

Telehealth & COVID-19 Billing and Reimbursement

A SPECIAL WEBINAR FROM



Louisiana Managed
Medicaid Association

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Presented by



Louisiana Managed
Medicaid Association



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AETNA BETTER HEALTH[®] OF LOUISIANA

Please note that providers should still adhere to all requirements of their licensing board and should check with their medical malpractice carrier related to telehealth.

As people work to comply with the stay-home-order, weekly numbers of telemedicine visits have grown by approximately 10,000%.

Virtual doctors' visits are surpassing 5,000 per week at Our Lady of the Lake Regional Medical Center.

--SOURCE: WBRZ

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Goals of Expanded Telehealth Services

1

STOP THE SPREAD

2

STABILIZE REVENUE

3

INCREASE CAPACITY

Please note that providers should still adhere to all requirements of their licensing board and should check with their medical malpractice carrier related to telehealth.

Telehealth Guidance & Reimbursement

Guidance

- When appropriate, Louisiana Medicaid encourages the use of telehealth for **all healthcare services**—not just for those related to COVID-19 symptoms.

Reimbursement

- Reimbursement is **at the same level as in-person services.**

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Telehealth Platforms

Telehealth may be delivered via an interactive audio/video telecommunications system.

If available, a secure, HIPAA-compliant platform is preferred. However, **for the duration of the COVID-19 event, if a HIPAA-compliant system is not immediately available at the time it is needed, providers may use everyday communications technologies such as cellular phones with widely available audio/video communication software.**



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Telehealth Billing

- On the header and on all detailed service lines, providers must:
INDICATE PLACE OF SERVICE 02
APPEND MODIFIER -95
- Services delivered via an audio/video system and via an audio-only system should be coded the same way.
- Reimbursement for these services in an FQHC/RHC will be at the all-inclusive prospective payment rate on file for the date of service.

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Telehealth Procedure Codes

Category	Service	CPT Code
BEHAVIORAL HEALTH	See Medicaid Behavioral Health Provider Manual	
DIALYSIS	End-Stage Renal Disease	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961
CARDIOVASCULAR	Monitoring	93228, 93268, 93272
PSYCHOLOGICAL, NEUROPSYCHOLOGICAL TESTING	Neurobehavioral Status Examination	96116
EVALUATION & MANAGEMENT, OFFICE OR OTHER OUTPATIENT	New Patient	99201, 99202, 99203, 99204, 99205
	Established Patient	99212, 99213, 99214, 99215
HOSPITAL INPATIENT SERVICES	Subsequent Hospital Care	99231, 99232, 99233
NURSING FACILITY SERVICES	Subsequent Nursing Facility Care	99307, 99308, 99309, 99310

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Telehealth Requirements

PHYSICAL, OCCUPATIONAL, SPEECH THERAPY

Effective for dates of service on or after March 17, 2020:

- Telehealth services can be rendered for the care of new or established patients, or to support the caregivers of new or established patients.
- Telehealth services must be rendered by licensed providers for their respective therapies, which include physical therapists, occupational therapists and speech-language pathologists.
- An existing prior authorization **does not need an addendum to be eligible for telehealth delivery.**

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Therapy Procedure Codes

Physical	Occupational	Speech/Language
97161	97165	92507
97162	97166	92508
97163	97167	92521
97164	97168	92522
97110	97530	92523
G0151	G0152	92524
		G0153

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Telehealth Requirements

APPLIED BEHAVIORAL ANALYSIS (ABA)

Effective for dates of service on or after March 17, 2020.

- For new or established patients or to support the caregivers of new or established patients.
- An existing prior authorization **does not need an addendum to be eligible for telehealth delivery.**
- All prior authorizations will be extended through the COVID -19 emergency.
- New patients require approval and prior authorization for services.

Please note that providers should still adhere to all requirements of their licensing board and should check with their medical malpractice carrier related to telehealth.

Relevant CPT Codes

APPLIED BEHAVIORAL ANALYSIS (ABA)

97151

97152

97153

97154

97155

97156

97157

97158

Billing Instructions:

Providers must indicate **PLACE OF SERVICE 02** and **APPEND MODIFIER -95**. Services delivered via an audio/video system and via and audio-only system should be coded the same.

