Texas Medicaid posted draft policy language updates to the Telehealth Services policy to include the following provision of S.B. 670: A Medicaid Managed Care Organization cannot deny reimbursement for a covered health care service or procedure delivered by a health care provider with whom the managed care organization contracts to a Medicaid recipient as a telehealth service solely because the covered service or procedure was not provided through an in-person consultation. The draft policy was posted for public comment between June 15, 2020 and June 29, 2020. During this period, HHSC received 211 comments from stakeholders. A summary of comments received and HHSC’s responses follow.

1. Three stakeholders recommended adding CPT codes 90846 and 90847 to the list of procedure codes allowed for telehealth behavioral health services

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy. As required by S.B. 670, a Medicaid managed care organization (MCO) must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth and cannot deny reimbursement solely because the service is delivered remotely.

2. Twenty-nine stakeholders recommended allowing audio-only telehealth services for Medicaid recipients.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy. MCOs may optionally reimburse for telehealth services provided via synchronous or asynchronous audio interactions, including audio-only telephone consultations, text-only email messages, or a facsimile transmission. MCOs will be required to disseminate telehealth modality coverage information to contracted providers and Medicaid members.

3. Three stakeholders recommended adding Advanced Practice Registered Nurse (APRN) as a provider type to the Telehealth Services policy.

HHSC Response: APRNs are a provider type of Telemedicine Services. HHSC agrees to amend the Telemedicine policy to clarify APRNs of all subtypes are authorized providers of telemedicine medical services.
4. Twelve stakeholders shared personal stories supporting telehealth services and recommended continuing to reimburse for telehealth services made available in response to COVID-19.

HHSC Response: HHSC thanks the stakeholders for the feedback. The scope of this medical policy review is limited to incorporating the requirements from S.B. 670. As required by S.B. 670, a Medicaid MCO must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth. Medicaid MCOs cannot deny reimbursement for an otherwise covered benefit solely because the benefit was delivered via telecommunications. HHSC will further review and consider additional procedure codes for delivery via telehealth as part of a future comprehensive review of the Telehealth Services policy.

5. One stakeholder asked HHSC to clarify in which modifier-space the 95 modifier should be placed when billing for a telehealth service.

HHSC Response: The modifier 95 should go in space 24D of the CMS 1500 claim form. Modifier 95 indicates that the service was delivered via telehealth.

6. Four stakeholders recommended adding physical therapists as a provider type in the Telehealth Services policy.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy. As required by S.B. 670, a Medicaid MCO must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth.

7. Over forty stakeholders expressed concern that physical therapists (PTs) are excluded from the occupational therapy and speech therapy school-based telehealth benefit. Stakeholders recommend adding physical therapists as a provider type in school-based settings to the Telehealth Services policy.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy. The existing therapy benefit in the Telehealth Services policy emerged from S.B. 922, 85th Legislature, Regular Session, 2017. This bill required Medicaid to reimburse select health professionals rendering telehealth services to Medicaid clients in a school-based setting,
when provided by licensed, registered, or certified social workers, occupational therapists, speech language pathologists, licensed professional counselors, licensed marriage and family therapists, or licensed specialists in school psychology. As required by S.B. 670, a Medicaid MCO must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth, including physical therapy for clients in a school-based setting.

8. Two stakeholders recommended adding Speech Language Pathologists and Occupational Therapists as provider types (outside of the school-based setting) to the Telehealth Services Policy.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy. As required by S.B. 670, a Medicaid MCO must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth.

9. Several stakeholders requested adding physical therapy, psychological testing, wheelchair assessments, Mental Health Rehabilitation, and Targeted Case Management procedure codes to the Telehealth Services Policy.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy. As required by S.B. 670, a Medicaid MCO must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth.

10. Seventeen stakeholders pointed out that the draft Telehealth Services policy omitted the following provision of S.B. 670: The commission shall ensure that a Medicaid Managed Care Organization: (2) does not limit, deny, or reduce reimbursement for a covered health care service or procedure delivered by a health care provider with whom the MCO contracts to a Medicaid recipient as a telemedicine medical service or a telehealth service based on the health care provider's choice of platform for providing telehealth services. Stakeholders recommended adding language related to this provision to the policy.

HHSC Response: HHSC agrees to add the following language to the Telehealth Services policy: Texas Medicaid MCOs cannot limit, deny, or reduce reimbursement for a covered health care service or procedure
delivered by a health care provider with whom the MCO contracts to a Medicaid recipient as a telemedicine medical service or a telehealth service based on the health care provider's choice of platform for providing telehealth services.

