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CPAs & Advisors

Telemedicine Services – State Medicaid COVID-19 Billing Updates for AR, LA and MS

Disclosure

As with most topics related to COVID-19, changes are being made rapidly. Please note that this information is current as of the date of this presentation

Your Presenter

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Agenda

- Updated State Medicaid Waivers & Billing Guidelines
- Telehealth & Virtual Communication Services
- Telephone/Audio-Only Communication
- Billing & Reimbursement
- Q&A

Telehealth & Virtual Communication

Definitions

Audiovisual Telemedicine	• A substitute for an in-person E/M or other visit • Synchronous two-way real-time interactive audiovisual communication or asynchronous store & forward communication • Audio-only E/M or other services will be allowed
E-Checks	• Brief five- to 10-minute phone call, initiated by patient, "triage" to determine next steps • Should not be related to an E/M service rendered in the prior seven days, or result in a scheduled face-to-face appointment within the next 24 hours
Digital or Portal E-Visit	• At least five minutes of time spent over a seven-day time period

Telehealth Visits

Telehealth Revisions – Effective Dates

Arkansas Medicaid – On or after March 18, 2020, until the end of the PHE.

Louisiana Medicaid – On or after March 12, 2020, until the end of the PHE

Mississippi Medicaid – On or after March 20, 2020, until the end of the PHE

Definition – Originating Site

- Where an eligible Medicare beneficiary is located when the telehealth service is rendered
- The facility component of the communication

Revisions under state Medicaid

- No restrictions on originating site or location
- Patient home was added as an eligible originating site
- Patient may be located in a temporary location within the state of residence or outside
- Patient may still present to an eligible health care site
- No prior authorization requirements for COVID-related in-network providers

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Originating Site – Billing When Patient Is Located in a Health Care Entity

- **Q3014** – Billed by the health care site where the patient is physically located
- **Independent Physician Clinic** – CMS-1500, POS code, *i.e.*, 11-office
- **RHC**
  - UB-04, 711 (RHC) TOB, revenue code 0780
  - CMS-1500, POS 02
- **Hospital** – UB-04 TOB 12X, type of service "9-other items & services," revenue code for the site of service, *i.e.,* 510 clinic
- Paid under Medicaid Fee Schedule allowance
  - Fee schedule allowance varies by state: $15.19–$25.00

Originating Site – Billing if Patient Is Located at Home

- Based on state Medicaid guidance issued in March 2020
- **Q3014 is not billed by the RHC if the patient is located at home**

Originating Site – Can a Hospital Bill an Originating Site Fee When Patient Is at Home?

- **Q3014** – Billed by the health care site where the patient is physically located
- **Missouri Medicaid** allows the hospital to bill for the facility fee (originating site fee Q3014) when the distant site fee is provided in their facility. Paid a fee schedule amount
- Billing example
  - Professional distant site services on CMS-1500
    - Line 1 – CPT/HCPCS code & POS 02
  - Facility originating site fee on UB-04
    - Line 1 – Revenue code (510) + Q3014 + GT modifier + billed charge
    - Line 2 – Facility Revenue code (510) + facility fee billed charges

Definitions – Distant Site Practitioner

- An eligible provider who can furnish & be paid for covered telehealth services rendered through audio & video telecommunication system
- Licensed in the state
- Enrolled in state Medicaid program
- Acting under Scope of Practice

- Providers must be licensed in any state & enrolled in state Medicaid
- Physician
- Physician assistant
- Podiatrist
- Advanced practice nurse
- FQHC
- RHC (or encounter rate clinic)
- Licensed clinical psychologist (LCP)
- Licensed clinical social worker (LCSW)
- Advanced practice registered nurse (psychiatric/mental health certified)
- Local education agency
- School-based health center
- PT, OT or ST
- Dentist
- Local health department
- Community health agency
- Community mental health center
- Behavioral health center
- Hospital

State Medicaid – List of Telehealth Services

- Each state plan maintains a list of eligible services & service codes that has been expanded for telehealth, audio/phone-only or virtual communications
  - Medical
  - Behavioral/mental health
    - LCP, LPC, LAC, LAMFT, LMFT, LCSW, LMSW
  - Case management
  - Dental
  - Therapy
  - School clinic services

Audiovisual Telehealth Distant Site Services – Billing for Arkansas Medicaid

Billed on a CMS-1500 or UB-04 claim form

Must be an eligible Medicaid professional service & rendered through audiovisual

Assign T1015 (Medical) or approved Behavioral Health Code

Assign place of service (POS) code 02 or revenue code (521)

Append modifier GT (Medical)

