point. If written consent is not obtained by the parent and the district is audited, there would be a recoupment of funds.
### Before the Service

<table>
<thead>
<tr>
<th>Age of Majority</th>
<th>STD Diagnosis &amp; Treatment (n=50)</th>
<th>STD Prevention (n=13)</th>
<th>HIV Testing (n=18)</th>
<th>HIV Treatment (n=6)</th>
<th>HIV Prophylaxis (n=3)</th>
<th>General Health Care Services or Procedures, Not Specific to a Disease or Condition (n=12)</th>
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<td></td>
<td></td>
<td></td>
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<td>18</td>
<td>✓</td>
<td>✓</td>
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<td></td>
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</tr>
</tbody>
</table>
Privacy in Pediatrics
• Discussions with patients
  • Asking family members to leave the room
  • Patient to wear headphones
  • Ask sensitive questions in yes/no format
  • Flashcards asking for nods or thumbs up, thumbs down

Chronic Care Management
• Follow-up appointments, med checks
• Chronic care management, remote patient monitoring
Beyond the Billing

Access
• Providing equipment; anti-kickback analysis

Billing
• Privacy implications
• Payor-specific coding/billing guidelines
• Patient responsibility considerations

Patient portals
Test results
General Guidelines

• Ambulatory Practice: Office Visit E/Ms widely covered, preventive medicine codes less so
• Hospital-based consults similar to adult consult coverage, widely covered
General Guidelines: Blue KC

• Best practice suggests that documentation should also include a statement that the service was provided through telehealth, both the location of the patient and the provider and the names and roles of any other persons participating in the telehealth service.

• COVID: MD, DO, PA, ARNP and Ancillary including Licensed Clinical Psychologist, LPC, MSW, MA, MS, LSCSW (KS), and LCSW (MO)
Modifiers

The below listed modifiers are to be used to indicate a telehealth/telemedicine service and specifies the type of technology used:

- **95**: Synchronous Telemedicine Service Rendered Via a Realtime Interactive Audio and Video Telecommunications System
- **G0** (zero): Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke
- **GT**: Via interactive audio and video telecommunication systems
- **GQ**: Via asynchronous telecommunications system

**Place of Service** 02 – Telehealth is the location where health services and health related services are provided or received through a telecommunication system.

**Originating Site** HCPCS code Q3014 (Telehealth originating site), is considered mutually exclusive to other telehealth services and is not separately reimbursable.
Blue KC will encourage the use of the following for dates of service beginning on March 9 and ending when the public health emergency is declared over.

These telehealth changes are available to in-network providers only.

- **Medical Office visit virtual care** - (codes 99201-99205, 99211-99215). These medical visits would be at no member cost share for Blue KC members.

- **Provider telephonic medical visits** - For the allowable to be the same as an in-person office visit, use 99201-99205, 99211-99215. Place of service where the service would normally take place should be used. These visits would be at no member cost share.

- **Virtual Check-in via Text or Email** (codes G2010, G2012) - These visits would be at no member cost share.

- **E-Visit/Online Digital Assessment Services via email on the patient portal** (codes G2061-G2063) for qualified non-physician healthcare provider including physical/occupational/speech therapists and Licensed Clinical Psychologists. These visits would be at no member cost share.

- **Direct ABA virtual therapy visits** (codes 97155 – direct supervision, 97156 and 97157 parent training) - These therapy visits would be at no member cost share.

- **Behavioral health provider telephonic (call) therapy visits.** These therapy visits would be at no member cost share.

- **Individual health and behavior assessment and intervention face to face** 96156 – 96159.

- **Group/Family health and behavior assessment and intervention face to face** 96164 - 96168.

- **Physical, Occupational or Speech Therapy virtual (video) therapy visits.** You must use place of service 02 for telehealth. These therapy visits are subject to member therapy cost share.

**Note:** Well child check codes not listed
BCBSKS

• Effective January 1, 2022:

• **Telehealth reimbursement** – We recognize the importance and value of telehealth services and are adjusting the pre-COVID allowance to 100% of the professional component of the CPT code billed. QBRP incentives will continue to apply to telehealth. In addition, we will increase the professional component from 100% to 105% for behavioral health telehealth services (applicable CPT codes) to support access to behavioral health services via telehealth due to geographic behavioral health professional shortages in Kansas. Pre-COVID, BCBSKS allowed 85% of the professional component of the CPT code billed.

• **Telehealth expansion** – BCBSKS is expanding the use of telehealth by doctors and other healthcare providers for conditions that are medically reasonable to be treated in this manner – e-Visits, virtual hospice services, partial hospitalization and hospital-based physical, speech and occupational therapy services.

• **In-patient pre-certification** – BCBSKS will require pre-certification for all inpatient stays. We will no longer waive the inpatient pre-certification and continued stay review requirement for COVID-19 admissions. Long term acute care and inpatient rehabilitation also require pre-certification.

• **COVID-19 cost share** – Members will be responsible for their cost share for COVID-19 treatment. BCBSKS will no longer be covering the full cost of care. COVID-19 testing and vaccinations are still fully covered.
BCBS Anthem (MO)

• Reimbursement is allowed for professional and facility Virtual Visits rendered at the distant site via live audio visual services and for Remote Patient Monitoring.
• Virtual Visit Policy Renewed 1/1/2022
• Both POS 02 and 10
• Includes Telehealth/Telemedicine; e-visits; virtual check-ins; telephone visits (certain exceptions like therapy disciplines apply); RPM
• Telemedicine | Blue Cross and Blue Shield of Oklahoma (bcbsok.com)
• Start and end times of the telemedicine service
• To bill originating site, provider must be supplying the room and telecommunication equipment
• No originating site fee if patient is at home
What’s covered?
Telemedicine services will be provided consistent with the terms of the member’s benefit plan. As of Jan. 1, 2021, fully insured HMO and PPO members and our self-funded employer group members, providers will be able to deliver expanded telemedicine services to BCBSOK members, including but not limited to services included on:

• The Centers for Medicare and Medicaid Services (CMS) permanent and temporary telehealth code list
• The American Medical Association (AMA) telehealth code list
• Applied behavior analysis (ABA) services
• Intensive outpatient program (IOP) services
• Partial hospitalization programs (PHP)
• Physical therapy (PT)
• Occupational therapy (OT)
• Speech therapy (ST)
Submitting claims
The provider submitting the claim is responsible for accurately coding the service performed. Submit claims for medically necessary services delivered via telemedicine with the appropriate modifiers (95, GT, GQ, G0) and Place of Service (POS) 02. If the claim is billed with a telemedicine modifier or a telemedicine procedure code without POS 02, it will be returned to the provider. The provider will need to resubmit with the appropriate POS.

Acceptable modifiers:
• 95 – synchronous telemedicine (two-way live audio visual)
• GT – interactive audio and video telecommunication
• GQ – asynchronous (Oklahoma requires the use of store-and-forward technology with asynchronous services)
• G0 – telemedicine services for diagnosis, evaluation or treatment of symptoms of an acute stroke; G0 must be billed with one of the approved telemedicine modifier (GT, GQ or 95)
**Member cost share**

As of Jan. 1, 2021, **copays, deductibles and coinsurance apply** to telemedicine visits for most members. The cost share varies according to the member’s benefit plans. **Check eligibility and benefits** for each member for details.

Our self-funded employer group customers make decisions for their employee benefit plans and may choose to waive telemedicine cost share. **Check eligibility and benefits** for any variations in member benefit plans.
Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
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