

# Telemedicine Services – State Medicaid Updates for IL, KY, MO, and TN

March 24, 2022



**BKD**  
CPAs & Advisors



SCAN ME

CORRESPONDENCE – FOR DISCUSSION PURPOSES ONLY

# Delta Region Community Health Systems Development (DRCHSD) Program



Delta Regional Authority

U.S. Department of Health & Human Services



**HRSA**

**Federal Office of Rural Health Policy**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$10,000,000 with 100% funded by HRSA/HHS and \$0 amount and 0% funded by non-government sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA/HHS, or the U.S. Government.



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# Delta Region Community Health System Development (DRCHSD) Program

## Upcoming Quality Improvement Series

- April 7- Quality 101: Back to the Basics
- April 14- Managing Your QAPI Program
- April 28- Policies and Procedures Oh My!
- May 5- Antibiotic Stewardship
- May 12- PCMH- The In's and Out's of Implementation

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# Support

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# 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**



› **What happens after the Public Health  
Emergency**

- **General information**
- **Mental Health**

› **Updated State Medicaid Billing Guidelines**

› **Telehealth & Virtual Communication Services**

› **Telephone/Audio-Only Communication**

› **Billing & Reimbursement**

› **Q&A**



# Agenda

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# Public Health Emergency (PHE) End Dates

**Medicare**  
*April 16, 2022*

**Illinois**  
*April 2, 2022*

**Kentucky**  
*April 14, 2022*

**Missouri**  
*December 31, 2021*

**Tennessee**  
*November 19, 2021*

*As of March 10, 2022*

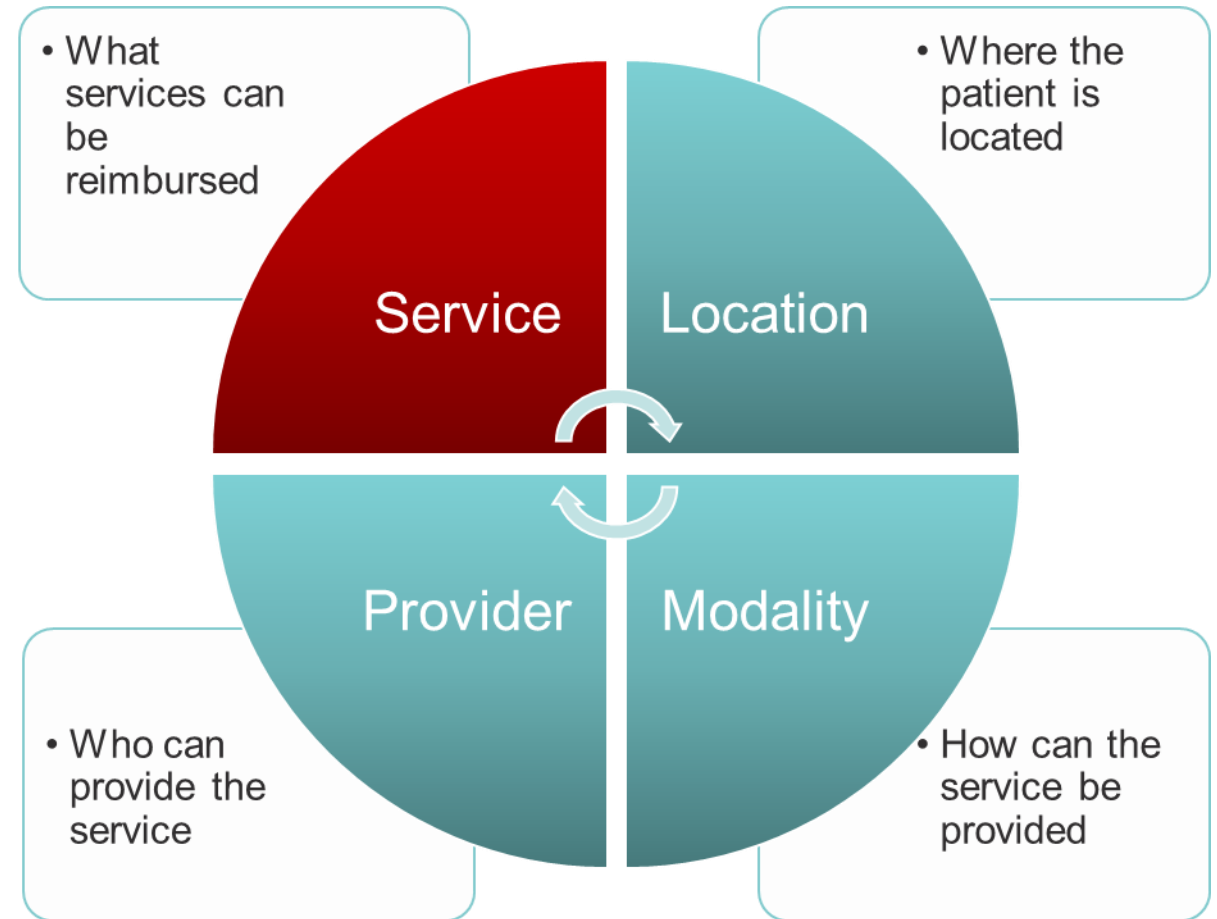
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# Medicare Policy Elements

