

BKD

CPAs & Advisors

Telemedicine Services – State Medicaid COVID-19 Billing Updates for IL, MO, KY & TN



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



Illinois Medicaid – On or after March 9, 2020, until the end of the PHE



Missouri Medicaid – On or after March 1, 2020, until the end of the PHE



Kentucky Medicaid – On or after March 17, 2020, until the end of the PHE



Tennessee Medicare – On or after March 17, 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

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
 - Case management
 - Dental
 - Therapy
 - School clinic services

Audiovisual Telehealth Distant Site Services – Billing for **Illinois Medicaid**

Billed on a CMS-1500 claim form

Must be an eligible Medicaid professional service & rendered through audiovisual

Assign CPT or HCPCS service code or behavioral health T1015 code

Assign place of service (POS) code 02

Append Modifier GT

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

Audiovisual Telehealth Distant Site Services – Billing for **Missouri Medicaid**

UB-04
or
CMS-1500 claim form

Use independent clinic
provider number
RHC provider number
or the non-RHC
provider number

Assign CPT or
HCPCS code
describing the service
rendered, *i.e.*, office
visit 99213, T1015

Revenue code 521
or
Place of service code
02

Append Modifier GT to
CPT or HCPCS code.
Identifies service as
telehealth

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

Audiovisual Telehealth Distant Site Services – Billing for **Kentucky 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, or
behavioral health
T1015 HCPCS code

Assign place of service
(POS) code 02

Append Modifier GT

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

Audiovisual Telehealth Distant Site Services – Billing for **Tennessee 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

No modifier is required

Service is paid under
the applicable fee
schedule allowance

Phone-Only Telehealth Distant Site Services – State Medicaid

Illinois Medicaid

CPT 99441-99443

Place of service 02

Modifier GT

Missouri Medicaid

Bill service code supported

Rev Code or POS 02

Modifier GT

Kentucky Medicaid

Bill service code supported

POS 02

Modifier GT

Tennessee Medicaid

CPT 99441-99443

POS 02

Virtual/E-Check-In

G2010 – Review of images or documentation sent from patient

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



Virtual/E-Check-In G2012 G2010

Recognized for billing by the following state Medicaid plans

Kentucky

Illinois



Both require POS 02 & Modifier GT



Paid under fee schedule

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.

