Kentucky Telehealth Summit

Billing and Coding Webinar

January 14, 2020

3-4pm EST 2-3pm CST

Guest Speakers:

Brenda Edwards, Specialists in Coding and Billing Integrity

Teresa Cooper, Kentucky Primary Care Association

Special thanks to the Kentucky Office of Rural Health. Ernie Scott, Director and Kayla Combs, Rural Project Director who sponsors the annual Kentucky Telehealth Summit and manages the registration process for other programs.

This year's summit will be June 24 in Lexington. Registration will open in early Spring.

Agenda

- Introductions – Why are we here?
- Medicare and telehealth reimbursement
- Medicaid telehealth reimbursement
- Commercial Health Plan telehealth reimbursement in KY
- Questions/Comments/Next Steps

Telehealth from CMS Perspective

Brenda Edwards, CPC, CDEO, CPB, CPMA, CPC-I, CEMC, CRC, CPMS, CMRS, CMCS

Executive Managing Consultant

Specialists in Coding and Billing Integrity, Grain Valley, MO

Telehealth Facts

- Greatest hurdles are reimbursement and physician liability.
- Telehealth programs are especially critical in rural areas
  - Residents can face long distances particularly for specialized providers.
- In rural communities, nearly half of health centers utilized telehealth for services outside the clinic.

Provider telemedicine has risen to 71%

- 16 million telemedicine visits in 2015

Know Your Resources

Ky.gov An Official Website of the Commonwealth of Kentucky

CHFS | KENTUCKY Cabinet for Health and Family Services

Services Agencies News Contact Us

CHFS › Agencies › Office of Health Data and Analytics › Telehealth Program

OFFICE OF HEALTH DATA AND ANALYTICS

Telehealth Program

What It Is

The Telehealth Program is a new state program in the Office of Health Data and Analytics dedicated to assisting telehealth providers by promoting, advocating and supporting telehealth adoption across the commonwealth.

The program provides a repository of information and resources including state telehealth laws, policies and guidelines; answers to frequently asked questions; educational materials and webinars; statewide telehealth services directory; publications and journals; links to associations, organizations and professional licensure

The Kentucky Telehealth Program is inviting individuals to serve on four workgroups that will begin in February - Kentucky Telehealth Program - Subject Matter Workgroups.pdf

Save the Date - Telehealth Summit 2020
June 24, 2020 at Embassy Suites in Lexington

Telehealth Billing - Use 02 on 1500 Claim Form, Line 24B to denote a telehealth service; modifier not needed at this time.

See these pages for more Telehealth content

Laws, Policy and Guidelines

Resources and Education

News and Innovation

Additional Information

Medicaid Telehealth Laws

- 907 KAR 3:170E - Emergency Reg
- 907 KAR 3:170 - Amended After Comments Filed 9 13 19 - PENDING APPROVAL
- 1500 Claim Form Coding Policy
- ADA Claim Form Coding Policy
- KRS 205.532 - Medicaid Credentialing of Health Care Providers
- 907 KAR 1:054 -Coverage Provisions and Requirements Regarding FQHC, FQHC look-alike services and primary care center services
- 907 KAR 1:055 - PCC, FQHC, FQHC look-alike and RHC Reg

Medicare Telehealth Laws

- Fact Sheet - Telehealth
- Fact Sheet - Rural Health Clinic
- Fact Sheet - Federally Qualified Health Center

Department of Insurance Laws

- KRS 304.17A-138 - Health Benefit Plans
- 806 KAR 17:270 - Telehealth Claim Forms and Records