- › Four elements to consider for reimbursement policy
  - Most limitations are around these areas
- › Three of the four areas require statutory changes
  - CMS cannot change without Congress



<https://www.cchpca.org/wp-content/uploads/2022/02/MEDICARE-MENTAL-HEALTH-POLICIES-DEEP-DIVE-COVERAGE-301.pdf>





# Current 'Permanent' Laws

ISSUE	POLICY	EXCEPTION	CAA	PFS CHANGES
Patient Location	Patient must be in rural or non- MSA location when telehealth service takes place. Specific list of locations, home not included.	Geographic & home exception for treatment of SUD and co- occurring mental health condition & ESRD treatment Geographic and telestroke	Mental health services can be provided in the home and w/o meeting the geographic requirement Under certain limitations	<u>Implementing CAA</u> , require in-person visit w/telehealth provider prior to telehealth services taking place. Subsequent 12 month in-person visit required, some narrow exceptions.
Modality	Federal law says must be through telecommunication system, no statutory definition. CMS in regulations says must be <u>interactive</u> telecommunication system	None	N/A	Allow the use of audio-only phone to be used to deliver <u>mental health services</u> if certain conditions met including the 6 month/12 month in-person visit.
Providers	Specific list of eligible providers who can provide services via telehealth & be reimbursed by Medicare. FQHCs & RHCs are not eligible providers	None	N/A	FQHC/RHC allow to provide <u>mental health visits</u> via live video or audio-only (certain conditions need to be met if patient receiving services in the home)
Services	CMS can select services to put on the eligible services list that will be reimbursed by Medicare if	None	N/A	Certain COVID-19 temporary telehealth services will remain available until end of 2023

Adapted from: <https://www.cchpca.org/wp-content/uploads/2022/02/MEDICARE-MENTAL-HEALTH-POLICIES-DEEP-DIVE-COVERAGE-301.pdf>

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# Physician Fee Schedule

- Telehealth services are broken into Categories
- Category 1
  - Evaluation & managements services or similar service
- › Category 2
  - Other services
  - Must show Clinical benefit
    - › Reduce readmissions
    - › Reduce recovery time
    - › Reduce complication
- › Category 3
  - Added during PHE
  - CMS is seeing some benefit
  - Requires more research

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Home > Medicare > Telehealth > List of Telehealth Services

**Telehealth** <

[Submitting a Request](#)

[Request for Addition](#)

[CMS Criteria for Submitted Requests](#)

[Review](#)

[Deletion of Services](#)

**List of Telehealth Services**

List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

[List of Telehealth Services for Calendar Year 2022 \(ZIP\)](#) - Updated 01/05/2022

Page Last Modified: 01/05/2022 04:38 PM  
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<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Criteria>

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# Telehealth Service Extensions

- › The legislation includes provisions to extend and expand telehealth flexibilities for 151 days after the end of the COVID-19 public health emergency. These include:
  - 301- Expanded originating site to include any site at which the patient is located, including the patient's home
  - 302 - Expanded eligible practitioners to furnish telehealth services to include occupational therapist, physical therapist, speech-language pathologist and audiologist
  - 303 - Extended the ability for federally qualified health centers (FQHCs) and rural health clinics (RHCs) to furnish telehealth services
  - 304 - Delayed the 6-month in-person requirement for mental health services furnished through telehealth until 152 days after the emergency, including the in-person requirements for FQHCs and RHCs
  - 305 - Extended coverage and payment for audio-only telehealth services;
  - 306 - Extended the ability to use telehealth services to meet the face-to-face recertification requirement for hospice care
  - 307 – Extended the exemption for telehealth services
  - 308 – Telehealth Utilization reporting requirements



