

This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of what has changed.

HHSC is performing a language update of Telehealth Services (Non-Physician Delivered Services) Medicaid medical policy to align with legislative changes outlined in S.B. 670 (86<sup>th</sup> Legislative Session, 2019).

The following is a summary of changes in scope for this policy review:

- Described each Texas Medicaid Managed Care Organization (MCO) has the flexibility to determine which services to reimburse as telemedicine services.
- Added MCOs may not deny reimbursement for an otherwise covered Texas Medicaid benefit solely because it was delivered remotely, per S.B.670

All other policy language is out of scope for this review, however policy language that is out of scope for this review is included in this document for context. New policy language has been underlined and deleted language has been struck-through to highlight proposed policy changes.

Note: The current language regarding the Telemedicine Services benefit can be found in the Texas Medicaid Provider Procedures Manual (TMPPM), Vol 2: Telecommunications Handbook, Section 3.3.

Texas Medicaid

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## Telehealth Services (Non-Physician-Delivered Services)

### Statement of Benefits

- 1 Telehealth services are a benefit of Texas Medicaid. Telehealth services are defined as healthcare services, other than telemedicine medical services, delivered by a health professional licensed, certified or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.
- 2 Telehealth services must be provided in compliance with standards established by the respective licensing or certifying board of the professional providing the services. Use of telehealth services within intermediate care facilities for individuals with intellectual disabilities (ICF-IID) and/or State Supported Living Centers is subject to the policies established by the Health and Human Services Commission (HHSC).

- 3 Texas Medicaid Managed Care Organizations (MCOs) have flexibility in determining which services to reimburse as telehealth services. Providers should contact each Medicaid MCO to determine coverage policies for telehealth services.

## **Patient Site**

- 4 A patient site is where the patient is physically located.
- 5 A patient's home may be a patient site for telehealth services.

## **Distant Site**

- 6 A distant site is the location of the Texas Medicaid provider rendering the service.
- 7 A distant site provider is the health professional licensed, certified, or otherwise entitled to practice in Texas who uses telehealth services to provide health care services to a patient in Texas.
  - 7.1 Distant site providers who provide mental health services must be appropriately licensed or certified in Texas, or be a qualified mental health professional-community services (QMHP- CS), as defined in 25 Texas Administrative Code §412.303(48).
- 8 Distant site providers must be enrolled in Texas Medicaid to be eligible for reimbursement for telehealth services.
- 9 Licensed psychological associates (LPAs), provisionally licensed psychologists (PLPs), post-doctoral psychology fellows, and pre-doctoral psychology interns under psychologist supervision may also deliver telehealth services. All requirements outlined in the Outpatient Mental Health Services Medical Policy must be met.
- 10 The distant site provider must obtain informed consent to treatment from the patient, patient's parent, or the patient's legal guardian prior to rendering a telehealth service.
- 11 Distant site providers should meet all other telehealth service requirements specified in Texas Occupations Code Chapter 111.

## **School-Based Telehealth Services**

- 12 Telehealth services delivered to children in school-based settings are a benefit of Texas Medicaid.
- 13 A school-based setting is defined in Texas Government Code §531.02171(b) as a school district or an open enrollment charter school.
- 14 Occupational therapists and speech-language pathologists may be reimbursed for telehealth services delivered to children in school-based settings.
  - 14.1 Reimbursement is only available when the patient site is a

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school-based setting.

- 14.2 Children receiving these services must be eligible for them through the Texas Health Steps (THSteps) Comprehensive Care Program (CCP).
  - 14.3 All medical necessity criteria and prior authorization requirements for in-person occupational therapy (OT) and speech therapy (ST) services outlined in the Physical, Occupational, and Speech Therapy - Children (Acute and Chronic) Medical Policy apply when these services are delivered as telehealth services to children in school-based settings.
  - 14.4 Services provided to a patient on public school or open-enrollment charter school premises are only permitted when delivered before or after school hours.
- 15 All other prior authorization, reimbursement, and billing guidelines outlined in the Physical, Occupational, and Speech Therapy - Children (Acute and Chronic) Medical Policy that are applicable to in-person services also apply when OT and ST services are delivered as telehealth services.
- 16 Licensed clinical social workers (LCSWs), licensed professional counselors (LPCs), licensed marriage and family therapists (LMFTs), and psychologists may be reimbursed for telehealth services delivered to children in school-based settings.
- 16.1 Children receiving these services must be eligible for them through the Texas Health Steps (THSteps) Comprehensive Care Program (CCP) or through SHARS.

### **SHARS Telehealth Services**

- 17 Schools that participate in the School Health and Related Services (SHARS) may be reimbursed for telehealth OT and ST services delivered to children in school-based settings.
- 17.1 Children who are eligible for OT and ST through SHARS may receive additional therapy through THSteps-CCP if medical necessity criteria is met as outlined in the Physical, Occupational, and Speech Therapy - Children (Acute and Chronic) Medical Policy.
  - 17.2 OT and ST services provided by school districts through SHARS can be delivered during school hours.

