

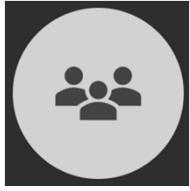
# FQHC/RHC/IHS Telemedicine Services Webinar

Colorado Department of Health  
Care Policy & Financing

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August 25, 2020



**COLORADO**  
Department of Health Care  
Policy & Financing



# Stakeholder Engagement

Goals:

- 1 Information sharing
- 2 Compliance
- 3 Equitable input
- 4 Community



# Purpose

Consider the effects of changes in telemedicine rules and legislation on:

- Member & provider experience
- Access
- Health equity
- Quality
- Costs



# Agenda

- Housekeeping
- Status of Rules and SB-212 legislation
- Billing and policy information for outpatient service providers
- Gather and respond to your questions, comments, and concerns



# Housekeeping

## Live Webinar:

- Mics will be muted during the presentation
- Please hold your questions until the Q&A session

## Post -Webinar:

- Visit [www.colorado.gov/pacific/hcpf/stakeholder-telemedicine](http://www.colorado.gov/pacific/hcpf/stakeholder-telemedicine)
- Use feedback form
- Billing Manual



# What is Telemedicine?

Telemedicine is the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio or video communication instead of in-person contact.



# Telemedicine Before Emergency

- Audio-visual modality only
- Fee schedule payment same as in-person visit
- Billed using member place of service (POS code)
- Incentive payment for select procedure codes
- The Prospective Payment System for FQHC/RHC/IHS included telemedicine costs but a telemedicine service was not a billable visit.



# COVID-19 Emergency Rules

On March 20, 2020, in response to the COVID-19 public health emergency, Colorado expanded its telemedicine coverage to include:



Telephone only modality for certain services (and live chat)



Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, and Community Mental Health Centers



Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers



Requires reimbursement for telemedicine services at the same rate as in-person services (payment parity)



# Telemedicine Legislation

## SB20-212

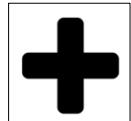


Clarifies the method of communication allowed:

Audio-visual, telephone\*, live chat, other electronic communication (HIPAA compliant)



Requires payment parity



Affirmed new providers added in emergency rule



# Telemedicine Expansion

In compliance with recent legislation (SB20-212) HCPF has made the emergency rules permanent.

➤ SB20-212 requires final approval from the Centers for Medicare and Medicaid Services (CMS) to become permanent. The Department is in the process of requesting such approval from CMS.



# Telemedicine Legislation

## SB20-212

- Requires the Department to post telemedicine utilization data
- Requires the Department to report at SMART legislative hearing in January 2021



# Telemedicine Expansion

- Temporary changes on HIPAA compliance allow a wider-array of non-public facing electronic communication methods during the public health emergency.
- Providers should make every effort to use HIPAA compliant technologies even during the public health emergency.



# As Policy Evolves

- Important changes in policies and processes are sent to you monthly in the Provider Bulletin via email.
- Changes are also published in billing manuals.



# Covered Services

Services may be rendered via telemedicine when the service is:

- A covered Health First Colorado benefit,
- Within the scope and training of an enrolled provider's license, and
- Appropriate to be rendered via telemedicine.

**All services provided through telemedicine shall meet the same standard of care as in-person care.**



# Billing for Telemedicine Services

## UB-04 Institutional Claims

Providers must indicate that the service(s) were provided through telemedicine by appending modifier GT to the UB-04 institutional claim form with the service's usual billing codes.

## CMS 1500 Professional Claims

Place of Service code 02 must be indicated on all CMS 1500 professional claims for telemedicine. Only specific CPT/HCPGs are allowed.



# Originating Site Billing (Q3014)

- If the originating provider is making a room and telecommunications equipment available but is not providing clinical services, the originating provider bills Q3014.
- If the originating provider also provides clinical services to the member, the provider bills the rendering provider's appropriate procedure code and bills Q3014.
- An FQHC/RHC/IHS originating provider may also bill, as appropriate, on the UB-04 paper claim form or as an 837I transaction for any clinical services provided on-site on the same day that a telemedicine originating site claim is made. The FQHC/RHC/IHS originating provider must submit two separate claims for the member's two separate services.