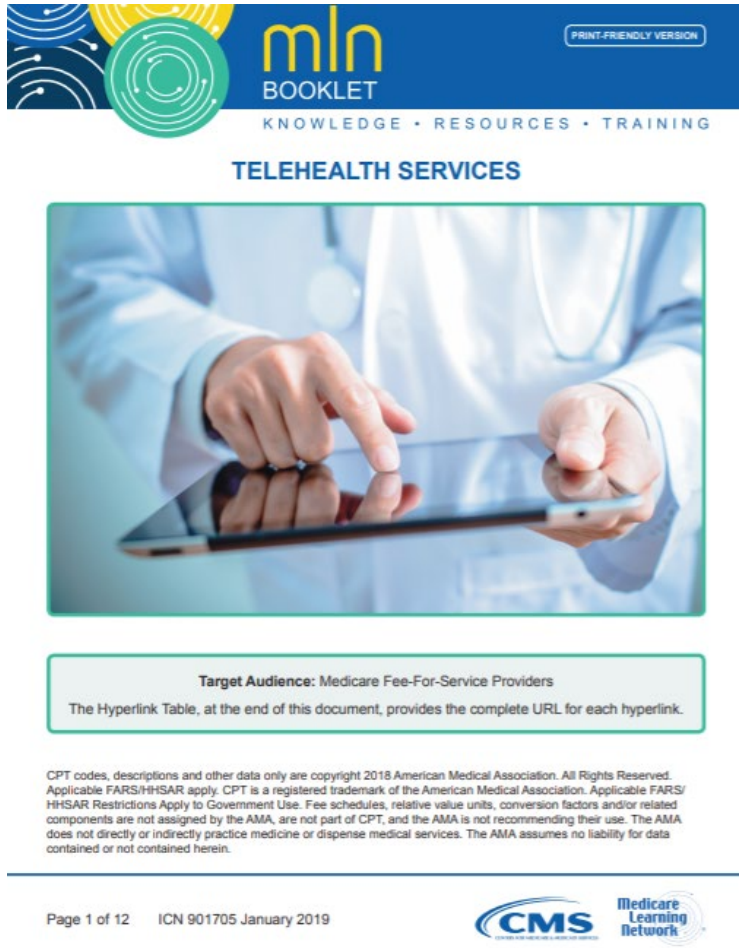
Frequently Asked Questions

- Health Benefit Plans

Contact Information

- Medicaid Services (502) 564-4321
- Aetna Better Health of Kentucky (855) 300-5528
- Anthem BC/BS (855) 690-7784
- Humana CareSource (855) 852-7005
- Passport Health Plan (800) 578-0603
- WellCare of Kentucky (877) 389-9457

Medicare Resources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PRINT-FRIENDLY VERSION
KNOWLEDGE • RESOURCES • TRAINING

TELEHEALTH SERVICES

Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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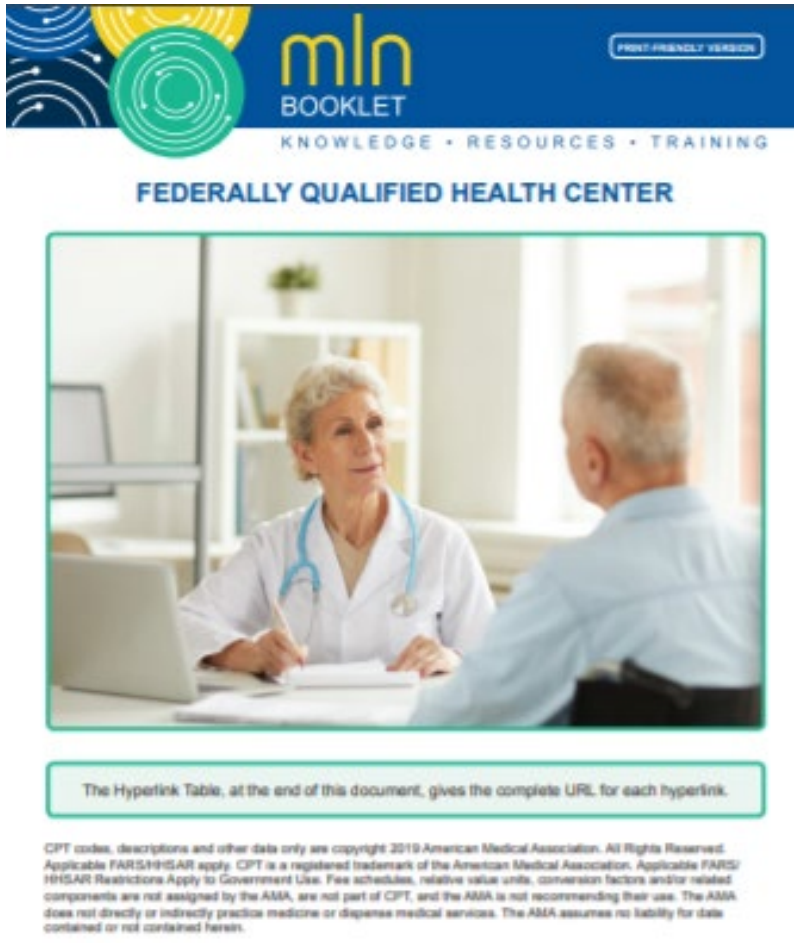
CMS Medicare Learning Network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FEDERALLY QUALIFIED HEALTH CENTER