12. One stakeholder requested HHSC add diagnostic tests for Autism Spectrum Disorder to the Telehealth Services policy.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy. As required by S.B. 670, a Medicaid MCO must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth.

13. One stakeholder requested HHSC create a list of procedure codes not covered by MCOs when delivered via telehealth.

HHSC Response: HHSC declines to revise the policy in response to this comment. Creating and maintaining an exclusionary list would impede an MCO’s autonomy to reimburse for remote delivery of any medically necessary Medicaid benefit, as granted by S.B. 670.

14. One stakeholder suggested the language related to MCO reimbursement for telehealth services is too broad and recommends adding additional language to the amendment that ensures the service is delivered in accordance with the law and HHSC policies. The same stakeholder suggests amending the telemedicine-telehealth addendum to the Uniform Managed Care Contract to require MCOs to provide members and providers with information on coverage of telehealth services.

HHSC Response: HHSC agrees to add language to the Telehealth Services policy to ensure all telehealth services are provided in accordance with the law and contract requirements applicable to the provision of the same health care service provided in-person and to ensure MCOs provide their contracted providers and members information on telehealth coverage. HHSC will amend the telemedicine-telehealth addendum to the Uniform Managed Care Manual to require MCOs to provide members and providers with information on coverage of telehealth services.

16. Four stakeholders recommended certain behavioral health services, including psychotherapy and case management, be reimbursed through asynchronous delivery via telephone (audio-only) and text-only modalities.
HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy. MCOs may optionally reimburse for telehealth services provided via synchronous or asynchronous audio interactions, including audio-only telephone consultations, text-only email messages, or a facsimile transmission. MCOs will be required to disseminate telehealth modality coverage information to contracted providers and Medicaid members.

18. Thirty-eight stakeholders recommended that HHSC require MCOs to not limit or reduce reimbursement for telehealth services.

HHSC Response: HHSC declines to revise the policy in response to this comment. Medicaid MCOs negotiate their own reimbursement rates with providers.

19. Five stakeholders suggested revising the "patient site" places of service for speech therapy and occupational therapy to include "home" in the Telehealth Services policy.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. Children who are eligible for Texas Health Steps Comprehensive Care Program (THSteps-CCP) or School Health and Related Services (SHARS) receiving speech therapy or occupational therapy via telehealth must be in a school-based setting in order for the distant site provider to be eligible for reimbursement for the services provided. As required by S.B. 670, a Medicaid managed care organization (MCO) must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth and cannot deny reimbursement solely because the service is delivered remotely. This includes services rendered to patients in other places of service than those listed in the policy.

20. Five stakeholders recommended adding modifiers U5 and UB to section 45 of the Telehealth policy.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. In addition, modifiers U5 or UB are not applicable to the existing speech therapy or occupational therapy benefit because the service may not be delivered by a therapy assistant.
21. A stakeholder asked if the billing provider is supposed to indicate the place of service of the patient or place of service of the provider when billing for telehealth services?

HHSC Response: The billing provider must indicate the place of service of the provider at the time the provider renders a telehealth service.

22. Two stakeholders recommended HHSC create and maintain a webpage for all MCO telehealth policies.

HHSC response: HHSC declines to create and maintain a webpage for MCO telehealth policies. Texas Medicaid MCOs are responsible for providing information about telehealth coverage to contracted providers and members.

23: Two stakeholders recommended adding language to the policy detailing how telehealth must be billed by provider type and MCO.

HHSC response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy.

24. A stakeholder recommended adding procedure code Q3014, a telehealth patient site facility fee, to the Telehealth Services policy.

HHSC response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy.

25. A stakeholder recommended adding Hospital as a place of service to the Telehealth Services policy.

HHSC response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. As required by S.B. 670, a Medicaid managed care organization (MCO) must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth and cannot deny reimbursement solely because the service is delivered remotely. This includes services rendered by providers in places of service other than those listed in the policy, including hospital. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy.
26. Several stakeholders suggested the language regarding MCO reimbursement for telehealth services is too broad.

HHSC Response: HHSC agrees to amend the policy language addressing MCO reimbursement for telehealth services to better reflect the language in S.B. 670.

27. A stakeholder recommended defining cost-effectiveness in the section of the policy that states MCOs may use cost-effectiveness as a factor to determine whether to reimburse for a telehealth service.