### **ECI Telehealth Services**

- 18 Telehealth services delivered to children who are eligible for the Early Childhood Intervention (ECI) Program and Texas Medicaid are a benefit.

### **Telehealth Service Delivery Modalities**

- 19 The following modalities may be used to deliver telehealth services within fee-for-service (FFS) Medicaid:

- 19.1 Synchronous audiovisual interaction between the distant site provider and the patient in another location.
  - 19.2 Asynchronous store and forward technology, including asynchronous store and forward technology in conjunction with synchronous audio interaction between the distant site provider and the patient in another location. The distant site provider would need to use:
    - 19.2.1 Clinically relevant photographic or video images, including diagnostic images, or
    - 19.2.2 The patient's relevant medical records, such as medical history, laboratory and pathology results, and prescriptive histories, or
  - 19.3 Other forms of audiovisual telecommunication technologies that allow the distant site provider to meet the in-person visit standard of care.
- 20 A health benefit plan, including a Texas Medicaid MCO, is not required to provide reimbursement for telehealth services that are provided through only synchronous or asynchronous audio interactions, including:
- 20.1 An audio-only telephone consultation, or
  - 20.2 A text-only email message, or
  - 20.3 A facsimile transmission.
- 21 Texas Medicaid MCOs may optionally provide reimbursement for telehealth services that are provided through only synchronous or asynchronous audio interactions. Distant site providers should contact each MCO to determine whether an MCO provides reimbursement for a specified modality.

### **Provider Type(s)**

Early Childhood Intervention

SHARS

Licensed Professional Counselor/Licensed Marriage and Family Therapist

Licensed Clinical Social Worker (LCSW) Psychologists

Registered Nurse/Nurse Midwife

Occupational Therapist

Home Health Agency

CCP Provider (Dietician, Occupational Therapy, Speech Therapy) Psychology Group

### **Places of Service**

Office

Home

Inpatient Hospital

Outpatient Hospital

Other Locations

**Table A: Places of Service—Provider Types—Telehealth**

Site	Provider Type	Place of Service
Distant	SHARS, Occupational Therapist, Home Health Agency, CCP Provider	Home
Distant	SHARS, Home Health Agency	Other
Distant	Early Childhood Intervention	Office, Home, Other
Distant	Registered Nurse/Nurse Midwife	Office, Outpatient Hospital
Distant	Licensed Professional Counselor/Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, CCP Provider	Office, Outpatient Hospital, Other
Distant	Psychologists, Psychology Group	Office, Inpatient Hospital, Outpatient Hospital, Other

## Authorization Requirements

- 22 Authorization is not required for telehealth services; however prior authorization may be required for the individual procedure codes billed. Refer to the individual procedure policy for prior authorization requirements.
- 23 For Occupational and Speech Therapy services, procedure codes 92521, 92522, 92523, 92524, 97165, 97166, and 97167 (initial evaluations) do not require prior authorization as applicable per the Physical, Occupational, and Speech Therapy - Children (Acute and Chronic) Medical Policy apply when services are delivered as telehealth services.
- 24 For Occupational and Speech Therapy services, procedure codes 92507, 92508, 97150, 97168, 97530, and S9152 require prior authorization as applicable per the Physical, Occupational, and Speech Therapy - Children (Acute and Chronic) Medical Policy apply when services are delivered as telehealth services. The Early Childhood Intervention - CCP Medical Policies prior authorization requirements apply, as appropriate to client eligibility, when services are delivered as telehealth services.
- 25 Prior authorization is not required for procedure codes 92507, 92508, or 97150 when services are delivered through SHARS.
- 26 Prior authorization is not required for procedure codes 92507, 92508,

92526, 92610, 97110, 97112, 97150, 97168, 97530, 97535, S9152, and T1027 when services are provided through the ECI program for reimbursement.

## Patient Health Information Security

- 27 The software system used by the distant site provider must allow secure authentication of the distant site provider and the patient.
- 28 The physical environments of the patient and the distant site provider must ensure that the patient's protected health information remains confidential.
  - 28.1 A parent or legal guardian may be physically located in the patient site or distant site environment during a telehealth service with a child.
  - 28.2 A parent or legal guardian must provide written or verbal consent to the distant site provider to allow any other individual to be physically present in the distant or patient site environment during a telehealth service with a child.
  - 28.3 An adult patient must also provide written or verbal consent to the distant site provider to allow any other individual to be physically present in the distant or patient site environment during telehealth service.
- 29 Providers of telehealth services must maintain the confidentiality of protected health information (PHI) as required by 42 CFR Part 2, 45 CFR Parts 160 and 164, Chapters 111 and 159 of the Texas Occupations Code, and other applicable federal and state law.
  - 29.1 Providers of telehealth services must also comply with the requirements for authorized disclosure of PHI relating to patients in state mental health facilities and residents in state supported living centers, which are included in, but not limited to, 42 CFR Part 2, 45 CFR Parts 160 and 164, Texas Health and Safety Code §611.004, and other applicable federal and state law.
- 30 All patient health information generated or utilized during a telehealth service must be stored by the distant site provider in a patient health record. If the distant site provider stores the patient health information in an electronic health record, the provider should use software that complies with the Health Insurance Portability and Accountability Act (HIPAA) confidentiality and data encryption requirements, as well as with U.S. Department of Health & Human Services (HHC) rules implementing HIPAA.

