

## **A PROVIDER'S GUIDE: Telehealth Requirements and Policy Changes in Oklahoma During COVID-19**

Rapid developments with the COVID-19 pandemic have resulted in a set of broad expansions of telehealth policy, including key changes to both public and private payer payment policies, at least for the duration of this emergency period. This guide is meant to help healthcare providers and organizations get up to speed quickly on these changes and key components of telehealth payment in Oklahoma. Please keep in mind that events and policies are changing rapidly, and that this document will be updated frequently as new information and policies become available/are enacted.

### ***Governor's Executive Order***

On April 7, 2020, the Governor provided an executive order (updated on April 13) with components relevant to the provision of telehealth services. The order requires all relevant boards to promulgate emergency rules by April 15 to increase number of medical professionals allowed practice in state. The order includes a reduction of supervisory requirements on non-physicians, the removal of barriers to the practice of retired medical professionals, requires procedures to provide opportunities for students and recent graduates not yet fully licensed to assist in the emergency, and requires that APRNs, RNS, or LPNS with lapsed or inactive licenses can be reinstated with application and fee.

The order also includes the allowance that physician may supervise any number of PAs, CRNAs, and NPs and may supervise using remote or telephonic means.

In addition, any medical professional with license, certificate, or permit in any state party to Emergency Management Compact shall be deemed licensed in Oklahoma. This component only applies to Medical and Allied Licenses by Board of Medical Licensure and Supervision, State Board of Osteopathic Examiners, and Licenses and Certificates issued by Board of Nursing. Individual providers must receive permission from appropriate board, which must verify license status and issue temporary license, and applicant remains subject to oversight and jurisdiction of Oklahoma licensing board.

All occupational licenses set to expire shall be extended until after the conclusion of the emergency.

Finally, Telemedicine shall be used to maximum extend possible and for non-established patients. This allowance, though, does not apply to requirement for pre-existing relationship for opiates and other controlled substances. The full text of the order is available at:

<https://www.sos.ok.gov/gov/execorders.aspx>.

### ***Center for Medicare and Medicaid Services (CMS) Section 1135 Waiver***

On March 24, 2020, CMS approved a waiver of requirements for the state Medicaid program (including the Children's Health Insurance Program) for Oklahoma, <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/entry/54048>.. Changes that impact the delivery of telehealth services are outlined below:

- Oklahoma is allowed to provisionally enroll providers enrolled in another state;
  - Cease revalidation of providers currently enrolled in Medicaid program;
- Allows provision of services in alternative settings;
- Extends timeline for fair hearing appeals;
- Suspend pre-admission screening and annual resident review, as well as prior authorization requirements.

**1912(c) Waiver—Approved Appendix K**

On April 3, 2020, CMS approved Oklahoma’s request for a 1915(c) waiver for home and community based services through submission of an Appendix K document. The following waivers are included in the approved Appendix K: Community, Homeward Bound, In-Home Supports for Adults, In-Home Supports for Children, Advantage, and Medically Fragile Waivers. Oklahoma’s approved Appendix K documents are available on the CMS website at: <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/home-community-based-services-public-health-emergencies/emergency-preparedness-and-response-for-home-and-community-based-hcbs-1915c-waivers/index.html>.

**SoonerCare Global Messages: Web Alerts**

SoonerCare has provided global message web alerts related to COVID-19 available at: <http://www.okhca.org/providers.aspx?id=112>. Current web alerts relevant to the provision of telehealth services are outlined below:

Date Posted	Title	Message
5/1/20	Update to well-child checks via telehealth	Provider Types/Specialties: 08, 09, 10, 13, 316, 318, 322, 344, 345, 349, 359 <ul style="list-style-type: none"> <li>• OHCA will not require the pediatric behavioral health screen for each telemed well visit for children ages five and older. The screening requirement is annual unless something with the child has changed.</li> <li>• OHCA will continue to pay for immunization administration when delivered outside of a well-child visit. The vaccine code must be on the claim.</li> <li>• OHCA will not require an in-person follow-up well-child visit after a telemed visit. The provider will decide when they need to see the child again.</li> <li>• Providers do not need new consent for telemed well-visits if a patient has already signed a consent form to be treated at that clinic. During the COVID-19 emergency declaration, OHCA considers a telemedicine visit to be the same as an in-person visit. The provider and family are allowed to determine if the telemedicine visit is the right service to provide.</li> <li>• OHCA’s open telehealth codes will remain open until the emergency declaration has expired. We understand this helps to decrease no-shows and improves access to care in rural locations, so continuation of telehealth after the emergency will be evaluated.</li> </ul>
4/21/20	Expanded use of telehealth services during the COVID-19 national and state	Provider types/specialties: All Telehealth services that have been expanded during the COVID-19 national and state emergency are being extended

