

Parkland Community Health Plan Telehealth and Telemedicine during COVID-19 Emergency

During a public health crisis it is important to take proactive measures to ensure member care remains available. In order to provide the best service to our members, provider and community during the COVID-19 crisis, PCHP is committed to providing members care and reimbursing providers through Telemedicine/Telehealth services within the guidelines set by Federal, State and local authorities.

- Providers may provide telecommunication services for Texas Medicaid clients under the provider's Texas Medicaid provider identifier. No additional enrollment is required to provide telemedicine medical service or telehealth services
 - If HHSC amends enrollment requirements to allow expedited enrollment PCP will implement expedited enrollment
 - However, at this time enrollment and credentialing requirements remain in place and providers must meet HHSC and PCHP requirements for enrollment and credentialing
- The provider must be acting with the scope of their license to deliver the service
- The service must be covered by Texas Medicaid
- The service must be able to be delivered by remote means
- An adult client must also provide written or verbal consent to the distant site provider to allow any other individual to be physically present in the distant or patient site environment during a telehealth or telemedicine medical service
- All client health information generated or utilized during a telehealth or telemedicine medical service must be stored by the distant site provider in a client health record
- Providers must be licensed in a State without restriction and must not be excluded or other limited from practice in the Medicaid or Medicare population. Out of State providers must meet the qualifications of the TMB and may have a Temporary License when such status is developed by the TMB
- The service must be medical necessary
- PA requirements for services are identical to those for in person services
- Reimbursement for services will be identical those for services delivered in person
- providers should continue to use the 95 modifier on claims for telemedicine and telehealth services to indicate that remote delivery occurred
- CHIP copays for telemedicine and telehealth services are waived except for prescriptions
- Occupational therapy, physical therapy, and speech therapy may be delivered as a telehealth service following current licensure requirements found in Occupational Therapy Rules, Physical Therapy Rules, and Speech-Language Pathologists and Audiologists Administrative Rules with appropriate prior authorization

Telemedicine/Telehealth Definitions

- Telemedicine medical services are defined as health-care services delivered by a physician or a health professional who acts under the delegation and supervision of a

health professional licensed and within the scope of the health professional's license to a patient at a different physical location using telecommunications or information technology

- Telehealth services are defined as health-care services, other than telemedicine medical services, delivered by a health professional licensed, certified or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification or entitlement to a patient at a different physical location other than the health professional using telecommunications or information technology
- Telephone services are Medicaid covered services that can be delivered by telephone delivered by a health professional, certified or otherwise licensed in Texas
- A distant site is the location of the provider rendering the service – a physician or clinical who is supervised by and has delegated authority, who uses telemedicine medical services to provide healthcare services to a client in Texas. Hospitals may also serve as a distant site provider.
 - Distant-site telemedicine benefits include services that are performed by the following providers, who must be enrolled as a Texas Medicaid provider or otherwise recognized by HHSC:
 - Physician
 - CNS
 - NP
 - PA
 - CNM
 - FQHC Telemedicine Patient Site
 - A patient site is the place where the member is physically located
 - A member's home or resident may be the patient site for telemedicine medical services
- A valid practitioner-patient relationship must exist between the distant site provider and the patient receiving telemedicine services
- A valid relationship exists between the distant site provider and the patient if the distant site provider meets the same standard of care required for and in-person service
- The relationship can be established through:
 - A prior in-person service
 - A prior telemedicine or telehealth medical service that meets the delivery modality requirements specified in Texas Occupations Code §111.005(a)(3)
 - Relationships can be established via telephone per the allowance for phone only visits Telemedicine
 - The TMPPM Telecommunications Handbook lists codes that can be billed for distant site telemedicine
 - PCHP will recognize any code covered by Texas Medicaid that can be delivered by telemedicine or telehealth that is medically necessary and which can be delivered by telemedicine or telehealth

- A distant site is the location of the provider rendering the service and provided by a health professional who uses telehealth services to provide health-care services to a member in Texas
- Distant-site telehealth benefits include services that are performed by the
 - By or under the supervision of a PCHP participating provider acting within his or her scope of practice
 - Early Childhood Intervention (ECI)
 - Licensed professional counselor
 - LMFT
 - LCSW
 - Psychologist, licensed psychological associate, provisionally licensed psychologist
 - Licensed dietitian
 - CCP providers
 - Home health agency
 - FQHC Telehealth

Home Health, Speech, Occupational and Physical Therapy

PCHP will allow telehealth services for Home Health, Speech, Occupational, and Physical Therapy rendered as of March 20, 2020 and through which time HHSC or other regulatory agencies revise applicable policies.

