Telehealth Services (Non-Physician Delivered)

Policy Comment Responses

The 14-day comment period for the Telehealth Services (Non-Physician Delivered) policy ended October 15, 2019. During this period, HHSC received comments from stakeholders. A summary of comments relating to the proposed policy and HHSC’s responses follow.

Comment: A couple commenters asked if the distant site location is all inclusive, and whether the provider can be located at a home office, office, or other secure/confidential place.
Response: Distant site ECI providers will be eligible for reimbursement when they deliver services from an office, home, or other setting. The one-digit local place of service codes and the two-digit national place of service codes are also included in Texas Medicaid Provider Procedures Manual (TMPPM) Vol. 1, Sec. 6.3.1.1.

Comment: A commenter suggested including S9152 (Speech Re-evaluation), T1027 (SST), and T1017 (TCM) for reimbursement as telehealth services and noted that these codes do not require prior authorization.
Response: Codes S9152 and T1027 do not require prior authorization when services are reimbursed through the ECI program, as specified in new paragraph 25 of the Telehealth Services Medical Policy. At this time, code T1017 (mental health and ECI targeted case management) is not being added for reimbursement when services are remotely delivered.

Comment: A commenter stated that T1027 (SST) and T1017 (TCM) should be included for reimbursement. Currently, TCM via the telephone is reimbursed by Medicaid. Telehealth is an even more family-friendly way to provide TCM services, and therefore it should be billable via synchronous audiovisual interactions. ECI TAC §108.403(1) states that Case Management services can be provided via telehealth. ECI TAC §108.1004 states that the IFSP meeting may be conducted by a method other than face-to-face if: (1) approved by the parent; (2) the contractor has a plan approved by HHSC for conducting annual IFSP meetings by a method other than face-to-face when appropriate for the child and family; and (3) the contractor documents how the LPHA's observations and conclusions of the re-evaluation of the child were communicated and incorporated into the IFSP. Each of these services provided by telehealth increases the ability to provide medically necessary and appropriate services in a family-centered approach.
Response: HHSC appreciates the comment. Procedure code T1017 was excluded from the scope of the current medical policy review. This procedure code is still being considered for reimbursement when services are remotely delivered. It is also used to reimburse for mental health targeted case management (TCM). Both mental health TCM and ECI TCM will be considered simultaneously for reimbursement when services are remotely delivered.

Comment: A commenter stated that providing information to the PCP is not a requirement for in-person ECI visits, why is this a requirement for telehealth services?
Response: HHSC accepts the comment. New paragraph 41 has been added to the Telehealth Services Medical Policy to specify that ECI providers are not required to provide the patient's PCP with a treatment summary.

Comment: A commenter expressed appreciation for the addition of ECI contractors of occupational and speech therapies and the addition of reimbursement of telehealth specialized skills training.
Response: HHSC appreciates the supportive comment and is looking forward to offering telehealth reimbursement to ECI contractors for occupational therapies, speech therapies, and specialized skills training.

Comment: A couple commenters recommended that applied behavioral analysis and provider delivering these services be added to the Telehealth Services Medical Policy.
Response: HHSC is currently reviewing public comments related to the draft Autism Services policy that was posted September 24 - October 7, 2019. That policy included the proposed addition of applied behavior analysis and the addition of licensed behavior analysts as eligible for enrollment with Texas Medicaid. As proposed, procedure codes 97151, 97155, 97156, 97158, and 99366 would be reimbursed when services were remotely delivered. Providers should indicate that remote delivery occurred using the 95 modifier. There is not a specific deadline by which HHSC expects to make final policy decisions and post responses to public comments on that draft policy. Final policy decisions, including those regarding the role of telehealth and the use of modifiers, will be available in the HHSC responses to public comments on that policy.

Comment: A couple commenters stated that they applaud the agency in taking this step in supporting service access and providers, but they wanted to note that it is critical that the agency continue to prioritize rebuilding and establishing a strong and supported statewide provider network. A fundamental component contributing to the success of the Texas ECI program is the unique modality and coaching model that practitioners can best optimize when they are in the family's home. Evaluation data of the program shows, when Texas ECI providers are able to support families in their natural environments children make meaningful progress toward their individualized goals, preparing them to be successful in school and life. For this reason, the commenters noted that telehealth should be utilized to supplement and not supplant ECI service provision in the natural environment. They implored the agency to continue to dedicate efforts to seeking methods by which to improve program structure to support and incentivize provider participation so that all eligible Texas children with developmental disabilities and delays can be served in their homes regardless of the county that they reside in.
Response: HHSC appreciates the comment. Telehealth delivery will offer ECI clients and contractors with greater flexibility in how services are delivered and increased ease of access. The ECI model, with its emphasis on delivering services in a child's natural environment, is especially conducive to remote delivery.

