

Telehealth ECHO

Billing and Reimbursement

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General Requirements

Telehealth Requirements

Providers must comply with all requirements for the services provided as outlined in AS 47.07 and 7 AAC 105 - 7 AAC 160, including provisions that affect efficiency, economy, and quality of care.

Telehealth provisions requiring efficiency, economy, and quality of care mean:

- The quality of care is equal to the quality received in an in-person visit
- The services rendered via a telehealth mode do not interrupt efficiencies in delivering patient care
- The costs associated with the telehealth services are anticipated to be cost neutral to an in-person visit or provide cost savings

Telehealth Providers

To be reimbursed for a telehealth service a provider must:

- ▶ Be enrolled with Alaska Medicaid
- ▶ Provide services in accordance with their licensing scope-of-practice rules including any limits regarding the delivery of services via telehealth
- ▶ Ensure the telehealth service is authorized on their provider type's fee schedule

For specific enrollment questions regarding your provider type, consult the billing manual specific to your enrollment.

Telehealth Business Registration

Businesses that offer telehealth services must be licensed through the Division of Corporations, Business and Professional Licensing.

▶ Register through the [Telehealth Business Registry](#) homepage

For guidance during the COVID-19 emergency go to the “[Telehealth & Licensing during COVID-19](#)” guidance document

Telephone and online digital check-ins are considered forms of telehealth and do require your business to be on the telehealth registry.

Note: School districts are not considered a business and therefore do **not** need a Telehealth Business Registry License

COVID-19 Telehealth Expansion

During the COVID-19 emergency, Alaska Medicaid has expanded telehealth to include the following providers:

- Direct Entry Midwives
- FQHC providers
- Expanded behavioral health provider types
- Optometrists

During the COVID-19 public health emergency, the following out of state providers can provide telehealth without being licensed in the state of Alaska:

- Advanced registered nurse practitioners
- Physicians
- Physician assistants

More information regarding licensing requirements during COVID-19 public health emergency can be found at: <https://www.commerce.alaska.gov/web/cbpl/CBPLCOVID-19Information.aspx>

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Delivery Methods

Covered Delivery Methods

The following methods of delivering telehealth services are covered under Alaska Medicaid:

LIVE INTERACTIVE *(Synchronous)*

Use of camera, video, or dedicated audio conference equipment on a real-time basis; a telephone call and/or fax alone does not meet the definition of live interactive

STORE-AND-FORWARD *(Asynchronous)*

Service is performed using the transference of digital images, sounds, or previously recorded video from one location to another allowing the distant site provider to obtain information, analyze it, and report back to the referring provider

SELF-MONITORING OR TESTING

Service is provided using a telehealth application based directly in the member's home and with only indirect involvement from the provider to perform the service

Temporary Expansions:

- Additional covered modalities such as telephone and texting for behavioral health providers
- Expanded coverage of both telephone and online digital check-ins

HIPAA Compliant Platforms

Alaska Medicaid only covers telehealth services if a HIPAA compliant platform with a secure connection is utilized, however during the COVID-19 public health emergency some of these requirements are relaxed.

Secure connection: Technology that protects information being transmitted from inappropriate access to member information such as encrypted email, encrypted portal communications, and encrypted patient-facing applications.

Unsecure connection: Technology that may not completely protect information from being transmitted from inappropriate access to member information.

Temporary Expansion Conditions

The US Department of Health and Human Services, Office for Civil Rights published [“Notification of Enforcement Discretion for telehealth remote communications during COVID-19 nationwide public health emergency guidance”](#) which gives authorization for the use of secure and some unsecure connections during the COVID-19 nationwide public health emergency.

- ▶ Allows use of two-way synchronous communications such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype
- ▶ When using these applications your clinic should create best practices to ensure the highest security possible such as:
 - ▶ locking personal rooms for secure meetings,
 - ▶ setting personal room notifications,
 - ▶ scheduling meetings instead of using a personal room, and
 - ▶ not reusing passwords for meetings.

Not Allowed: Public facing tools such as Facebook Live, Twitch, TikTok and similar video communication applications

Telehealth Documentation

Informed Consent

Members must be informed of the type of connection being used during the telehealth visit (secure or unsecure) and give oral or written consent to move forward with the visit once informed. Documentation on file must indicate that informed consent was given orally.

Refer to your scope of practice regulations for certain services that may require written consent prior to treatment.