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mln FACT SHEET
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RURAL HEALTH CLINIC

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Definition- Telehealth Services

As a condition of payment,

- Must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and at the originating site where the beneficiary is located.
  - Asynchronous “store and forward” technology, the transmission of medical information the physician or practitioner at the distant site reviews at a later time, is permitted *only* in Federal telemedicine demonstration programs in Alaska and Hawaii.

Originating (*Hosting*) Sites

- The location of an eligible Medicare beneficiary at the time the service furnished via a telecommunications system occurs.
- Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in:
  - A county outside of a Metropolitan Statistical Area (MSA) or
  - A rural Health Professional Shortage Area (HPSA) located in a rural census tract
- The Health Resources and Services Administration (HRSA) determines HPSAs, and the Census Bureau determines MSAs.
- As of 7/1/2019 geographic limitations were removed for telehealth services furnished to individuals diagnosed with a substance use disorder (SUD) for the purpose of treating the SUD or a co-occurring mental health disorder.
  - This allows telehealth services to be furnished to individuals at any telehealth originating site (other than a renal dialysis facility), including in a patient's home.
  - When the beneficiary's home is the originating site, no originating site fee is paid .

Originating Sites Authorized By Law

- Office's of physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs) and
- Community Mental Health Centers (CMHCs)

Independent renal dialysis facilities are not eligible originating sites

Place of Service Code	Location
11	Office
21/22/23	Hospital IP/OP/ED
50	FQHC
65	Renal Dialysis
31/32	Skilled Nursing Facility (SNF)
53	Mental Health Centers
72	Rural Health Center

Distant Site (*Performing*) Practitioners

Practitioners who may furnish and receive payment for covered telehealth services (subject to State law) are:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNS)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs).
  - CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare (90792, 90833, 90836, and 90838).
- Registered dietitians or nutrition professionals

Billing & Payment for Professional Services Furnished Via Telehealth

Submit claims for telehealth services using:

- The appropriate CPT or HCPCS code for the professional service.
- Place of Service (POS) 02:
  - The location where health services and health related services are provided or received, through telehealth telecommunication technology.
  - Effective 1/1/2018 POS 2 is used for all telehealth services under Medicare

OR

- Modifier
  - GQ - Services delivered via asynchronous telecommunications system (limited use).

- Check with other payors – if they allow telemedicine with E/M codes.
  - Modifiers may be necessary to identify the service was not in-person.

Billing & Payment for Professional Services Furnished Via Telehealth **CAH**

- As of January 1, 2018, distant site practitioners billing telehealth services under the CAH Optional Payment Method will submit institutional claims using the **GT** modifier.
- Bill the Medicare Administrative Contractor (MAC) for covered telehealth services.

  Medicare pays the appropriate amount under the Medicare Physician Fee Schedule (PFS) for telehealth services. If located in a CAH and reassigning billing rights to a CAH, electing the Optional Payment Method, the CAH bills the MAC for telehealth services, and the payment amount is 80 % of the Medicare PFS for telehealth services.

Billing and Payment For The *Originating* Site Facility Fee

- Originating sites are paid an originating site facility fee for telehealth services.
- Use HCPCS code Q3014.
  - Bill the MAC for the originating site facility fee, which is a separately billable Part B payment.
  - When a CMHC (Certified Mental Health Center) serves as an originating site, the originating site facility fee does not count toward the number of services used to determine payment for partial hospitalization services.

Site Designation

- Providers can ONLY bill one type of claim.
- Medicare does NOT allow a provider to be an Originating and a Distant site provider.
  - FQHCs are authorized to serve as an originating site *if* the FQHC is located in a qualifying area.
  - FQHCs are NOT authorized to serve as a distant site for telehealth consultation.
- Commercial payors are allowed to have their own rules. Providers need to verify with their contracted payors.