Digital E-Visits

**CPT codes 99421-99423 or G2061
G2063 are recognized for billing by
the following state Medicaid plans**

- Illinois

Requires POS 02 & Modifier GT

Paid under fee schedule

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

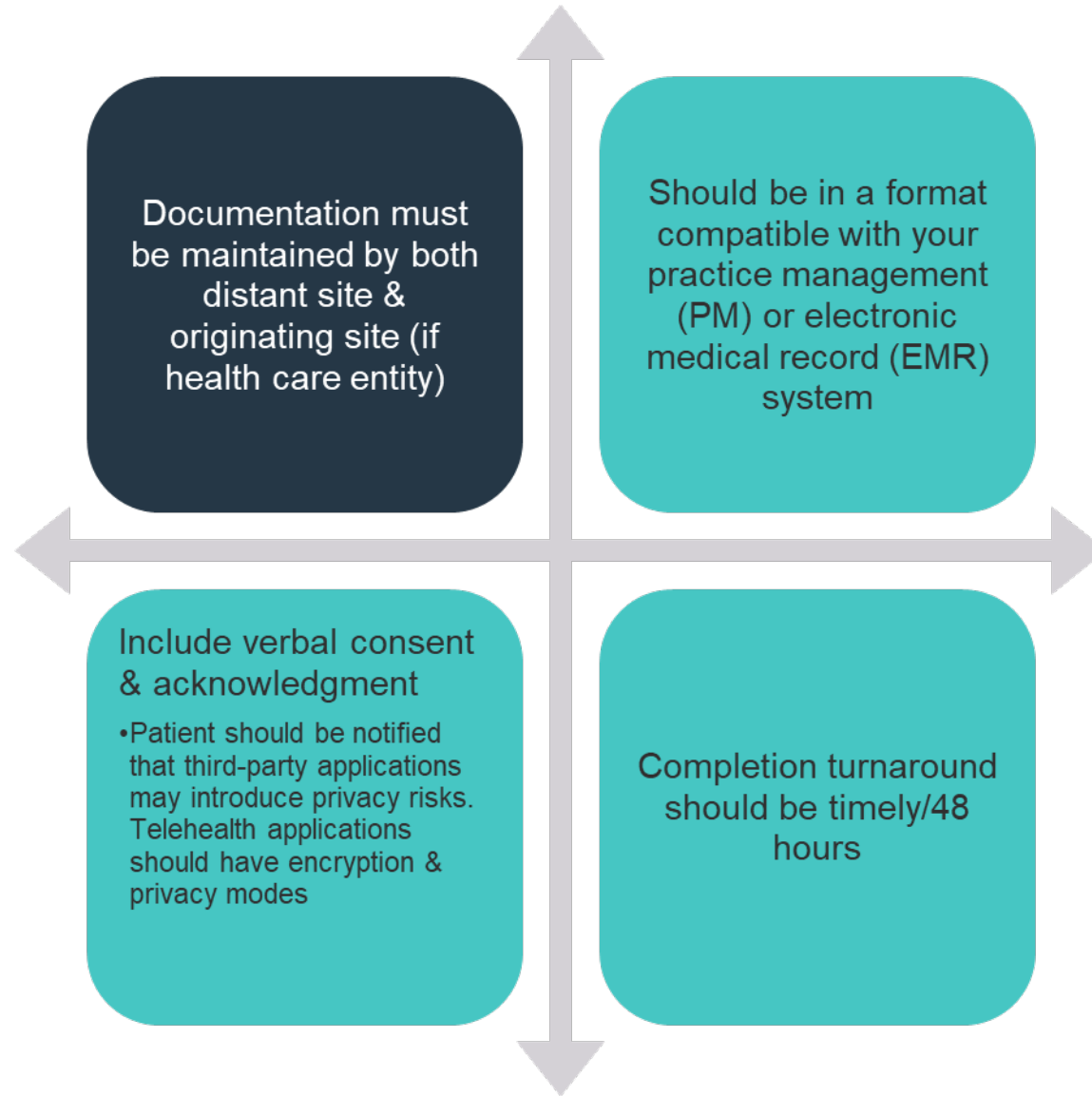
Waiving Cost Sharing for Telehealth

- › 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 COVID-19 infection”
- › No modifiers are required
- › Plans process on the back end but recommend contacting state to verify

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

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/uploads/2018/08/AHIMA-Telemedicine-Toolkit.pdf>

Questions?

Additional Resources

- Illinois Medicaid
 - <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200330d.aspx>
 - <https://www.illinois.gov/hfs/Pages/coronavirus.aspx>
 - <https://www.illinois.gov/hfs/SiteCollectionDocuments/COVID19FeeScheduleFINALREV04292020.pdf>
- Missouri Medicaid (MO Healthnet)
 - <https://dss.mo.gov/covid-19/mhn-provider.htm>
 - <https://dss.mo.gov/covid-19/pdf/covid-19-faqs.pdf>
 - <https://dss.mo.gov/covid-19/xls/covid-19-hot-tip-index.xlsx>
- Kentucky Medicaid
 - <https://chfs.ky.gov/agencies/dms/Pages/cv.aspx>
 - <https://chfs.ky.gov/agencies/dms/ProviderLetters/dmsproviderletterCOVID19.pdf>
- Tennessee Medicaid (TennCare)
 - <https://visuwell.io/telemedicine-reimbursement/tennessee-telemedicine-telehealth-reimbursement-overview/>

Thank You!



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