HHSC Response: HHSC declines to revise the policy in response to this comment. It is outside of the scope of the policy review to define cost-effectiveness.

28. Seventeen commenters recommended requiring all Medicaid MCOs to report to HHSC the methodology used to exclude a service from reimbursement thirty (30) days before the exclusion of such services takes effect and shall make that information available to Medicaid providers and clients.

HHSC Response: HHSC declines to revise the policy in response to this comment. Medicaid MCOs must consider reimbursement for a covered health care service or procedure delivered via telehealth by a health care provider whom the MCO contracts with using the following conditions outlined in the policy: medical necessity; clinical effectiveness; cost-effectiveness; the telehealth service is provided in accordance with the law and contract requirements applicable to the provision of the same health care service provided in person; and the use of telehealth promotes and supports patient-centered medical homes. Medicaid MCOs will be required to disseminate telehealth coverage information to contracted providers and Medicaid members.

29. Three commenters requested adding Federally Qualified Health Centers as a provider type to the Telehealth Services policy, per Senate Bill 670.

HHSC Response: To complete implementation of the provisions outlined in S.B. 670, HHSC intends to add Federally Qualified Health Centers as a provider type to the Telehealth Services policy.

30. Two stakeholders stated the Texas Administrative Code rule reference in section 7.1 of the policy (25 Texas Administrative Code §412.303 (48)) has since been updated to 26 Texas Administrative Code 301.303 (48).
HHSC Response: HHSC will update the Texas Administrative Code rule reference in section 7.1 of the Telehealth Services policy (25 Texas Administrative Code §412.303 (48)) to 26 Texas Administrative Code 301.303 (48).

31. A stakeholder recommended adding language in the policy related to special circumstances where a patient and provider lose connection and must finish the visit via telephone (audio-only).

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy.

32. Four commenters recommended adding Qualified Mental Health Professional-Community Services (QMHP-CS) as a provider type to the Telehealth Services policy.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy.

33. A commenter asked if schools mandate children stay home per COVID-19, will home be considered a school-based setting for speech therapists and occupational therapists delivering remote services to children at home?

HHSC Response: Yes, if a child’s local school district mandates children receive schooling remotely from home due to COVID-19, home will be considered a school-based setting for speech therapists and occupational therapists delivering remote services to children.

34. A commenter asked if other distant site locations include Federally Qualified Health Centers or Rural Health Centers?

HHSC Response: No, the place of service 'other locations' does not include Federally Qualified Health Centers or Rural Health Centers. For additional information on Place of Service (POS) coding, please refer to section 6.3.1.1 of the Texas Medicaid Provider Procedures Manual.

35. A commenter asked if MCOs can automatically deny reimbursement for services because there is unknown whether the service is cost-effective.
HHSC Response: No, a Medicaid MCO cannot deny reimbursement solely because it is unknown whether the service is cost-effective.

36. A commenter asked if providers can bill for synchronous audio-only services for receiving and reviewing images or videos.

HHSC Response: Images or video sent using asynchronous store and forward technology may be eligible for reimbursement for both Fee for Service Medicaid clients and MCO Medicaid clients. This includes asynchronous store and forward technology in conjunction with synchronous audio-only interaction between the distant site provider and the patient in another location.

37. A commenter suggested adding language to the policy stating MCOs may require prior authorization for services that Fee for Service Medicaid does not.

HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. Administrative procedures, such as prior authorization, may differ from traditional fee for service Medicaid and MCO to MCO.


HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy. As required by S.B. 670, a Medicaid MCO must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth. Medicaid MCOs may optionally reimburse for telehealth services provided via synchronous or asynchronous audio interactions, including audio-only telephone consultations, text-only email messages, or a facsimile transmission. MCOs will be required to disseminate telehealth modality coverage information to contracted providers and Medicaid members.

39. A commenter suggested that in accordance with Texas Occupations Code, Chapter 111, section 322.5, Telehealth, published November 2, 2018 (43 Tex Reg 7353), Physical Therapy should be included in the draft telehealth services policy.
HHSC Response: HHSC declines to revise the policy in response to this comment as it is out of scope for this review. HHSC will further review and consider this suggested revision as part of a future comprehensive review of the Telehealth Services policy. As required by S. B. 670, a Medicaid MCO must consider reimbursement for all medically necessary Medicaid-covered benefits delivered via telehealth.