Code, Place of Service (POS), and Modifier Usage

	Code	POS	Modifier
Authorized originating (hosting) site where the patient is present	Q3014	POS that defines service	
Distant site where (performing) provider renders service (eg, E/M)	CPT Code for actual service provided	POS 2	
CAH for distant site providers (Critical Access Hospital) after 1/1/2018			GT
Demonstration Project (Alaska or Hawaii exception)			GQ

CMS CY 2020 Medicare Telehealth Services

Service	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406–G0408
Office or other outpatient visits	99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	99307–99310
Individual and group kidney disease education services	G0420–G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training	G0108–G0109
Individual and group health and behavior assessment and intervention	96150–96154
Individual psychotherapy	90832–90838
Telehealth Pharmacologic Management	G0459
Psychiatric diagnostic interview examination	90791–90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90963
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2–11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90964
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12–19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90965
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older	90966
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	90967
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 2–11 years of age	90968
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 12–19 years of age	90969
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	90970
Individual and group medical nutrition therapy	G0270, 97802–97804
Neurobehavioral status examination	96116
Smoking cessation services	G0436, G0437, 99406, 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	G0396, G0397
Annual alcohol misuse screening, 15 minutes	G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443
Annual depression screening, 15 minutes	G0444

CMS CY 2020 Medicare Telehealth Services

Service	HCPCS/CPT Code
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	G0446
Face-to-face behavioral counseling for obesity, 15 minutes	G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	99496
Advance Care Planning, 30 minutes	99497
Advance Care Planning, additional 30 minutes	99498
Psychoanalysis	90845
Family psychotherapy (without the patient present)	90846
Family psychotherapy (conjoint psychotherapy) (with patient present)	90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	99355
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)	99356
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)	99357
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	G0438
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	G0439
Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	G0508
Telehealth Consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	G0509
Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making	G0296
Interactive Complexity Psychiatry Services and Procedures	90785
Health Risk Assessment	96160, 96161
Comprehensive assessment of and care planning for patients requiring chronic care management	G0506
Psychotherapy for crisis	90839, 90840
Prolonged preventive services	G0513, G0514

A physician, NP, PA, or CNS must furnish at least one ESRD-related "hands on visit" (not telehealth) each month to examine the beneficiary's vascular access site.

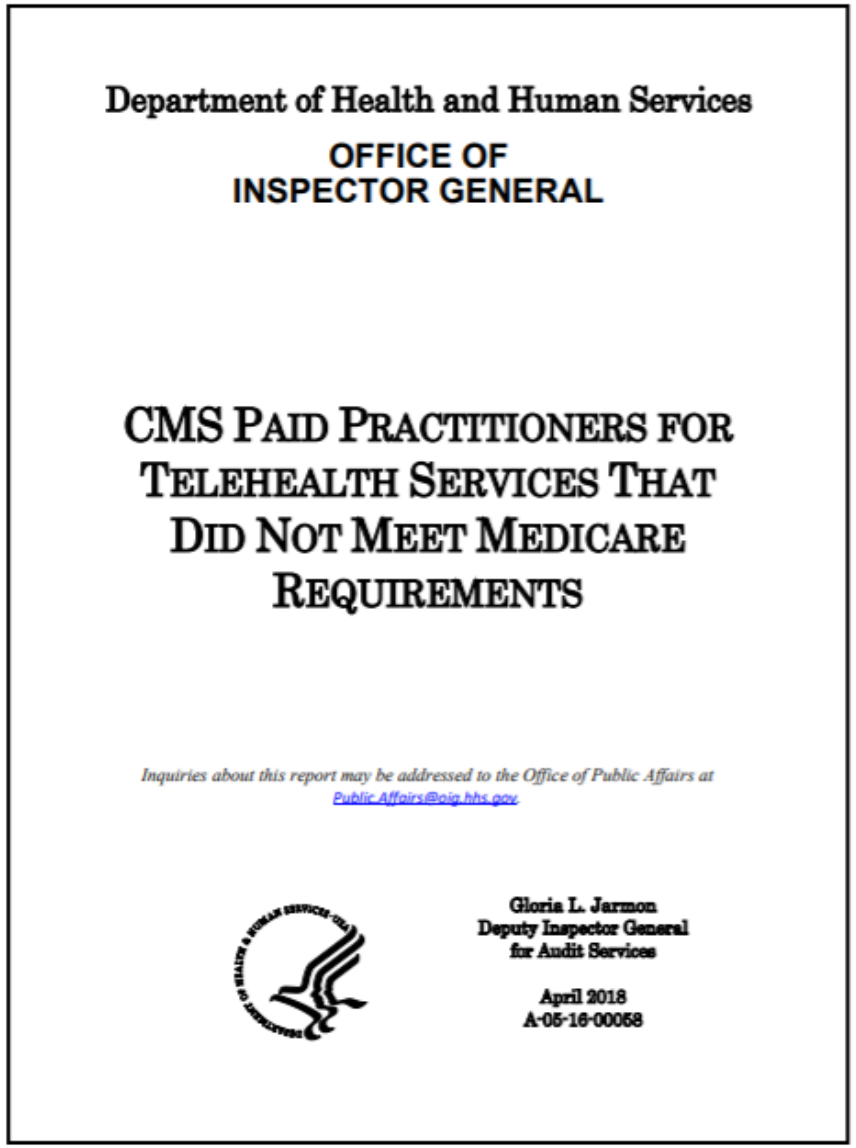
New for 2020 (Informational)