Date Posted	Title	Message
	emergency are being extended	through May 31. OHCA will assess the status of the COVID-19 pandemic toward the end of May to determine if the expansion should be extended.
4/15/20	Well-child visits via telehealth	<p>Provider types/specialties: 08, 09, 10, 13, 316, 318, 322, 344, 345, 349, 359</p> <p>Effective immediately and only for so long as the national emergency surrounding COVID-19 exists, OHCA will allow well-child visits to be delivered via telehealth for children age 2 and older. OHCA believes telehealth well-child visits for children younger than 2 are not appropriate and would require an in-person visit. Providers will continue to meet the requirements of OAC 317:30-3-27 in delivering telehealth services and must submit claims using the GT modifier.</p>
4/9/20	PT and OT Services via Telehealth	<p>Provider Types/Specialties: 08, 17, 087, 170, 171, 174, 175</p> <p>Effective immediately and only as long as the national emergency surrounding COVID-19 exists, OHCA has expanded the list of PT and OT services allowed to be rendered via telehealth, when appropriate. These services will continue to require prior authorization and include the following CPT codes (please refer to the CPT codebook for code definitions): 97110, 97112, 97116, 97161-68, 97530, 97533, 97535, 97542, 97755, 97763</p> <p>Providers are encouraged to create internal policies and procedures regarding the use of telehealth during a national and state emergency so all staff understand its appropriate use during this time. Documentation in the client's record should either reference the provider's internal policy, or otherwise indicate why telehealth was utilized, if the service was not reimbursed via telehealth prior to March 16, 2020.</p>
4/7/20	Telehealth for Dental Providers	<p>Provider Types/Specialties: 08, 27, 270, 271, 272, 273, 274, 275, 276, 277</p> <p>In accordance with CDC recommendations regarding COVID-19 and the ordinance from Governor Stitt to refrain from any elective dental procedures, OHCA has revised its stance regarding teledentistry. Effective April 1, 2020, SoonerCare will temporarily reimburse providers for use of the D0140 code when coupled with the D9995 code through April 30. An encounter will be considered teledentistry whereby there is a live, two-way, audio-visual, interactive encounter between the patient and the provider. Providers must meet the telehealth</p>

Date Posted	Title	Message
		<p>requirements in 317:30-3-27. Frequency utilization will be reviewed on a case-by-case basis. If needed, this decision will be revised depending on the future situation. Providers should comply with the ADA policy on teledentistry (link provided below). Teledentistry may be utilized to determine a patient's need for urgent or emergency dental care. All non-essential dental procedures should be postponed.</p> <p><a href="https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-teledentistry">https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-teledentistry</a></p>
3/25/20	PT and OT services via telehealth	<p>Provider Types/Specialties: 08, 17, 087, 170, 171, 174, 175 Effective immediately and only as long as the national emergency surrounding COVID- 19 exists, OHCA will allow certain PT and OT services to be rendered via telehealth when appropriate. These services include the following CPT codes: 97110 (therapeutic exercise), 97530 (therapeutic activities), and 97535 (home management training for ADLs). These will need to be submitted with the GT modifier. These services will continue to require prior authorization. PT and OT evaluation and re-evaluation services are not appropriate for telehealth and will not be allowed.</p> <p>Providers are encouraged to create internal policies and procedures regarding the use of telehealth during a national and state emergency so all staff understand its appropriate use during this time. Documentation in the client's record should either reference the provider's internal policy or otherwise indicate why telehealth was utilized if the service was not reimbursed via telehealth prior to March 16, 2020.</p>
3/23/20	PASRR Face-to-face assessments	<p>Provider Specialties/Types: 01, 03, 04, 63, 013, 030, 031, 034</p> <p>Due to the outbreak of COVID-19 and Governor Stitt's Executive Order 2020-06, PASRR face-to-face assessments will be suspended for an indefinite time period. PASRR assessments may be completed by the following methods: telehealth or video conferencing if available, phone conference, desk review of all medical and mental health information, consults with hospital and nursing facility staff, phone consults with guardian or power of attorney and phone consults with significant others, if authorized by the Individual.</p>
3/20/20	Behavioral Health Providers	<p>Effective immediately and only for so long as the national emergency surrounding COVID-19 exists, services rendered by behavioral health providers via telephone will use the HCPCS/CPT codes listed in the rates &amp; codes sheets applicable</p>

