

MEDICAID REGULATORY CHANGES IN RESPONSE TO COVID-19



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OVERVIEW

- **Defining Terms**
- **Reimbursement Criteria**
- **COVID-19 Updates**
- **Claims Experience**
- **Future Changes**



DEFINING TERMS



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- **Telemedicine** is the use of medical information exchanges from one site to another via **electronic communication** to improve a recipient's health.
 - The federal Medicaid statute does not recognize telemedicine as a distinct service.
- **Electronic Communication** is the use of interactive telecommunication equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the recipient at the **originating site**, and the physician or practitioner at the **distant site**.



DEFINING TERMS

- **Originating site** is the site at which the Medicaid recipient is located at the time the services are received via a telecommunications system.
- **Distant site** is the site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system.



REIMBURSEMENT CRITERIA

REIMBURSEMENT CRITERIA

- Recipient's clinical record at both the originating and distant sites must reflect that the service was provided through the use of telemedicine.
- Only the distant site is eligible for Medicaid reimbursement. The distant site provider must be enrolled as a Louisiana Medicaid Provider.
- Services provided via telemedicine must be identified on the claim by appending modifier 95 to the applicable procedure code and indicate the place of service (POS) 02. The modifier and POS must be included on the encounter header line (e.g., T1015, H2020, D0999).

REIMBURSEMENT CRITERIA

- Effective 8/1/2019, providers were required to use place of service (POS) 02 with modifier 95 for the billing of telemedicine/telehealth services.
- This change is a result of the Centers for Medicare and Medicaid Services (CMS) change request (CR) 10152 eliminating the requirement to use the GT modifier on claims for telemedicine/telehealth services. (Informational Bulletin 20-1)



COVID-19 UPDATES



COVID-19 UPDATES

- COVID-19 test codes
- COVID-19 antibody testing
- Extended Authorizations – pharmacy, DME supplies, extended home health, EPSDT personal care services, hospice services, therapies (PT/OT/SLT), PDHC
- Removed pharmacy co-pays and allow for 90-day fills on non-controlled substances
- Added coverage for multifunction ventilators (E0467)

COVID-19 UPDATES

- The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) released guidance on the use of “non-public facing” remote communication products
 - Non-public facing is one that allows only the intended parties to participate in the communication
 - Medicaid adopted this guidance and it greatly expanded the technologies available for telehealth visits
- Medicaid also added the ability to use audio-only systems (e.g., telephone) without the requirement for video unless service-specific policy indicates that audio/video system is required.
 - For use of an audio-only system, the same standard of care must be met and the need and rationale for employing an audio-only system must be documented in the clinical record.

COVERED TELEMEDICINE/TELEHEALTH SERVICES

- Evaluation and management services and routine care for older patients, or those with chronic illnesses
(All CPT codes located in Appendix P of the CPT manual including new and outpatient office visit codes)
- Dental (Informational Bulletin 20-11)
- Licensed Mental Health Practitioners (Informational Bulletin 20-6)
- Outpatient Substance Use Disorder Treatment (Informational Bulletin 20-7)
- Mental Health Rehabilitation (Informational Bulletin 20-4)

COVERED TELEMEDICINE/TELEHEALTH SERVICES

- Physical, Occupational and Speech Therapy
- Applied Behavioral Analysis

PT	OT	ST	ABA
97161	97165	92507	97155
97162	97166	92508	97156
97163	97167	92521	
97164	97168	92522	
97110	97530	92523	
G0151	G0152	92524	
		G0153	

UNINSURED TESTING SERVICES

- Effective 3/18/2020, LDH will reimburse for COVID-19 testing of the uninsured.
- Reimbursement for the uninsured will be at the all-inclusive prospective payment rate on file for the date of service.
- In order to obtain reimbursement for the lab codes, an evaluation and management service must be provided and approved.
- All claims for the COVID-19 uninsured requires an approved COVID-19 diagnosis code. A diagnosis code must be included on each line including the header line (e.g., T1015).
- Claims with just a COVID-19 lab code and an encounter (e.g., T1015) will deny.

UNINSURED TESTING SERVICES

- Valid COVID-19 procedures for uninsured individuals is as follows:

COVID 19 Procedure	COVID 19 Effective Date
U002	3/18/2020 - 4/20/2020
U003	4/14/2020
U004	4/14/2020
T1015	3/18/2020
87635	4/20/2020
99201- 99205	3/18/2020
99211- 99215	3/18/2020
99281- 99285	3/18/2020

UNINSURED TESTING SERVICES

- Valid COVID-19 diagnosis codes for uninsured individuals is as follows:

COVID 19 Diagnosis	COVID 19 Effective Date
U0071	4/01/2020
Z1159	3/18/2020
Z03818	3/18/2020
Z20828	3/18/2020

COVID-19 REIMBURSEMENT CRITERIA

- For use of an audio-only system, the same standard of care must be met and the need and rationale for employing an audio-only system must be documented in the clinical record.
- There are no formal limitations on the originating site including the patient's home. There is also no formal limitation to the distant site, as long as the same standard of care is met.
- Providers must use a HIPAA-compliant platform or one that meets HHS-OCR requirements and adhere to all telemedicine/telehealth-related requirements for professional licensing boards.

COVID-19 REIMBURSEMENT CRITERIA

- Providers must indicate place of service 02 and use modifier 95 on the header and on all detailed service lines for the claim.
- Reimbursement will be at the all-inclusive prospective payment rate on file for the date of service.
- Reimbursement will be for the distant site only.



CLAIMS EXPERIENCE



CLAIMS EXPERIENCE

- Telehealth utilization has increased significantly during COVID
- Prior to March 2020, approximately 5,000 services were provided via telehealth each month
 - Mainly physicians and nurse practitioners providing services via telehealth
- From March 2020 through August 2020, approximately 400,000 services were provided via telehealth each month.
 - Behavioral health providers (MHR, LPC, LCSW), physicians, and nurse practitioners are the top 5 provider types



FUTURE CHANGES



FUTURE CHANGES

- Many unknowns at this time
 - Evaluating the path forward with the flexibilities including the requirement to have alternate sites enrolled in Medicaid without a corresponding Medicare reenrollment
 - Unsure when HHS OCR will roll back the flexibility around telehealth modality
- Open to discussing what might continue outside of COVID-19



QUESTIONS?



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COVID-19 RESOURCES

➤ State level resources

- [Louisiana Department of Health's COVID-19 Website](#)
- [Medicaid Updates for Providers](#)
- [Louisiana 211 Network](#)
- Social Media Updates:
 - [LDH Twitter](#)
 - [LDH Facebook](#)

➤ National level resources

- [Guidance from the Centers for Disease Control and Prevention](#)
- [Federal Government Response to COVID-19](#)
- Social Media Updates:
 - [CDC Twitter](#)
 - [CDC Facebook](#)