- G2086 Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.
- G2087 Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.
- +G2088 Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure).

Check local carrier for coverage

- Medicare Advantage (MA) Plans may offer more telehealth benefits than original Medicare.
  - These benefits will be available regardless of where patient is located, including home
  - Check with MA plans to verify what additional telehealth benefits are offered.

OIG Audits



Department of Health and Human Services

OFFICE OF
INSPECTOR GENERAL

CMS PAID PRACTITIONERS FOR TELEHEALTH SERVICES THAT DID NOT MEET MEDICARE REQUIREMENTS

Inquiries about this report may be addressed to the Office of Public Affairs at Public.Affairs@oig.hhs.gov.

Gloria L. Jarmon
Deputy Inspector General
for Audit Services

April 2018
A-05-16-00058

Report in Brief
Date: April 2018
Report No. A-05-16-00058

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

Why OIG Did This Review

Medicare paid a total of $17.6 million in telehealth payments in 2015, compared with $61,302 in 2001. Medicare telehealth payments include a professional fee, paid to the practitioner performing the service at a distant site, and an originating-site fee, paid to the facility where the beneficiary receives the service. A Medicare Payment Advisory Commission study of 2009 claims found that Medicare professional fee claims without associated claims for originating-site facility fees were more likely to be associated with unallowable telehealth payments. We analyzed 2014 and 2015 (our audit period) telehealth claims and found that more than half of the professional telehealth claims paid by Medicare did not have matching originating-site facility fee claims. Therefore, we focused our review on telehealth claims billed through a distant site that did not have a corresponding originating-site fee.

Our objective was to determine whether the Centers for Medicare & Medicaid Services (CMS) paid practitioners for telehealth services that met Medicare requirements.

How OIG Did This Review

We reviewed 191,118 Medicare paid distant-site telehealth claims, totaling $13.8 million, that did not have corresponding originating-site claims. We reviewed provider supporting documentation for a stratified random sample of 100 claims to determine whether services were allowable in accordance with Medicare requirements.

CMS Paid Practitioners for Telehealth Services That Did Not Meet Medicare Requirements

What OIG Found

CMS paid practitioners for some telehealth claims associated with services that did not meet Medicare requirements. For 69 of the 100 claims in our sample, telehealth services met requirements. However, for the remaining 31 claims, services did not meet requirements. Specifically:

- 24 claims were unallowable because the beneficiaries received services at nonrural originating sites,
- 7 claims were billed by ineligible institutional providers,
- 3 claims were for services provided to beneficiaries at unauthorized originating sites,
- 2 claims were for services provided by an unallowable means of communication,
- 1 claim was for a noncovered service, and
- 1 claim was for services provided by a physician located outside the United States.

We estimated that Medicare could have saved approximately $3.7 million during our audit period if practitioners had provided telehealth services in accordance with Medicare requirements.

The deficiencies that we identified occurred because CMS did not ensure that (1) there was oversight to disallow payments for errors where telehealth claim edits could not be implemented, (2) all contractor claim edits were in place, and (3) practitioners were aware of Medicare telehealth requirements.