# TELEMEDICINE: Medicaid Billing Scenarios

## Member at Home



Member  
Billing: Nothing



Distant Site



Rendering Provider

Billing: Procedure Codes, GT Modifier & Place of Service

## Member at Medical Facility Without a Provider Present



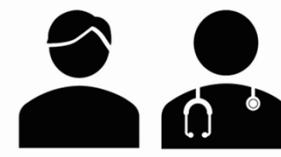
Member  
Billing: Originating Site Fee Q3014



Rendering Provider

Billing: Procedure Codes, GT Modifier & Place of Service

## Member with Primary Care Provider



Member  
Billing: Originating Site Fee Q3014



Rendering Provider/Specialist

Billing: Procedure Codes, GT Modifier & Place of Service



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# Related Coverage

Coverage for 99441, 99442, 99443, 98966, 98967, 98968 was recently added.

These are telephone check-ins  
with patient -  
see code descriptions for  
specific criteria.



# Billing Requirements

Providers may only bill procedure codes which they are already eligible to bill.

Providers must document the member's consent, either verbal or written, to receive telemedicine services.

Contact with the provider must be initiated by the member for the service rendered.



# Billing Requirements Continued

- The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- Services not otherwise covered by Health First Colorado are not covered when delivered via telemedicine.
- The use of telemedicine does not change prior authorization requirements that have been established for the services being provided.



# Billing for Telemedicine Services

- Services are reported using CPT/HCPCS billing codes.
- Only specific CPTs/HCPCS are allowed for telemedicine, published at <https://www.colorado.gov/pacific/hcpf/provider-telemedicine>
  - Professional claims must use Place of Service 02
  - Institutional claims must use Modifier GT in any position



Utilization Data through May 16, 2020  
Updated utilization data will be available on the website identified at the end of the slides on a bimonthly schedule



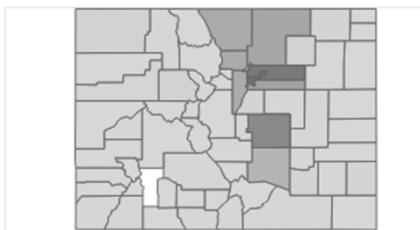
# Federally Qualified Health Centers

Service Type  
 Not Telemedicine  
 Telemedicine

## Eligibility Category

Adults	\$7,813,477
Children	\$2,681,678
Retroactively Eligible	\$1,177,792
Members with Disabilities	\$404,139
Pregnant Adults	\$346,197
Children in Foster Care	\$130,587
Adults Over 65	\$85,019
Partial Dual Eligibles	\$10,306
Non-Citizens - Emergency Serv..	\$475

## Member County Map



## Age Group

0-9	\$1,526,027
10-19	\$1,587,941
20-29	\$1,930,522
30-39	\$2,263,337
40-49	\$1,975,388
50-59	\$2,268,427
60-69	\$1,038,468
70-79	\$35,970
80+	\$23,589