Please note that providers should still adhere to all requirements of their licensing board and should check with their medical malpractice carrier related to telehealth.

Telehealth Requirements

OUTPATIENT HOSPITAL FACILITY

- Outpatient hospital facilities must bill telehealth claims using the normal revenue code and applicable procedure code with **MODIFIER -95 APPENDED**.
- The **PLACE OF SERVICE 02** telehealth guidance for professional claims does **NOT** apply for telehealth billing on the UB 04 Form.

Please note that providers should still adhere to all requirements of their licensing board and should check with their medical malpractice carrier related to telehealth.

Telehealth Requirements

COVID-19 –Telehealth Facilitation by Licensed Mental Health Practitioners (LMHPs)

- Effective for dates of service beginning on or after **March 21, 2020**, LMHPs can conduct assessments, evaluations and testing via telehealth.
- Individual therapy, family therapy and medication management were approved for telehealth, prior to the COVID-19 declared emergency.
- LDH will **NOT** waive licensure requirements for LMHPs providing services.

Please note that providers should still adhere to all requirements of their licensing board and should check with their medical malpractice carrier related to telehealth.

Mental Health Rehabilitation (MHR)

- LDH is issuing approval of telehealth services effective for dates of service beginning on or after **March 20, 2020**.
- LDH will **NOT** waive licensure or accreditation requirements for agencies providing MHR services. Providers must meet agency and staff qualifications and requirements for delivering MHR services, as established in the Medicaid Behavioral Health Services Provider Manual.

Please note that providers should still adhere to all requirements of their licensing board and should check with their medical malpractice carrier related to telehealth.

MHR Medicaid Reimbursable Services

LICENSED AND NON-LICENSED STAFF

- Community Psychiatric Support and Treatment (CPST)
- Psychosocial Rehabilitation (PSR)
- Crisis Intervention (CI)
- Assertive Community Treatment (ACT)
- Functional Family Therapy (FFT) and Functional Family Therapy-Child Welfare (FFT-CW)
- Homebuilders[®]
- Multi-Systemic Therapy (MST)

MHR Medicaid Reimbursable Services

Authorizations

- No addendum needed to prior authorization for telehealth services.
- Requirements for reimbursement are unchanged from the Medicaid Behavioral Health Services Provider Manual.
- Beginning **March 20, 2020**, MCOs shall **extend existing** prior authorizations (PA) for MHR services that reach the end of the authorization period during the COVID-19 declared emergency.
- New requests should follow standard processes in place with the recipient's MCO.

Billing & Reimbursement

- Providers must indicate **PLACE OF SERVICE 02** and **APPEND MODIFIER 95**.

Codes

- See the MHR fee schedule for changes to procedure codes and rates.

Telehealth Requirements

OUTPATIENT SUBSTANCE USE DISORDER TREATMENT

Effective for dates of service beginning on or after **March 21, 2020**.

- MCOs shall not require an addendum to an existing prior authorization for services to be eligible for telehealth delivery.
- Requirements for reimbursement are otherwise unchanged from the Medicaid Behavioral Health Services Provider Manual.
- Beginning **March 20, 2020** MCOs will extend existing authorizations that reach end of authorization period.

Please note that providers should still adhere to all requirements of their licensing board and should check with their medical malpractice carrier related to telehealth.

Telehealth Requirements

OUTPATIENT SUBSTANCE USE DISORDER TREATMENT BILLING & REIMBURSEMENT

- Providers should bill the procedure code (HCPCS codes) with **MODIFIER -95** as well as **PLACE OF SERVICE 02** when delivering the service through telemedicine/telehealth.
- Reimbursement for visits delivered via telehealth is similar to in-person visits, subject to any terms and conditions in provider contracts with Medicaid managed care entities.
- [Idh.la.gov/index.cfm/page/3887](https://www.idh.la.gov/index.cfm/page/3887)
- Specific information for providers is located here:
[Idh.la.gov/index.cfm/page/3880](https://www.idh.la.gov/index.cfm/page/3880)

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PLEASE REFER TO THE LDH WEBSITE FOR UPDATES.

<http://ldh.la.gov/index.cfm/page/1890>

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