Append modifier UT and GT (Behavioral Health)

Service is paid under the applicable RHC encounter rate or fee schedule allowance

Audiovisual Telehealth Louisiana Medicaid

Billed on a CMS-1500 claim form

Must be an eligible professional service on the Medicaid telehealth code list & rendered through audiovisual

Assign CPT or HCPCS code describing the service rendered

Assign place of service (POS) code 02

Modifier 95

Service is paid under the applicable RHC encounter rate or fee schedule allowance

Audiovisual Telehealth Distant Site Services – Billing for Mississippi Medicaid

Billed on a CMS-1500 claim form

Must be an eligible professional service on the Medicaid telehealth code list & rendered through audiovisual

Assign CPT or HCPCS code describing the service rendered, *i.e.*, office visit 99213

Assign place of service (POS) code 02

Modifier GT

Service is paid under the applicable RHC encounter rate or fee schedule allowance

Phone-Only Telehealth Distant Site Services – State Medicaid

Arkansas Medicaid

Bill CPT or HCPCS supported

Rev Code or POS 02

Modifier and GT

Louisiana Medicaid

Bill service code supported

POS 02

Modifier 95

Mississippi Medicaid

CPT 99441-99443

POS 02

Modifier GT

Virtual/E-Check-In

G2010 – Review of images or documentation sent from patient (Not Acceptable for AR)
G2012 – E-check

Virtual communication, *e.g.*, phone call, initiated by the patient. Could be an initial call & return call by provider after “appointment’ is scheduled

At least five minutes of technology-based or remote audio evaluation services

Can be for new or established patients (effective during COVID-19 emergency)

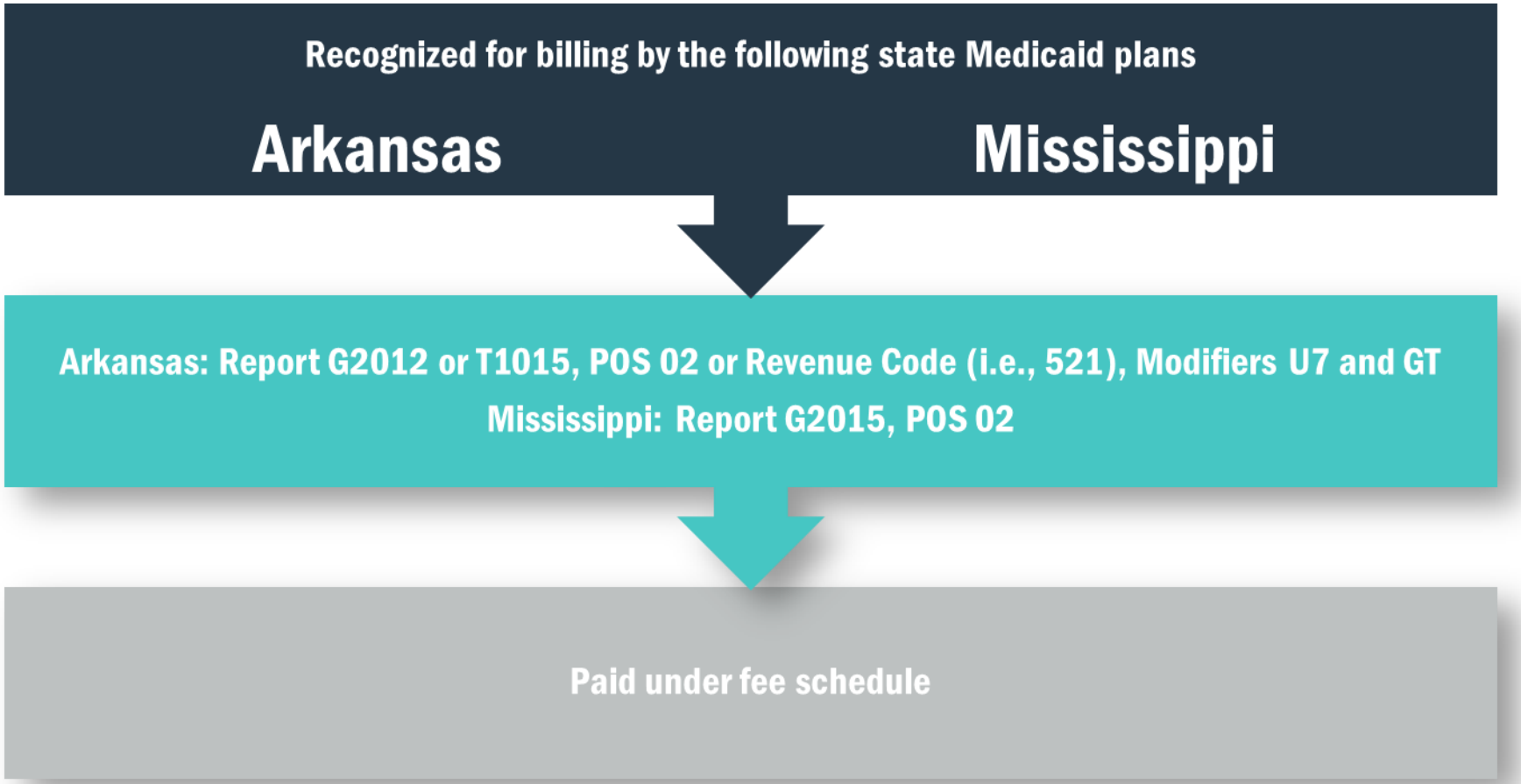
Cannot be related to a visit provided related within the prior seven days & does not result in a visit within the next 24 hours or soonest available appointment