## Reimbursement

- 31 Telehealth services are reimbursed in accordance with 1 TAC Chapter

355.

32 Preventive health visits under Texas Health Steps (THSteps), also known as Early and Periodic Screening, Diagnosis and Treatment program, are not reimbursed if performed using telehealth services. Health care or treatment provided using telehealth services after a THSteps preventive health visit for conditions identified during a THSteps preventive health visit may be reimbursed. Services provided via a telehealth service for abnormalities identified during these preventive health visits are reimbursed separately to the distant site provider if an acute care evaluation and management procedure code is billed.

33 Procedure codes 92507, 92508, 92521, 92522, 92523, 92524, 97150, 97165, 97166, 97167, 97168, 97530, or S9152 are reimbursed when rendered as telehealth services to children eligible for THSteps-CCP. The patient site must be a school-based setting in order for the distant site provider to be eligible for reimbursement of these services.

34 Procedure codes 92507, 92508, 92521, 92522, 92523, 92524, 97150, 97165, 97166, 97167, or 97530 are reimbursed when rendered as telehealth services to children eligible for services through SHARS. The patient site must be a school-based setting in order for the distant site provider to be eligible for reimbursement of these services.

35 Procedure codes 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92610, 97110, 97112, 97150, 97165, 97166, 97167, 97168, 97530, 97535, S9152, and T1027 are reimbursed when rendered as telehealth services through the ECI program.

36 Providers enrolled in Texas Medicaid may be reimbursed for telehealth services by billing with their individual NPIs or TPIs.

37 More than one medically necessary telehealth service may be reimbursed for the same date of service and the same place of service, if the services are billed by providers of different specialties.

38 Texas Medicaid MCOs cannot deny reimbursement for a covered health care service or procedure delivered by a health care provider with whom the MCO contracts solely because the covered service or procedure is delivered via telecommunications.

38.1 Texas Medicaid MCOs must determine whether to reimburse for telehealth services based on the cost-effectiveness and clinical-effectiveness of the service.

## **Telehealth Service Documentation Requirements**

39 Medical records must be maintained for all telehealth services.

40 Documentation for a telehealth service must be the same as for a

comparable in-person service.

41 If a patient has a primary care provider (PCP) and the patient or their parent or legal guardian provides consent to a release of information, a distant site provider must provide the PCP with the following information:

41.1 A medical record or report with an explanation of the treatment provided by the distant site provider, and

41.2 The distant site provider's evaluation, analysis, or diagnosis of the patient

42 Providers of mental health services are not required to provide the patient's PCP with a treatment summary.

43 ECI providers are not required to provide the patient's PCP with a treatment summary

## Procedure Codes

### Distant Site Provider Procedure Codes

44 The following procedure codes are benefits for distant site providers when billed with the 95 modifier (Synchronous telehealth service rendered via a real-time interactive audio and video telecommunications system). Procedure codes that indicate remote (telehealth service) delivery in their description do not need to be billed with the 95 modifier.

45 Procedure codes 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92610, 97110, 97112, 97150, 97165, 97166, 97167, 97168, 97530, 97535, and S9152 should also be billed with the following modifier(s):

45.1 Modifier GO for OT services

45.2 Modifier GN for ST services

45.3 Modifier AT for acute OT or ST services

45.4 Modifiers GP, GO, and GN are required on all claims except when billing evaluation and re-evaluation procedure codes. The AT modifier must be included on claims for acute therapy services.

46 Procedure code T1027 should be billed with the U1 modifier.

Procedure Code
1-90791
1-90792
*1-90832
*1-90833



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<b>Procedure Code</b>
*1-90834
*1-90836
*1-90837
*1-90838
1-90951
1-90952
1-90954
1-90955
1-90957
1-90958
1-90960
1-90961
1-92507
1-92508
1-92521
1-92522
1-92523
1-92524
1-92526
1-92610
1-97110
1-97112
1/C-97150
1/C-97165
1/C-97166
1/C-97167
1/C-97168
1/C-97530
1-97535
1-97802
1-97803
1-97804
1-99201
1-99202
1-99203

Procedure Code
1-99204
1-99205
1-99211
1-99212
1-99213
1-99214
1-99215
3-99241
3-99242
3-99243
3-99244
3-99245
3-99251
3-99252
3-99253
3-99254
3-99255
1-S9152
1-S9470
1-T1027

**NOTE:** Procedure codes for behavioral health services are subject to the benefits, diagnosis restrictions, and limitations as outlined in the Inpatient Behavioral Health and Outpatient Mental Health Services policies. Procedure codes 1-90833, 1-90836, and 1-90838 are add on codes and must be billed with a primary physician evaluation and management code in order to be reimbursed.

### **Patient Site Provider Procedure Codes**

47 A facility fee is not reimbursed to telehealth service patient site providers.