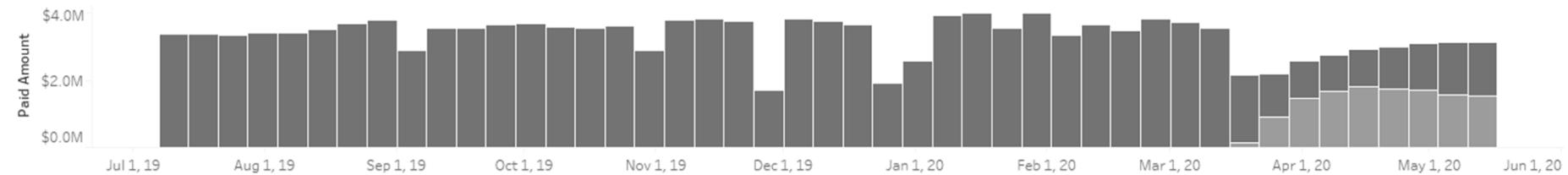
## Procedure Codes

99213	OFFICE/OUTPATIENT VISIT EST	\$7,357,396
99212	OFFICE/OUTPATIENT VISIT EST	\$2,651,754
99214	OFFICE/OUTPATIENT VISIT EST	\$1,485,611
90832	PSYTX W PT 30 MINUTES	\$328,093
99203	OFFICE/OUTPATIENT VISIT NE..	\$137,661
99202	OFFICE/OUTPATIENT VISIT NE..	\$127,666
99211	OFFICE/OUTPATIENT VISIT EST	\$107,543
90834	PSYTX W PT 45 MINUTES	\$99,978
90837	PSYTX W PT 60 MINUTES	\$53,702
90791	PSYCH DIAGNOSTIC EVALUATI..	\$53,237
99201	OFFICE/OUTPATIENT VISIT NE..	\$41,701
90833	PSYTX W PT W E/M 30 MIN	\$33,455
99215	OFFICE/OUTPATIENT VISIT EST	\$32,043
99393	PREV VISIT EST AGE 5-11	\$20,301
99204	OFFICE/OUTPATIENT VISIT NE..	\$18,949
G0467	FQHC VISIT, ESTAB PT	\$16,331
99392	PREV VISIT EST AGE 1-4	\$15,648

## Primary Diagnosis Codes

ESSENTIAL (PRIMARY) HYPERTENS..	\$348,330
ANXIETY DISORDER, UNSPECIFIED	\$324,427
TYPE 2 DIABETES MELLITUS WITHO..	\$279,187
COUGH	\$244,235
ACUTE UPPER RESPIRATORY INFEC..	\$202,022
MILD INTERMITTENT ASTHMA, UNC..	\$180,378
2019-nCoV acute respiratory disease	\$175,456
TYPE 2 DIABETES MELLITUS WITH H..	\$174,534
CONTACT W AND EXPOSURE TO OTH..	\$154,856
MAJOR DEPRESSIVE DISORDER, RE..	\$133,589
OTHER SPECIFIED ANXIETY DISORD..	\$133,564
GENERALIZED ANXIETY DISORDER	\$132,197
OPIOID DEPENDENCE, UNCOMPLICA..	\$126,996
LOW BACK PAIN	\$124,283
ENCNTR FOR ROUTINE CHILD HEALT..	\$119,930
MAJOR DEPRESSIVE DISORDER, SIN..	\$116,697
MILD PERSISTENT ASTHMA, UNCO..	\$116,172
GASTRO-ESOPHAGEAL REFLUX DISE..	\$115,817
RASH AND OTHER NONSPECIFIC SKI..	\$103,924
MODERATE PERSISTENT ASTHMA, ..	\$101,811
FEVFD UNDEFINIED	\$60,751

## Trend over Time (Actuals)



Note: Only includes services eligible for telemedicine. Dental services are excluded. Data shows service dates from 7/1/19 through 5/16/20. Due to limited claims run-out, paid amounts may change 23 over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

# FQHC Telemedicine

- Rapid increase in services rendered with telemedicine after payment change
  - In person visits increasing in May 2020
  - Claims were for acute care office visits and behavioral health services



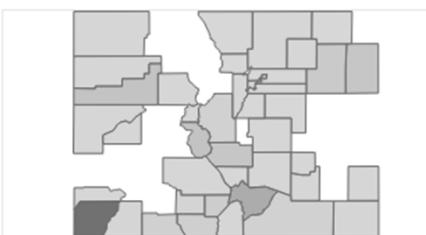
# Rural Health Clinics

Service Type  
 ■ Not Telemedicine  
 ■ Telemedicine

## Eligibility Category

Adults	\$181,727
Children	\$70,188
Retroactively Eligible	\$28,398
Members with Disabilities	\$10,109
Pregnant Adults	\$9,626
Children in Foster Care	\$4,918
Adults Over 65	\$4,871
Partial Dual Eligibles	\$550

## Member County Map



## Benefit Category

FQHC, RHC, IHS \$310,386

## Procedure Codes

99213	OFFICE/OUTPATIENT VISIT EST	\$162,125
99214	OFFICE/OUTPATIENT VISIT EST	\$72,646
99212	OFFICE/OUTPATIENT VISIT EST	\$23,924
99442	PHONE E/M PHYS/QHP 11-20 ...	\$15,713
99443	PHONE E/M PHYS/QHP 21-30 ...	\$8,716
99441	PHONE E/M PHYS/QHP 5-10 M...	\$6,744
90834	PSYTX W PT 45 MINUTES	\$5,284
99202	OFFICE/OUTPATIENT VISIT NE...	\$3,251
99215	OFFICE/OUTPATIENT VISIT EST	\$3,017
99203	OFFICE/OUTPATIENT VISIT NE...	\$2,152
90791	PSYCH DIAGNOSTIC EVALUATI...	\$1,312
90832	PSYTX W PT 30 MINUTES	\$1,312
98966	HC PRO PHONE CALL 5-10 MIN	\$957
98967	HC PRO PHONE CALL 11-20 MIN	\$619
99204	OFFICE/OUTPATIENT VISIT NE...	\$554
99392	PREV VISIT EST AGE 1-4	\$554
99391	PER PM REEVAL EST PAT INFA...	\$425