If either of the caveats are met, the virtual check-in is not billed separately from the prior or subsequent in-person visit charges

May only be billed once during a seven-day time frame

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf

Virtual/E-Check-In G2012 G2010



Digital E-Visits

- Online digital E/M service, *e.g.*, **portal**
- The provider spends at least five or more minutes **over the course of seven days** providing online E/M services
  - Seven days must lapse before you bill again for the same condition
    - Includes multiple digital visits over the course of seven days if for related signs/symptoms/conditions
- For new & established patients during emergency period
- CPT Digital visit codes 99421 (5-10”), 99422 (11-20”) & 99423 (21”+)
- HCPCS codes G2061 – G2063 for other healthcare providers, *i.e.*, therapists, LCSW, LCP, dieticians, etc.

Consents

- A patient consent is required for audiovisual, phone-only, e-checks & digital/portal visits
- CMS & state Medicaid indicate consent can be obtained when the service is furnished instead of prior to the service being furnished during the emergency period, but must be obtained prior to billing
- Consent (verbal or written) may be obtained by ancillary staff under the general supervision of the RHC provider

Source: CMS Interim Final Rule, Section L(1)(b)

Waiving Cost Sharing for Telehealth

- Medicaid & MCO plans have cost sharing procedures in place for COVID-related services
- States that wish to waive any co-payments must submit a SPA. Any co-payment exemptions would apply to everyone who has received a particular service or item
- States can also request Section 1115 authority to “temporarily suspend copayments only for individuals needing treatment for COIVD-19 infection”
- No modifiers are required
- Plans process on the back end but recommend contacting state to verify

