

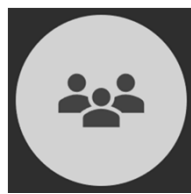
Professional Fee Telemedicine Services Webinar

Colorado Department of Health
Care Policy & Financing

Richard Delaney, Policy Specialist
September 1, 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
- 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

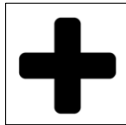


Clarifies the method of communication allowed:

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/HCPCS are allowed.



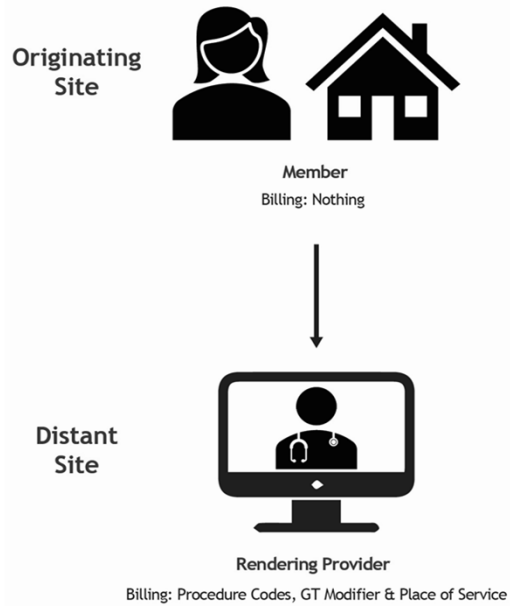
Originating Site Billing (Q3014)

- 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.

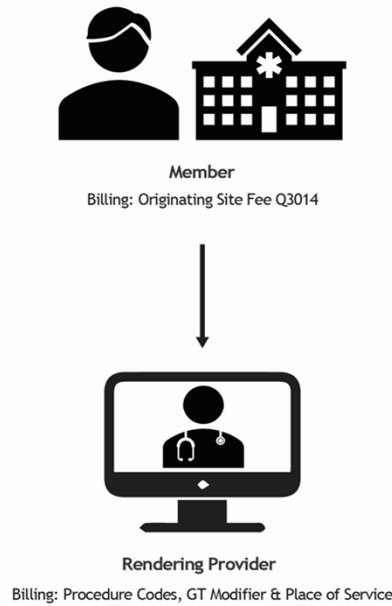


TELEMEDICINE: Medicaid Billing Scenarios

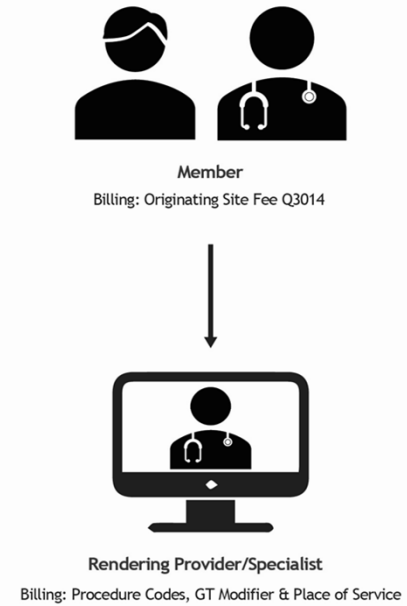
Member at Home



Member at Medical Facility Without a Provider Present



Member with Primary Care Provider



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

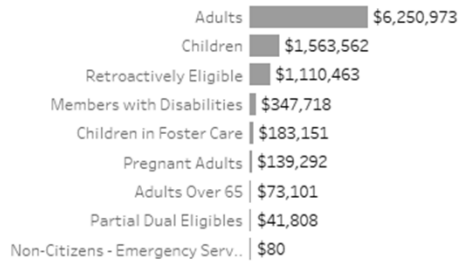
Updated utilization data will be available on the website identified at the end of the slides on a bimonthly schedule