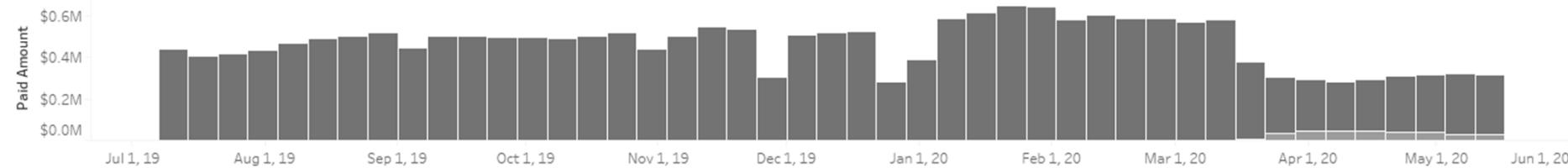
## Primary Diagnosis Codes

ESSENTIAL (PRIMARY) HYPERTENS...	\$11,655
ACUTE UPPER RESPIRATORY INFEC...	\$10,528
TYPE 2 DIABETES MELLITUS WITHO...	\$8,344
COUGH	\$6,348
OTHER SPECIFIED ANXIETY DISORD...	\$5,946
ANXIETY DISORDER, UNSPECIFIED	\$5,648
OTHER SEASONAL ALLERGIC RHINIT...	\$5,648
UNSPECIFIED ASTHMA, UNCOMPLIC...	\$4,919
LOW BACK PAIN	\$4,491
TYPE 2 DIABETES MELLITUS WITH H...	\$3,842
GASTRO-ESOPHAGEAL REFLUX DISE...	\$3,798
ALLERGIC RHINITIS, UNSPECIFIED	\$3,492
ACUTE PHARYNGITIS, UNSPECIFIED	\$3,234
HEADACHE	\$3,178
CHRONIC PAIN SYNDROME	\$3,062
HYPOTHYROIDISM, UNSPECIFIED	\$2,982
MODERATE PERSISTENT ASTHMA, ..	\$2,946
ENCOUNTER FOR SURVSN OF NOR..	\$2,641
TYPE 2 DIABETES MELLITUS WITH D...	\$2,568
OTHER FATIGUE	\$2,261
GENERALIZED ANXIETY DISORDERS	\$2,221

## Billing Provider Type

Rural Health Clinic \$310,386

## Trend over Time (Actuals)



Note: Only includes services eligible for telemedicine. Dental services are excluded. Data shows service dates from 7/1/19 through 5/16/20. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