- Limited to established Members receiving ST/OT/PT services with an existing approved prior authorization on file.
- Limited to existing authorizations for home health services with an approved prior authorization on file.
- Covered telehealth service delivery modalities are limited to those providing an interactive audiovisual connection to the Member.
- Telephone-only telehealth services or those delivered via live chat are not covered.
- Telehealth services for ST/OT for swallowing disorders are not covered
- Providers must obtain informed consent for telehealth services provided to Members under 13 years from the Member's adult caregiver or a designated health professional must participate during the entire duration of each telehealth session.
- Existing authorizations do not need to be updated for modifier 95 or place of service codes. Place of service on existing authorizations may vary between home, office, and telehealth for an unknown timeframe. For place of service other than telehealth, Providers should submit claims with the place of service that was requested initially on the authorization or if it is solely telehealth, place of service 02 should be used.
- Modifier 95 is required to indicate telehealth service delivery ☒
- Refer to the following sources for additional information:
 - a) Texas Medicaid Provider Procedures Manual, Telecommunication Services Handbook
 - b) Texas Board of Physical Therapy Examiners Practice Rules and Texas Administrative Codes

- c) Texas Board of Physical Therapy Examiners Practice Rules and Texas Administrative Codes
- d) American Speech and Hearing Association
- e) American Occupational Therapy Association
- f) American Physical Therapy Association

Remote Prescribing

- A distant site provider may issue a valid prescription as part of a telemedicine medical service
- An electronic prescription may be used
- The same standards that apply for the issuance of a prescription during an in-person setting apply to prescriptions issued by a distant site provider
- A licensed health professional acting under the delegation and supervision of a physician licensed operating within their legal scope of practice may also issue a valid prescription
- telephone refill(s) or telemedicine initial prescribing for Schedule 2 drugs prescribed by a provider acting within their scope of license and DEA prescribing requirements is permitted for a valid medically necessary indication for Schedule 2 drugs

Texas Health Steps

- A patient site is where the client is physically located while the service is rendered
- A client's home may be the patient site for telehealth services THSTEPS
- Preventive health visits under Texas Health Steps (THSteps) are not benefits if performed using telemedicine or telehealth medical services
- Health care or treatment using telemedicine medical services after a THSteps preventive health visit for conditions identified during a THSteps preventive health visit is a benefit
- Medical services provided through telemedicine for abnormalities identified during these preventive health visits may be reimbursed separately to the distant site provider if an acute care evaluation and management procedure code is billed

FQHC and RHC Telemedicine and Telehealth

- Telemedicine and telehealth visits by FQHC's and RHC's are covered by the same rules and provisions that occur for other network providers
- FQHCs may continue to bill for telemedicine services rendered by affiliates, although an affiliate agreement is not required for an FQHC to be reimbursed as a telemedicine or telehealth distant site provider
- FQHCs should bill for telemedicine or telehealth services using the encounter and informational procedure codes
- To indicate that remote delivery occurred, FQHCs should use the 95 modifier when submitting claims and encounters

- RHCs may be reimbursed as telemedicine and telehealth distant site providers statewide for service dates from March 24, 2020 and through which time HHSC or other regulatory agencies revise applicable policies.
- When submitting an encounter for an RHC service delivered through telehealth or telemedicine, the existing RHC procedure codes T1015 and 99381 should be used, with the modifier 95 added to indicate use of the telehealth or telemedicine modality.

Telemedicine Audio Visual Requirements

- Asynchronous store and forward technology, including asynchronous store and forward technology in conjunction with synchronous audio interaction between the distant site provider and the client in another location
- Other forms of audiovisual telecommunication technologies that allow the distant site provider to meet the in-person visit standard of care
- Telephonic telemedicine and telehealth visits that offer two way audio and visual communication are covered such as FaceTime. Social media communication methods that are not private such as Facebook groups and communications are not covered.

PCHP Telephone Audio Only Services

- Telephonic evaluation and management services are not to be billed if clinical decision-making dictates a need to see the patient for an in-person or telemedicine (video) office visit within 24 hours or at the next available appointment. In those circumstances, the telephone service shall be considered a part of the subsequent office visit. If the telephone call follows an office visit performed and reported within the past seven calendar days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billed
- Telephone services are limited to codes covered presently by Texas Medicaid
- Telephone services must be delivered by a provider acting within their scope of practice
- Telephone services must be delivered by a participating PCHP provider
- Providers may bill codes 99201-99205 and 99211-99215 for dates of service of March 20, 2020, through which time HHSC or other regulatory agencies revise applicable policies, in order to receive Medicaid reimbursement for telephone (audio-only) medical services.
- Providers should continue to use the 95 modifier to indicate that remote delivery has occurred

Home Telemonitoring

- Home telemonitoring is a health service that requires scheduled remote monitoring of data related to a client's health, and transmission of the data from the client's home to a licensed home health agency or a hospital.
- Data parameters are established as ordered by a physician's plan of care

- Data must be reviewed by a registered nurse (RN), NP, CNS, or PA, who is responsible for reporting data to the prescribing physician in the event of a measurement outside the established parameters Telemonitoring Set-Up
- The initial setup and installation (procedure code S9110 with modifier U1) of the equipment in the client's home is a benefit when services are provided by a home health agency or an outpatient hospital
- Hospital providers must submit revenue code 780 with procedure code S9110 and one of the appropriate modifiers to indicate the number of transmission days per month CHIP

HIPPA Temporary Waiver: Office of Civil Rights:

During the COVID-19 OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.