Provider Role Definitions

There are three roles a provider may fulfill in the telehealth process:

- **REFERRING PROVIDER** evaluates a member, determines the need for services to be delivered via a telehealth visit, and arranges the services of a distant site provider for the purpose of diagnosis or treatment
- **ORIGINATING SITE PROVIDER** introduces a member to a distant site provider for examination, observation, or consideration of medical information; they may also assist in the telehealth service delivery
- **DISTANT SITE PROVIDER** evaluates the member and appropriate medical data or images through an approved telehealth delivery method upon recommendation of the referring provider

Documenting Telehealth Services

- ▶ Telehealth services are documented episodes of care and require the same clinical documentation as seeing a member in-person plus documentation that describes the telehealth visit.
- ▶ This includes:
 - ▶ General documentation requirements identified in 7 AAC 105.230.
 - ▶ Documentation of the delivery method
 - ▶ Location of patient and provider (i.e. home and clinic); exact address is not required
 - ▶ Member's informed consent statement for services via the technology used
 - ▶ Documentation that supports the full definition of the code
 - ▶ Telephone and online digital services should record the amount of time spent with each patient and the type of communication that occurred (i.e. telephone, email, patient portal)
 - ▶ Time based services must have supporting documentation of the time spent providing the service

Documenting Telehealth Services *Consultations*

Consultation documentation must also support the following:

- ▶ Inquiry from the requesting provider
- ▶ An analysis of the patient's symptom(s) or complaint(s)
- ▶ Recommended short and/or long-term management approaches
- ▶ Responses to all questions asked by the requesting provider to clarify diagnostic and treatment approaches
- ▶ Distant provider must document dates patient records retrieved and reviewed
- ▶ Distant site provider's documentation of consultation services must comply with the requirements indicated above

When a medical record is shared with a different specialty provider within the same organization but located at a distant site, the distant site provider may utilize the patient history on file with the organization.

Telehealth Services

Covered Telehealth Services

The lists of services below are authorized to be performed via telehealth. Specific procedure codes covered can be found on the [Telehealth Services Temporary fee schedule](#). Authorized procedure codes covered for behavioral health services can be found on the [Division of Behavioral Health Telemedicine Emergency Response Policy Guidance](#).

Covered Telehealth Services

- Problem focused evaluations
- Audiology services
- Psychotherapy services
- Psychiatric or substance abuse assessments
- Consultations
- Community behavioral health services
- Pharmaceutical management
- PT, OT, and SLP therapy

Temporarily Expanded Coverage

- Telephone and online digital check-ins
- Ventilator management
- Radiation treatment management
- Case management
- Observation Care
- Initial and subsequent hospital care
- Emergency and critical care
- Nursing facility care
- ESRD related services
- Autism services
- Vision evaluation and management

Temporary Fee Schedule

- The Telehealth Services Temporary Fee Schedule details services which will be covered for the duration of the COVID-19 public health emergency
- Providers will also need to consult their provider specific fee schedules to determine services covered for their provider type

| Procedur e Code | Code Description | Physicia n Rate* | Mid-Level Rate* |
|-----------------|-----------------------------------|------------------|-----------------|
| 99441 | Telephone Service 5 – 10 min | \$66.09 | \$56.17 |
| 99442 | Telephone Service 11 – 20 min | \$111.82 | \$95.05 |
| 99443 | Telephone Service 21 – 30 min | \$163.76 | \$139.20 |
| 99421 | Online Dig Service 5 – 10 min | \$23.55 | \$20.02 |
| 99422 | Online Dig Service 11 – 20 min | \$46.91 | \$39.87 |
| 99423 | Online Dig Service 21 min or more | \$75.70 | \$64.35 |

The codes listed on this fee schedule are covered for the following enrolled provider types:
 Advanced Practice Registered Nurse, Audiologist, Community Health Aide, Direct-Entry Midwife, Optometrist, Physician, Physician Assistant

Federally Qualified Health Centers and Rural Health Clinic may be reimbursed at their encounter rate for services provided by a rendering

Assessment and Management Services

Telephone Services

The following codes are covered for psychologists and LCSWs rendering services in a FQHC and Behavioral Health Aides rendering services

| Procedur e Code | Code Description |
|-----------------|-------------------------------|
| 98966 | Telephone Service 5 – 10 min |
| 98967 | Telephone Service 11 – 20 min |
| 98968 | Telephone Service 21 – 30 min |

Online Digital Services

The following codes are covered for Behavioral Health Aides rendering services under the direction of a physician:

| Procedur e Code | Code Description |
|-----------------|--------------------------------|
| 98970 | Online Dig Service 5 – 10 min |
| 98971 | Online Dig Service 11 – 20 min |
| 98972 | Online Dig Service 21 – 30 min |

Billing Requirements

Telehealth Claim Indicators

Use place of service (POS) code 02 to indicate the service was delivered via telehealth
and

One of three modifiers to identify the telehealth mode of delivery that was utilized:

- ▶ GT or 95: Live interactive
- ▶ GQ: Store and Forward

Exceptions:

You should **not** add a telehealth modifier when billing for:

- ▶ Telephone or online digital procedure codes - they are inherently telehealth services
- ▶ Case management services
- ▶ The professional component of radiology services delivered through an electronic format
 - ▶ This is a normal business practice and is not reported as telehealth
 - ▶ Radiology services should be billed using the professional modifier (26) and technical modifier (TC)

Billing and Payment

Originating Site Provider:

- ▶ Originating site provider may only be reimbursed if there is a separately identifiable service being performed
- ▶ Originating site providers should not use a modifier when billing

Distant Site Provider:

Distant site providers should use the same procedure code as if providing an in-person encounter along with the appropriate telehealth modifier

Reimbursement of Telehealth Services:

Providers are reimbursed at the rate on their fee schedule, regardless if services are provided in person or via a telehealth method

Non-reimbursable services:

- ▶ The purchase and use of telehealth equipment or applications is not separately billable - only the service is reimbursable
- ▶ Facilitation of telehealth services is not reimbursable

Temporary allowance during the COVID-19 public health emergency:

Use the same servicing address you use today for an in-person clinic visit, even if the provider is doing telehealth from another location such as home

Public Health Emergency Telehealth Services

COVID-19 Temporary Expansion

Purpose of expansion:

- Allow for more patients to remain safe at home while still receiving needed medical care
- Ensure medical providers maintain a safe distance while still providing their patients with needed care
- Allow for patients with COVID-19 to remain in isolation and prevent the spread of the disease while still receiving care

Effective dates of expansion:

- Effective March 20th, 2020
- Effective for the duration of the COVID-19 public health emergency

Temporary Expansion

Expansion highlights:

- Unrestricted patient and provider location
- Allowing providers to render telehealth services from their home without reporting their home address on claims
- Allowing telehealth for services such as:
 - Physician visits in skilled nursing facilities
 - Hospital initial, subsequent, observation, and discharge evaluations
 - Emergency department and critical care services
 - Expanded telehealth for behavioral health providers
- Expanding coverage to include telephone and online digital check-ins
- Allowance of telehealth for face-to-face encounters for case management services

Telehealth Expansion Resources:

Telehealth resources are actively being published on the Medicaid Alaska home page in announcements as they become available.

Telehealth for Dual Eligible Members

Medicare Crossover

Alaska Medicaid covers Medicare co-pay and deductible for dual eligible members, even in cases where Medicare and Alaska Medicaid do not fully align such as:

- ▶ Alaska Medicaid requires a POS 2 for telehealth but Medicare is requiring POS 11 for telehealth claims during the COVID-19 public emergency, this is to allow for reimbursement as if the encounter was face-to-face
 - ▶ Alaska Medicaid will cover the copay and deductible for Medicare crossover telehealth claims received with POS 11
 - ▶ Providers must include the appropriate telehealth modifier to identify these claims as telehealth encounters
- ▶ Alaska Medicaid does not cover G-Codes that Medicare requires for telehealth billing
 - ▶ Alaska Medicaid will cover the copay and deductible for Medicare covered telehealth G-Codes, even if Alaska Medicaid does not cover the procedure code for non-dual-eligible members

Telephone and Online Digital Check-ins

Temporary Expansion

Telephone and online check-ins are non-face to face patient-initiated evaluations provided to a member via telephone or online digital method. These are brief visits with a patient to provide guidance and to determine if other services, such as a problem focused evaluation, are required.

Telephone

- A 5-30 minutes evaluation and management service with an established patient via telephone
- Not reimbursable if a related evaluation and management service was provided during the previous 7 days or if the service leads to or results in an evaluation and management service within 24 hours or soonest available appointment

Online Digital

- Online digital evaluation and management services with an established patient for up to 7 days accumulative time during this period
- This is a patient-initiated service through a digital format such as an EHR portal, email, or other live interactive mode such as Zoom, Skype, and Facetime which allows digital communication with the provider
- Not reimbursable if a related evaluation and management service was provided during the previous 7 days or if the service leads to or results in an evaluation and management service within 24 hours or soonest available appointment

Telephone and Online Digital Check-ins

Temporary Expansion

Providers authorized to bill for telephone and online digital check-ins:

- Physicians, PAs, APRNs, Podiatrists, Optometrists, Audiologists, Direct Entry Midwives, and Community Health Aides may be reimbursed utilizing the following codes:
 - ▶ Telephone check-ins - CPT codes 99441 - 99443
 - ▶ Online digital check-ins - CPT codes 99421 - 99423
- Psychologists and LCSWs rendering services in an FQHC and BHAs rendering services under direction of a physician may be reimbursed utilizing the following codes:
 - ▶ Telephone check-ins - CPT codes 98966 - 98968
- BHAs rendering services under direction of a physician may be reimbursed utilizing the following codes:
 - ▶ Online digital check-ins - CPT codes 98970 - 98972

Note: Telehealth modifiers (GT, GQ, or 95) are not required with billing for these services

Additional Resources

Telehealth Resources

Specific Guidance Documents

- ▶ [Telehealth Services Temporary Fee Schedule](#)
- ▶ [Temporary Expansion of Medicaid Telehealth Coverage](#)
- ▶ [Telehealth and Licensing During COVID-19](#)

General Resource Pages

- ▶ [Provider Updates](#)
- ▶ [Remittance Advice Messages](#)
- ▶ [Alaska Department of Health and Social Services](#)
- ▶ [Division of Behavioral Health](#)

DHSS Telehealth Resources

Temporary Expansion

Division of Senior and Disabilities Services

Training resources for ILP and Waiver telehealth services can be found at <http://dhss.alaska.gov/dsds/Pages/ops/senior-disabilities-training.aspx>

Division of Behavioral Health

This guidance can be found on the DBH Emergency Communications page at <https://content.govdelivery.com/accounts/AKDHSS/bulletins/2a23b56>

Division of Health Care Services

Temporary telehealth guidance may be found at <https://www.medicaidalaska.com>