What OIG Recommends and CMS Comments

We recommend that CMS (1) conduct periodic postpayment reviews to disallow payments for errors for which telehealth claim edits cannot be implemented; (2) work with Medicare contractors to implement all telehealth claim edits listed in the *Medicare Claims Processing Manual*; and (3) offer education and training sessions to practitioners on Medicare telehealth requirements and related resources.

CMS concurred with our recommendations.

The full report can be found at https://oig.hhs.gov/oas/reports/region5/51600058.

Medicare Takeaways

- Originating (hosting) site
  - Bill local Medicare carrier for originating site facility fee.
  - Bill Q3014 (Telehealth originating site facility fee to report facility payment).
  - Place of service that applies to the type of facility where the patient is located.
- Distant (performing) site
  - Place of Service is 2 (location where health services are provided or received through telecommunication technology).
  - Physician bill local Medicare carrier for covered telehealth services.
  - Only paid if services are not included in a bundled payment to the facility that serves as an originating site.

Medicare Takeaways

- Modifier GT (via interactive audio and video telecommunications system) use for CAH (Critical Access Hospital).
  - Distant site physician is certifying the patient was present at an eligible originating site when the telehealth service was provided.
  - No longer needed on all other claims as POS 2 certifies service meets telehealth requirements.
- Independent renal dialysis facilities are not eligible originating sites.
- Telecommunications system may substitute for an in-person encounter for emergency department or initial and follow-up inpatient consultations.
- Medicare A/B pay for reasonable and medically necessary IP/ED telehealth consultation services furnished to beneficiaries in hospitals or SNFs when all criteria are met.

Medicare Takeaways

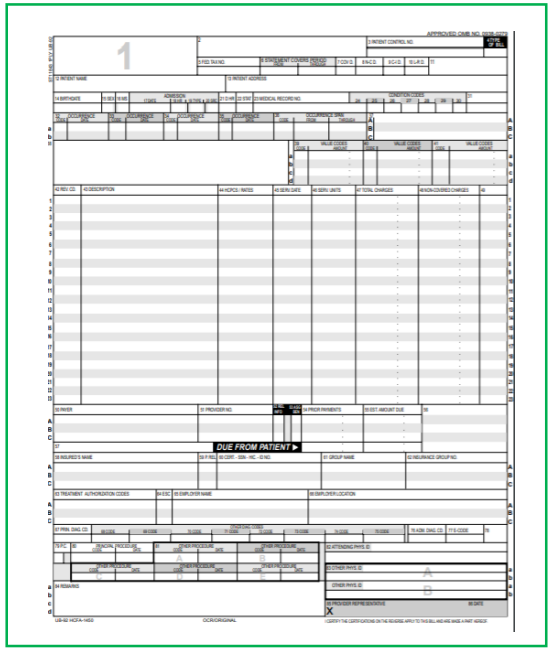
- Subsequent hospital care services are limited to one telehealth visit every 3 days.
- Subsequent nursing facility care services are limited to one telehealth visit every 30 days.
- Follow-up inpatient telehealth consultations must be billed with POS 2 to identify telehealth technology was used to provide the service.
- ESRD-related services included in monthly capitation payment (MCP) with 2 or 3 visits per month, and ESRD-related services with 4 or more visits per month, may be paid as Medicare telehealth services.
  - At least 1 visit must be furnished face-to-face “hands on” to examine vascular access site and documented in the medical record as such.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf