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		<p>to their provider type found at <a href="http://www.okhca.org/behavioral-health">www.okhca.org/behavioral-health</a> using the GT modifier. Services should only be delivered telephonically (non face-to-face) in instances when the SoonerCare member does not have access to telehealth equipment, the service is necessary to the health and safety of the member, and the service can safely and effectively be provided over the telephone.</p> <p>Providers are encouraged to create internal policies and procedures regarding the use of telehealth during a national/state emergency so that all staff understand its appropriate use during this time. Documentation in the client’s record should either reference the provider’s internal policy or otherwise indicate why telehealth was utilized if the service was not reimbursed via telehealth prior to March 16, 2020</p>
3/17/20	Expanded use of telehealth and telephonic services during COVID-19 National/State Emergency for COVID-19	<p>The Oklahoma Health Care Authority is allowing expanded use of telehealth beginning March 16, 2020 through April 30, 2020 <b><u>for services that can be safely provided via secure telehealth communication devices for all SoonerCare members.</u></b> OHCA will assess the status of the COVID-19 situation toward the end of April to determine if the expansion should be continued. Providers will continue to meet the requirements of OAC 317:30-3-27 in delivering telehealth services and must submit claims using the GT modifier. Additionally, the use of telephonic services (non face-to-face) may be utilized in instances when the SoonerCare member does not have access to telehealth equipment, the service is necessary to the health and safety of the member, and the service can safely and effectively be provided over the telephone. For providers who bill E&amp;M codes, the codes for telephonic services are 99441, 99442 and 99443. Other healthcare professionals can bill using 98966, 98967 and 98968.</p> <p>Providers are encouraged to create internal policies and procedures regarding the use of telehealth during a national/state emergency so that all staff understand its appropriate use during this time. Documentation in the client’s record should either reference the provider’s internal policy or otherwise indicate why telehealth was utilized if the service was not reimbursed via telehealth prior to March 16, 2020.</p>

**SoonerCare Virtual Question and Answer Webinar Sessions:**

SoonerCare also provided a series of virtual question and answer webinar sessions for providers April 6 through 14. Topics included: PT/ST/OT, Nursing Facilities, Hospitals, Behavioral Health, Physicians,

I/T/U, FQHC/RHC, Dental, and DME. Replays of the webinars along with Questions and Answers and other relevant documents are available at: <https://www.okhca.org/covid19/#webinars>. Please review the webinar recordings and refer to the individual question and answer document by provider type as they provide ***detailed explanations and clarifications related to the provision of telehealth and telephonic health care services through SoonerCare.***

***1912(c) Waiver—Approved Appendix K***

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***Provider Reimbursement Notice OHCA PRN 2020-02: Telehealth at an FQHC or RHC***

On March 27, SoonerCare published a provider reimbursement notice related to the provision of telehealth services at an FQHC or RHC. The Provider Reimbursement Notice is available on the SoonerCare website at: <https://www.okhca.org/providers.aspx?id=2538>.

For FQHCs, in order to be paid the encounter rate for a “face to face” telehealth visit, they should bill the T1015 procedure code on line 1 with a GT modifier and bill the E and M code on line 2 without the GT modifier. Procedure codes for physician telephonic services are 99441, 99442, and 99443. Other healthcare professionals providing telephonic services should use 98966, 98977, and 98968. FQHCs will not receive the encounter rate for these services since they are not face to face. To receive fee for service payment for telephonic visits, FQHCs should bill the T1015 procedure code with or without the GT modifier on line 1 and the E and M Code with the GT modifier on line 2 (please note the differences in billing requirements as compared to “face to face” telehealth visits).

For RHCs, in order to be paid the encounter rate for a “face to face” telehealth visit, they should bill the revenue code 521 on line 1 with E and M code and the GT modifier. The procedure codes for physician telephonic services are 99441, 99442, and 99443. Other health care professionals providing telephonic services should use 98966, 98977, and 98968. RHCs will not receive the encounter rate for these services since they are not face to face. To receive fee for service payment for telephonic visits, RHCs would need to have an additional Fee for Service Provider ID and Service Location Contract.