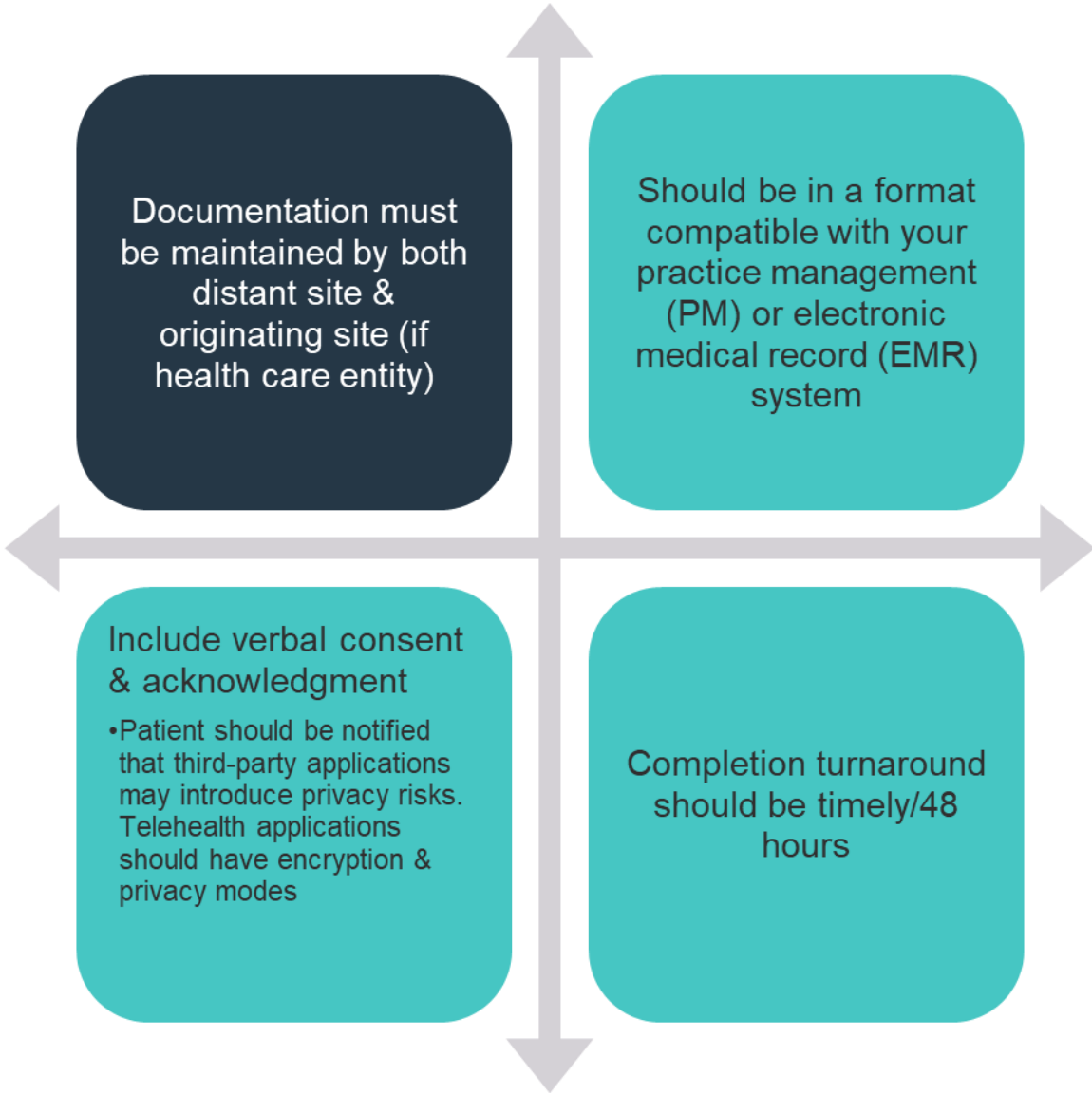
https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf

Can a Provider Bill for Telehealth or Virtual/Digital Communication if Working from Home?

- State Medicaid “requires all provider to practice within the scope of their State Practice Act … Some states have enacted legislation that requires providers using telemedicine technology across state lines to have a valid state license in the state where the patient is located”
- State plans allow a licensed provider to render telemedicine, e-visits or electronic/digital visits from home. The service is billed according to the guidelines for the site of service where the patient would have been seen

https://https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.htmlwww.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.html

Documentation Criteria



Documentation Criteria, Once More

- Type of service (telehealth (audiovisual), phone-only, e-check or digital/portal visit)
- Location of patient & rendering provider
- Names & roles of any ancillary staff involved in case
- Orders
- Medical necessity for telehealth or virtual services
- Rendering provider should document under the same criteria as a face-to-face encounter

Documentation Criteria, Final

- PHI (patient name, DOB, DOS, etc.) & identifier, *i.e.*, MRN, account number
- Referring physician (if applicable)
- Rendering provider
- Orders
- Start & stop time
- Type of evaluation performed (new, established, preventive or wellness, behavioral health)
- Consent
- Assessment
- Medical decision making, treatment plan or results
- Impression, *i.e.*, diagnoses treated

Source: https://healthsectorcouncil.org/wp-content/uploades/2018/08/AHIMA-Telemedicine-Toolkit.pdf

Questions?

Additional Resources

- Arkansas Medicaid
  - https://medicaid.mmis.arkansas.gov/Provider/Provider.aspx
  - https://medicaid.mmis.arkansas.gov/Download/provider/provdocs/RAs/200430.doc
  - https://medicaid.mmis.arkansas.gov/provider/provider.aspx#telemed-phy
- Louisiana Medicaid (MO Healthnet)
  - http://ldh.la.gov/index.cfm/page/3872
  - http://ldh.la.gov/index.cfm/page/1198
  - http://www.ldh.la.gov/assets/medicaid/COVID-19/COVID_19_MedicaidProviderUpdate_03102020.pdf
  - http://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2020/IB20-1.pdf
- Mississippi Medicaid
  - https://medicaid.ms.gov/coronavirus-updates/
  - https://medicaid.ms.gov/reeves-administration-announces-temporary-medicaid-changes-in-response-to-coronavirus-outbreak/
  - https://medicaid.ms.gov/coronavirus-updates/
  - https://medicaid.ms.gov/wp-content/uploads/2020/05/Emergency-Telehealth-policy-V5_5.15.2020.pdf

Thank You!

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Thank You!

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