Claim Forms and Who Gets What…

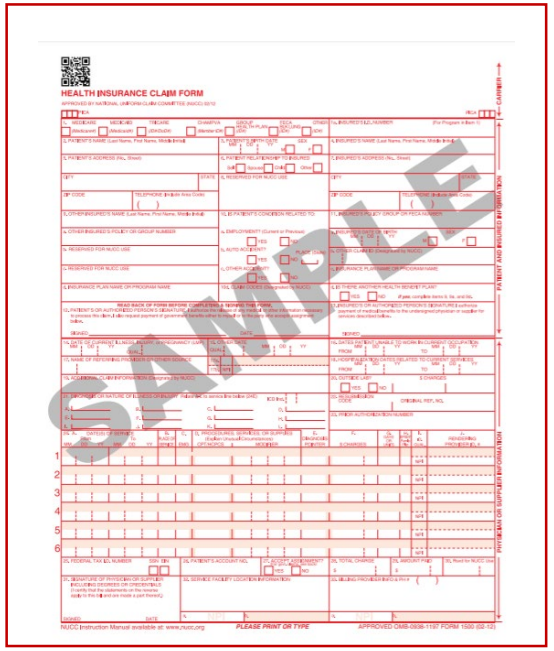
Originating Site (Hosting) Q3014

Technical fees



Distant Site (Performing) POS 2

Professional fees



	Code	POS	Modifier
Authorized originating (hosting) site where the patient is present	Q3014	POS that defines service	
Distant site where (performing) provider renders service (eg, E/M)	CPT Code for actual service provided	POS 2	
CAH for distant site providers (Critical Access Hospital) after 1/1/2018			GT
Demonstration Project (Alaska or Hawaii exception)			GQ

Claim Form Reminders

- The facility fee can only be billed by the facility where the patient is located (originating site).
- The facility fee is typically billed on the Uniform Bill (UB-92) form.
- The billing organization is the organization providing the facility rather than the clinician delivering the service.
- The facility fee is billed like other technical fees, (eg, lab draw or ECG fee).
- Excerpt from GA Medicaid:

Billing and payment for the originating site facility fee

Originating sites are paid an originating site facility fee for telehealth services as described by HCPCS code Q3014 with a payment of $20.52. Hospitals are eligible to receive reimbursement for a facility fee for telemedicine when operating as the originating site. Claims must be submitted with revenue code 780 (telemedicine) and type of bill 131. There is no separate reimbursement for telemedicine serves when performed during an inpatient stay, outpatient clinic or emergency room visit or outpatient surgery, as these are all-inclusive payments.

Questions from Medicare Providers

- Telemedicine: We are a group in Texas and are billing for the Technical Component (TC). The Professional Component (PC) will be done in Kentucky or Ohio (CGS jurisdiction). How do we need to enroll? The group will need to submit a CMS-855B using the address of the individual provider's in Kentucky or Ohio as the practice location addresses. The individual provider will need to complete a CMS-855I if they are not currently enrolled in KY or OH, and also complete a CMS-855R.
- **CMS Publication 100-08, Chapter 15, Section 15.5.20.1 states:**
  The reassignee (the group) must enroll in the contractor jurisdictions in which (1) it has its own practice location(s), and (2) the reassignor (the individual) has his or her practice location(s).
- In Case (2), the reassignee (the group):
  - Shall identify the reassignor's (the individual) practice location as its practice location on It's form CMS-855B
  - In Section 4A of it' CMS-855B, group shall select the practice location type as "Other Health care facility" and specify "Telemedicine location."
  - Need not be licensed/authorized to perform services in the reassignor's state.

https://cgsmedicare.com/medicare_dynamic/faqs/faqsb/display_faqs_j15b.aspx?id=67

Don’t Confuse With Telehealth

Virtual check-in

Remote patient monitoring

Interprofessional internet consultation

QUESTIONS

Brenda Edwards, CPC, CDEO, CPB, CPMA, CPC-I, CEMC, CRC, CPMS, CMRS, CMCS

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SCBI

Partners in Revenue Integrity

Telehealth

Kentucky Medicaid Reimbursement

Teresa Cooper, RN, CPC

KPCA
KENTUCKY PRIMARY CARE ASSOCIATION

Governing Authority

- **KRS 205.5591** ***Medicaid providers using telehealth – Duties of cabinet and managed care organizations – Reimbursement for covered services – Administrative regulations – Deductibles, copayment, and reinsurance requirements – Policies and guidelines***

- **907 KAR 3:170**
  Telehealth service coverage and reimbursement

- **Was filed as an Emergency Regulation and became an Ordinary Regulation on December 6, 2019.**

KPCA
KENTUCKY PRIMARY CARE ASSOCIATION

KRS 205.5591

- Must ensure the proper use and security for telehealth, including but not limited to confidentiality and data integrity, privacy and security – **HIPPA compliant**
- The telehealth provider must be licensed in Kentucky in order to receive reimbursement for telehealth services
- Reimbursement for a telehealth service shall be equal to the coverage for the same service provided in person unless the provider and Medicaid/MCO contractually agree to a lower reimbursement rate, or Medicaid establishes a different reimbursement rate
- Telehealth services may be subject to a deductible, copayment or coinsurance for the same service provided in person