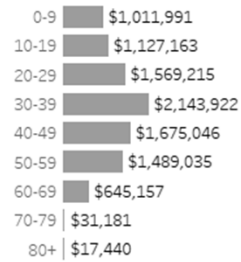
Other Professional Fee Providers

Service Type
 ■ Not Telemedicine
 ■ Telemedicine

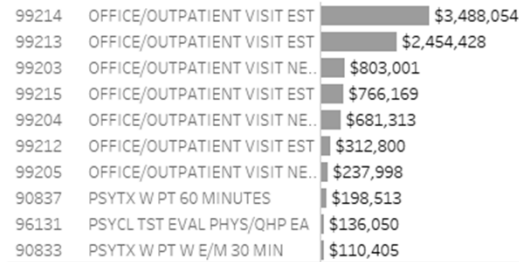
Eligibility Category



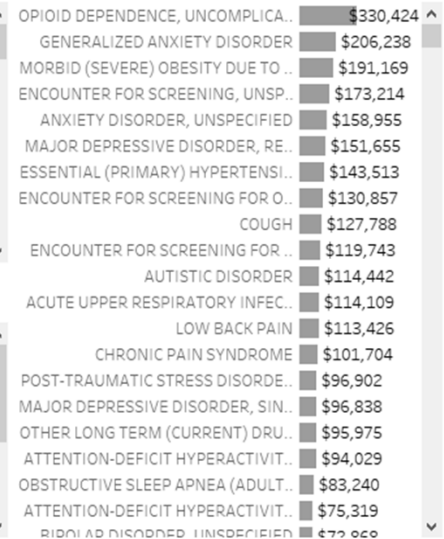
Age Group



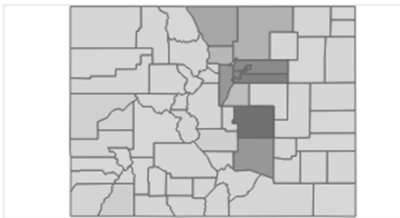
Procedure Codes



Primary Diagnosis Codes



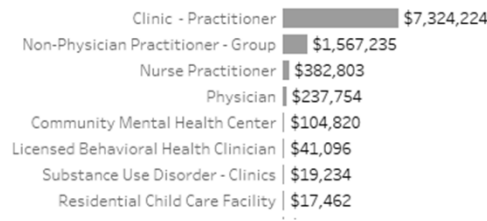
Member County Map



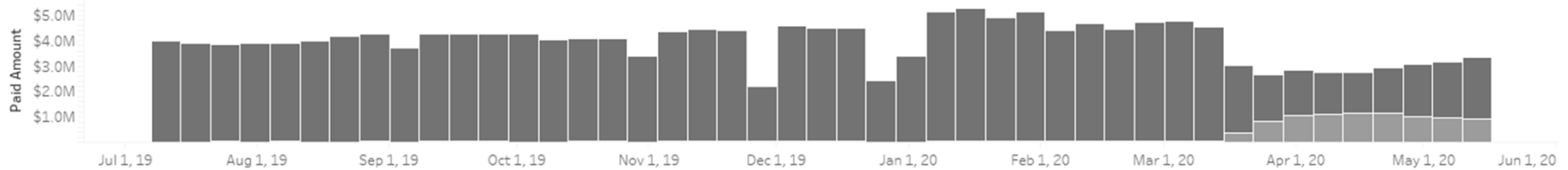
Benefit Category



Billing Provider Type



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.

Other Professional Services Telemedicine

- Utilization of these codes by this group of providers is moderately lower than it was before the PHE began.
- The top diagnosis code, opioid dependence, indicates many telemedicine visits are being provided for medication assisted treatment.
- Children received a relatively higher proportion of visits performed by telemedicine than adults.
- A small number of ultrasound services related to complex pregnancies were reported as telemedicine which our policy allows.



Questions?



Contact Info

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Summary & Resources

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



Summary & Resources

- Stakeholder engagement webpage:
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
Recorded		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!