# RHC Telemedicine

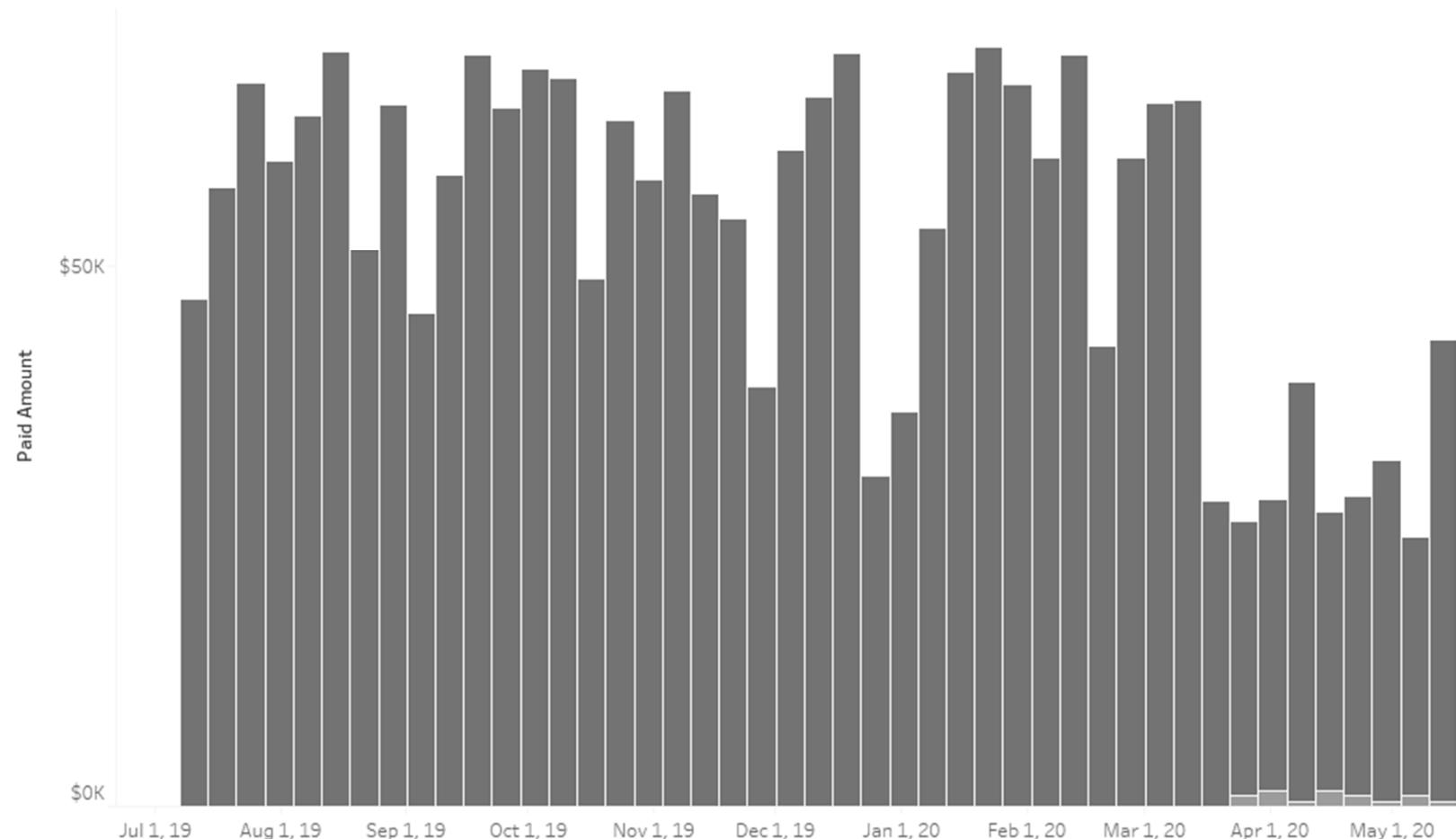
- Very little use of telemedicine modality
- Overall utilization does not trend to pre-pandemic levels



# Indian Health Services

Service Type  
■ Not Telemedicine  
■ Telemedicine

## Trend over Time (Actuals)



Note: Only includes services eligible for telemedicine. Dental services are excluded. Data shows service dates from 7/1/19 through 5/16/20. Due to limited claims run-out, paid amounts may change 27 over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

# IHS Telemedicine

- Billing practices make data hard to understand
- Some claims billed with telemedicine modifier



# Questions?



# Contact Info

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For IHS issues  
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# Summary & Resources

- Utilization Data posted bi-monthly:  
[www.colorado.gov/pacific/hcpf/provider-telemedicine](http://www.colorado.gov/pacific/hcpf/provider-telemedicine)
- Provider Billing Manual:  
[www.colorado.gov/hcpf/billing-manuals](http://www.colorado.gov/hcpf/billing-manuals)



# Summary & Resources

- Stakeholder engagement webpage:  
[www.colorado.gov/pacific/hcpf/stakeholder-telemedicine](http://www.colorado.gov/pacific/hcpf/stakeholder-telemedicine)
- Stakeholder feedback on stakeholder page or  
<https://forms.gle/EJGBT4SaTsRPVSvD8>



# Additional Trainings

Date	Time	Provider Category
Recorded		Outpatient Therapies
Recorded		Home Health
Recording		FQHC, RHC, IHS
September 1	12 - 1	Other providers using professional claims billing forms
September 8	4 - 5	Pediatric Behavioral Therapy

Invitations will be sent by to specific provider groups for the applicable trainings and registration and recording links appear on the [stakeholder engagement page](#).



# Thank you!