KPCA
KENTUCKY PRIMARY CARE ASSOCIATION

KRS 205.5591

- **Shall not:**
  - Require a Medicaid provider to be physically present with a Medicaid recipient, unless the provider determines that it is medically necessary to perform those services in person
  - Require prior authorization, medical review, or administrative clearance for telehealth that would not be required if that service were provided in person
  - Require a Medicaid provider to be employed by another provider or agency in order to provide telehealth services that would not be required if that service were provided in person
  - Require demonstration that it is necessary to provide services to a Medicaid recipient through telehealth
  - Restrict or deny coverage of telehealth based solely on the communication technology or application used to deliver the telehealth service – **must be HIPPA compliant**
  - Require a Medicaid provider to be part of a telehealth network

KPCA
KENTUCKY PRIMARY CARE ASSOCIATION

907 KAR 3:170

- Must be medically necessary
- Place of service – anywhere the patient is located at the time of the telehealth service
  - Home
  - Office
  - Clinic
  - Workplace
  - School
- Telehealth Service
  - Event
  - Encounter
  - Consultation
  - Store and Forward Transfer (Asynchronous) – **for radiology services only**
  - Referral
  - Treatment
- Medicaid shall reimburse an eligible telehealth care provider for a telehealth service in an amount that is at least 100% of the amount paid for a comparable in-person service
- MCOs may establish a different rate for a telehealth reimbursement via contract
- Telehealth services shall be subject to cost sharing
- A medical record of the telehealth service must be maintained; and aa healthcare provider must have the capability of generating a hard copy of a medical record for a telehealth service

KPCA
KENTUCKY PRIMARY CARE ASSOCIATION

Billing Medicaid for Telehealth Services

- Medicaid does NOT currently limit to a list of billable codes for telehealth
- Place of Service Code 02 must be appended in 24B of the CMS 1500 form or corresponding electronic format

KPCA
KENTUCKY PRIMARY CARE ASSOCIATION

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KPCA
KENTUCKY PRIMARY CARE ASSOCIATION

Commercial Health Plans and the KY Dept of Insurance

- The word of the day…Parity
- Parity for providers, parity for services and parity for payment amount
- Anywhere within KY can be the Originating Site – Use a secure location
- KY Medicaid/Commercial Health Plan legislation – SB112 http://apps.sos.ky.gov/Executive/Journal/execjournalimages/2018-Reg-SB-0112-2550.pdf
- Kentucky Health Plan (DOI) legislation https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=48459 "…shall reimburse for covered services provided to an insured person through telehealth as defined in KRS 304.17A-005. Telehealth coverage and reimbursement shall be equivalent to the coverage for the same service…unless the telehealth provider and the health benefit plan contractually agree to a lower reimbursement rate…"
- Most Commercial Insurance Plans have developed their own proprietary telehealth platforms, especially for acute primary care/direct to consumer service

Helpful Resources

- KY Medicaid/Commercial Health Plan parity legislation http://apps.sos.ky.gov/Executive/Journal/execjournalimages/2018-Reg-SB-0112-2550.pdf
- KY Department of Insurance parity legislation https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=48459
- CURRENT - Kentucky Medicaid Telehealth Emergency Regulation - https://chfs.ky.gov/agencies/dms/Documents/907%20KAR%203_170_E.pdf
- PROPOSED - Kentucky Medicaid Telehealth Regulation – Filed but not enacted https://chfs.ky.gov/agencies/ohda/telehealth/907KAR3170AACfiled91319.pdf
- Medicare Telehealth fact sheet – https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf
- FQHC/Telehealth information on p.7 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf
- CMS Fact Sheet with 2019 telehealth rule changes – This document addresses the changes in the nearly 3000 page Physician Fee Schedule. The telehealth changes are included in this fact sheet. https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year
- RPM services supervision rule is less restrictive and CPT add-on code 99458 is added https://www.foley.com/en/insights/publications/2019/11/cms-finalizes-new-rpm-code-general-supervision
- Kentucky Cabinet for Health and Family Service's telehealth program has a great website for resources that you will want to view https://chfs.ky.gov/agencies/ohda/Pages/telehealth.aspx

Questions/Comments/Next Steps

Use the “Chat” feature in Zoom