TELEHEALTH UPDATES

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DISCLAIMER

The information included in this presentation is current as of August 2020. SoonerCare policy is subject to change.
COURSE INFORMATION

Recommended Audience

• Providers that render telehealth services and those that are interested in telehealth.

Class Description

• This class will cover the definition of telehealth services, covered services, eligible providers and State and Federal guidance as it relates to the COVID-19 emergency declaration.
TELEHEALTH
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• OHCA defines Telehealth as the practice of health care delivery, diagnosis, consultation, evaluation and treatment, transfer of medical data or exchange of medical education information by means of a two-way, real-time interactive communication.

317:30-3-27. Telemedicine
TELEHEALTH, CONT.

• Service must be appropriate for telehealth delivery.

• The quality of service provided through telehealth should be equal to the quality of service provided in an on-site appointment.

• The encounter must maintain the confidentiality and security of protected health information.
TELEHEALTH COVID-19

• Beginning March 16, 2020, the Oklahoma Health Care Authority expanded the use of telehealth.

• Services are being extended through October 31. Toward the end of October, OHCA will evaluate the status of the COVID-19 pandemic and determine if expansion services should be extended.

• The use of telephonic services may be utilized in certain instances when the SoonerCare member does not have access to telehealth equipment.
TELEHEALTH COVID-19, CONT.

• When codes are based on a time element, documentation should show time in and time out.

• Providers are encouraged to create internal policies and procedures regarding the use of telehealth, during the public health emergency period.

• The client’s record indicate why telehealth services were utilized if the service was not reimbursed via telehealth prior to March 16, 2020.
TELEHEALTH COVID-19, CONT.

• Pediatric behavioral health screenings for ages five and older, are not required for telehealth well child visits.

• Providers will continue to receive payment for immunization administration when provided outside of a well-child visit. The vaccine code must be on the claim.

• In-person follow-up visits, after a telehealth visit are not required

• If the patient has already signed a consent form, a new consent is not required.
ELIGIBLE SERVICES

Examples include:

• Medical
• Behavioral Health
• Dental
• Physical Therapy
• Occupational Therapy
TELEHEALTH PLATFORMS

• During the COVID-19 public health emergency, third-party video applications may be utilized.
  ▪ Apple Facetime
  ▪ Facebook Messenger
  ▪ Zoom
  ▪ Google Hangouts
  ▪ Skype

• Providers are encouraged to inform patients that third-party applications may present privacy risk.

• Encryption and privacy settings should be enabled.
TELEHEALTH PLATFORMS; CONT.

• Vendors that provide HIPAA-compliant products and will enter into a HIPAA business associate agreement include,
  ▪ Skype for Business / Microsoft Teams
  ▪ Updox
  ▪ VSee
  ▪ Zoom for Healthcare
  ▪ Doxy.me
  ▪ Google G Suite Hangouts Meet
  ▪ Cisco Webex Meetings / Webex Teams
  ▪ Amazon Chime
  ▪ GoToMeeting
  ▪ Spruce Health Care Messenger
TELEHEALTH BILLING
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• Telehealth visits
  ▪ E&M visit codes 99201-99205 and 99211-99215
  ▪ Well child check visits for age 2 and over 99382 – 99385 and 99392-99395
  ▪ GT modifier

• Telephonic visits
  ▪ Physicians, Nurse Practitioners and PAs use codes 99441-99443
  ▪ All other provider types use codes 98966-98968
TELEHEALTH BILLING; CONT.

- RHC, FQHC and ITU encounters are defined as a face-to-face contact between a health care professional and a member.

- Telehealth services can be billed at the all inclusive rate/PPS rate.

- Telephonic services will be paid at the fee-for-service rate.
FQHC TELEHEALTH BILLING

• Telehealth encounter
  ▪ On line one bill the T1015 procedure code with the GT modifier.
  ▪ One line two bill the appropriate E & M code without the GT modifier
  ▪ Line one will at the encounter rate and line two will deny.

• Telephonic services
  ▪ On line one bill the T1015 procedure code with or without the GT modifier.
  ▪ One line two bill the appropriate E & M code with the GT modifier
  ▪ Line one will deny and line two will at the fee-for-service rate.
RHC TELEHEALTH BILLING

• Telehealth encounter
  ▪ On line one bill the 521 Rev code and the appropriate E & M code with the GT modifier.

• RHCs must have an additional fee-for-service contract to bill for telephonic services at the fee-for-service rate.
TPL TELEHEALTH BILLING

• TPL claims should be submitted per each insurance guideline.
  ▪ Modifiers and codes may not match.
  ▪ Make a note on the EOB stating the primary insurance requires a different modifier and/or code.

• Members must follow network restrictions and guidelines of the primary carrier.
REMINDERS
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• Effective March 19, 2020, all providers must submit their claims electronically through EDI or the Provider Portal.

• Physician contracts expire September 30, 2020. If you have any questions, please contact provider enrollment at 800-522-0114, option 5, or email ProviderEnrollment@okhca.org.
WEB ALERTS
QUESTIONS?
GET IN TOUCH

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