# Mental Health Services

- › Prior to the PHE, CMS would reimburse only if:
  - Qualified practitioner furnished the services
  - Practitioner was located at qualified distant site (e.g., certain facility types)
  - Patient presented at a qualifying originating site (e.g., a rural area in a provider's office or facility); and
  - The parties used technology that permitted two-way, real-time interactive communications complying with state and federal privacy laws



## Mental Health Services (cont.)

- › CMS has significantly relaxed reimbursement criteria for mental health telehealth services
  - Home is an acceptable place of service if:
    - › Patient has had an in-person visit within the prior 6 months
    - › Patient receives an in-person visit no less than every 12 months
    - › May be the provider or another qualified person in their practice
  - Patient location may be outside of the qualifying rural zip code
  - Allowing audio-only when:
    - › The patient home serves as the originating site
    - › Provider has audio-visual capabilities, however the patient either does not have the capability or does not consent to video encounter

86 Fed. Reg. 65058 (Nov. 19, 2021).



# Mental Health Services FQHC/RHC

## FQHC

- › G0469 - FQHC visit, mental health, new patient
- › G0470 – FQHC visit, mental health, established patient
- › Appropriate mental health code(s)
  - Psychiatric evaluation
  - Psychotherapy
- › Revenue code 0900
- › Modifier
  - 95 – if audio and visual
  - FQ – if audio only

## RHC

- › Appropriate mental health code(s)
  - Psychiatric evaluation
  - Psychotherapy
- › Revenue code 0900
- › Modifier
  - CG – charges subject to coinsurance and deductible
  - 95 – if audio and visual
  - FQ – if audio only

<https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center>



# Place of Service Codes

## Definition – Originating Site

- Where an eligible Medicare beneficiary is located when the telehealth service is rendered
  - The facility component of the communication
- › Most states are using the Place of Service Codes (POS)
    - › 02 - for telehealth services provided to a patient outside their home
    - › 10 - for telehealth services provided to a patient who is in their home
  - › Prior authorization may be required depending on service



# Telehealth modifiers



- › GT Modifier
  - Interactive audio and video telecommunications systems
- › 95 Modifier
  - Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
- › GQ Modifier
  - Via an asynchronous telecommunications system
- › FQ Modifier\*
  - A telehealth service was furnished using real-time audio-only communication technology
- › 93 Modifier
  - Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
- › FR Modifier\*
  - A supervising practitioner was present through a real-time two-way, audio/video communication technology

\* Mental Health Modifier - <https://www.cms.gov/files/document/mm12549-cy2022-telehealth-update-medicare-physician-fee-schedule.pdf>

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# Telehealth Visits

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# Executive Summary

## Illinois

- Allows Live video
- Does not cover Store-and-Forward
- Allows for Patient monitoring
- Private Payor Law exist
- Has payment parity law
- Does not require consent

## Kentucky

- Allows Live video
- Does cover Store-and-Forward
- Does not allow for Patient monitoring
- Private Payor Law exist
- Has payment parity law
- Does require consent

## Missouri

- Allows Live video
- Does cover Store-and-Forward
- Allows for Patient monitoring
- Private Payor Law exist
- No payment parity law
- Does require consent

## Tennessee

- Allows Live video
- Does cover Store-and-Forward
- Does not allow for Patient monitoring
- Private Payor Law exist
- No payment parity law
- Does require consent



# 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



# 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

## 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

# 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



# 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**

# Phone Only Telehealth Services

## Kentucky Medicaid

Bill service code supported  
POS 02  
Modifier GT

## Illinois Medicaid

CPT 99441-99443  
Place of service 02  
Modifier GT

## Missouri Medicaid

Bill service code supported  
Rev Code or POS 02  
Modifier GT

## Tennessee Medicaid

CPT 99441-99443  
POS 02





# 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



## **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**

Questions?

# Questions?

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Thank you!

# Thank You!

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