Comment: A commenter expressed appreciation that ECI contractors will be reimbursed for occupational therapy, speech therapy, and specialized skills training. The same commenter
expressed appreciation that school-based and SHARS telehealth services will be reimbursed as a benefit of Medicaid.

Response: HHSC appreciates the comment. Telehealth services provide an opportunity to increase access to needed medical services in convenient care settings. HHSC is continuing to consider additional services for reimbursement when remotely delivered as telehealth services.

Comment: A commenter recommended adding intensive behavior intervention (IBI, applied behavior analysis, or ABA) provided by a Licensed Behavior Analyst (LBA) to the Telehealth Services (Non-Physician Delivered) Policy to allow LBAs as a distant site provider to deliver telehealth services in a variety of settings.

Response: Please refer to the previous response concerning the use of telehealth services to deliver applied behavior analysis.

Comment: A commenter recommended that Family therapy CPT codes 90846, w/out patient and 90847, w/patient be added as billable codes under telehealth services.

Response: HHSC appreciates the comment. The scope of this medical policy review is limited to ECI services. HHSC will consider adding procedure codes 90846 and 90847 for reimbursement as telehealth services in a future review. As specified in S.B. 670 (86th Legislature, 2019), Medicaid managed care organizations (MCOs) now have greater flexibility in determining which services to cover as telemedicine or telehealth services. Some Medicaid MCOs may also opt to cover procedure codes 90846 and 90847 when services are remotely delivered.

Comment: A commenter recommended changing the following language “Prior authorization is not required for procedure codes…when services are reimbursed through the ECI program,” to “Prior authorization is not required for procedure codes…when services are reimbursed provided through the ECI program for reimbursement.”

Response: HHSC accepts the comment. Paragraph 25 has been updated to read, "Prior authorization is not required for procedure codes S9152, T1027, 92507, 92508, 92526, 92610, 97110, 97112, 97150, 97168, 97530, and 97535 when services are provided through the ECI program for reimbursement."

Comment: A commenter stated current ECI practice does not require ECI providers to provide a child’s primary care provider with information unless requested, and recommended adding “when requested” to align with current practice: “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 when requested.”

Response: HHSC accepts the comment. New paragraph 41 has been added to the Telehealth Services Medical Policy to specify that ECI providers are not required to provide the patient’s PCP with a treatment summary.

Comment: A commenter asked for clarity of the use of “1-“ in the procedure codes.
Response: The prefixes for the procedure codes in Table B indicate the type of service (TOS). TOS 1 is for medical services.

Comment: A commented asked if LPCs could do telehealth visits and if the location of the LPC have restrictions.
Response: Licensed professional counselors (LPCs) are eligible for reimbursement of telehealth services delivered from office, outpatient hospital, or other locations. LPCs are also eligible for reimbursement when delivering telehealth services to children in school-based settings.

Comment: A commenter stated qualified Licensed Psychological Associates achieved the right to practice independently without the supervision of a Licensed Psychologist. While Licensed Psychological Associates who have not yet met the qualifications for independent practice may be included in Paragraph 8, they believe that “Licensed Psychological Associates with Independent Practice” should be recognized and included among those providers in the list of Provider Types. The commenter believes that Licensed Psychological Associates with Independent Practice could be valuable assets as providers of Telehealth services, and that including them as providers would increase the availability of a range of services.
Response: Licensed psychological associates (LPAs), provisionally licensed psychologists (PLPs), post-doctoral psychology fellows, and pre-doctoral psychology interns under psychologist supervision may deliver telehealth services. All requirements outlined in the Outpatient Mental Health Services Medical Policy must be met. Since LPAs cannot individually enroll in Texas Medicaid, services should be billed using the supervising psychologist's Texas Medicaid Identifier (TPI) or National Provider Identifier (NPI), or the TPI or NPI of the legal entity employing the psychologist. Providers should indicate that remote delivery occurred using the 95 modifier.