

Outpatient Therapies Provider Telemedicine Training Webinar

8/14/2020

STAKEHOLDER QUESTIONS AND ANSWERS

This document contains answers to questions posed by stakeholders in the Outpatient Therapies Provider Telemedicine Training Webinar. Answers provided reflect information that is current as of November 11, 2020.

The Department asked for audience reaction to the following: 50% of all PT/OT on the utilization data analysis were for telemedicine, and for children. Adults continue in person visits and children received mostly telemedicine; we do not understand clearly why this would be. Responses included:

- Early intervention required all services to be via telehealth, which would explain many of the birth - 3 visits
- I would guess that the adults in the geriatric population declined use telehealth due to poor comfortability with use of software...just a guess
- Part of the PT/OT telemedicine pediatric numbers could be related to the fact that Early Intervention was mandated to be all online starting the third week of March.

The Department appreciates this feedback.

1. For Medicaid claims for telemedicine, should the claim have a GT modifier and POS 02 and will it be reimbursed at the rate as if the patient was seen in the office?

Only institutional claims require the modifier GT. For professional fee claims, use the place of service 02.

The Department is currently required to pay the same rate for the same codes whether they are billed as in-person or telemedicine visits.

2. Does electronic visit verification (EVV) apply to telemedicine services when the member is home and the provider is either at a facility or at their own home?

All EVV-required services delivered via telemedicine require EVV records, regardless of the location of the provider or client receiving the services.

3. I thought the Federal emergency order allowed therapy via telephone, as well as a CMS webinar in July stated that in writing. Is CO interpreting differently?

Colorado interprets this for the home health benefit and not for the outpatient therapy benefit. Outpatient therapy requires an audiovisual interactive connection.

4. Can a single PAR be requested for both telemedicine and in-person care delivery? Early Intervention are allowed to do both now

Yes. The prior authorization request for outpatient PT/OT should leave the code field blank. This will allow the corresponding claims without the providers needing to amend their PAR.

5. Are we still waiting to find out if the telemedicine benefit will be permanent?

CMS recently approved the Department's request, so the telemedicine allowance for outpatient therapies is now permanent.

6. You mentioned that hospitals may only bill PT/OT/ST, however you also mentioned that pediatric mental health is a telehealth benefit. isn't pediatric mental health also something that hospitals can bill and receive payment for?

Pediatric Behavioral Therapy is covered for telemedicine. Outpatient hospitals may provide telemedicine for PT, OT, and ST, but no other services.

7. Does SB20-211 mean a mental health provider continue to use telephone only as means of delivering mental health therapy going forward

Behavioral health providers should contact their RAE for current guidance for telemedicine practices.

8. Do you need to use modifier code 95 with place of service code 02?

The Department requires POS 02 for telemedicine delivered services on professional claims. Our policy does not require modifier 95, though its use is not prohibited.

9. If a family chooses to use telemedicine for some sessions, are they allowed to also do some in person treatments?

Yes. Prior authorizations are not meant for providers delivering either, they can allow for a mix of the two.

10. If we are seeing someone who does not have good enough internet to use the appropriate HIPAA-protected site? Can Facetime and Skype be used?

The [Office of Civil Rights](#) provides guidance on HIPAA compliance.

11. If OT and SP were providing a team service, would each bill their services with GO and GN mod with Telehealth mod and should they bill on same hospital claim

Providers should refer to policy in the [outpatient PT/OT manual](#).

12. I am a Licensed Professional Counselor providing therapy. I work in private practice under my LLC. I have been instructed to use both POS 02 and Modifier GT, are you indicating this has changed.

Behavioral health providers should contact their RAE for current billing guidance for telemedicine.

13. We have heard that the location must be filled in when submitting a PAR

Even though PAR submission may require a Place of Service code, the *claims* for those services may use varying Place of Service codes. This flexibility will accommodate hybrid treatments where some visits are done via telemedicine and some are done in-person. Varying Places of Service will not require modifications to the PAR.

14. I have heard that hospitals are required to designate the patient's home as an "alternate location" when submitting claims. Is this correct?

The Department will research this question to provide an answer in a future update.

15. Will CPT codes 92630 & 92633 be a covered service via Telemedicine in the future?

The Department will add 92630 and 92633 to the list of allowed procedures for telemedicine this fall.

16. How does one determine if a visit/services provided via telemedicine need to utilize EVV? I understand that EVV is mandatory for certain codes/place of service (e.g., at patient's home), but would it be necessary for a client that is typically seen at a place of service that does not require EVV (such as an office), but is being seen via telemedicine due to COVID? In other words, if we use service code O2 for all telemedicine visits (regardless if it is outpatient @office vs @patient home), how are visits distinguished as needing or not needing EVV?

All EVV-required services delivered via telemedicine require EVV records, regardless of the location of the provider or client receiving the services.

17. When requesting a PAR, we are required to provide a location for Early Intervention services. Am I understanding that we are to leave the location blank? If so will the PAR be approved or kicked back to us to complete the location? And how do we allow for some flexibility since most sessions are now being on telehealth with an occasional home visit?

Even though PAR submission may require a Place of Service code, the *claims* for those services may use varying Place of Service codes. This flexibility will accommodate hybrid treatments where some visits are done via telemedicine and some are done in-person. Varying Places of Service will not require modifications to the PAR.

18. Is it a goal of the department to have additional outreach with telemedicine to those counties that are not currently being serviced? I view telemedicine as an excellent option for families that do not have transportation.

Thank you for this feedback. The Department's goals for telemedicine policy are to:

- improve access to high-quality services
- promote health equity
- integrate with medical home & neighborhood
- prod innovation thru aligned payment policy
- ensure value for the taxpayer dollar

19. Are there any new requirements for what needs to be on Plans of Care when we use telehealth?

If services are going to be done via telemedicine, they should include documentation describing that planned delivery method.

20. Can a therapist bill incident to a physician if they see the patient jointly? Physician provides E/M service and Therapist provides therapy service in one patient visit. The patient is scheduled with physician and would like to bill therapy code on physician claim as incident to.

The Department will research this question and provide an answer in a future Q&A document.

21. I have an early intervention family, where the mother is legally blind. She prefers no one come into the home. Is it permissible to do telephone only with telehealth?

Our requirements for outpatient OT services require audiovisual communication with the member.

22. Can services provided by the hospital and covered by Medicare be billed with a UB-04 form ?

The Department will cover crossover claims according to the billing policy.