
Expanded telemedicine Provider information session

April 6, 2020

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". "Health" is written in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned just above the "Authority" text, extending from the left side of the "H" in "Health" to the right edge of the "Authority" text.

Oregon
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What we're covering today

- Important resources and definitions
- Expanding coverage due to COVID-19
- Details about coverage changes
 - ✓ Modes of delivery
 - ✓ Location of services
 - ✓ Verbal consent
 - ✓ Documentation
 - ✓ Rates
 - ✓ Billing and codes
- Helpful links
- Next steps
- Questions?

Important Telemedicine Resources

- COVID-19 page for providers and health plans



This dedicated page includes guidance, updates, and references. Please check back often.

<http://bit.ly/hsdccovid19>

- **Have questions?** Please submit your questions during this webinar or send questions to covid.19@dhsoha.state.or.us. We will work quickly to post Q&A at site listed above.

Definitions

Telemedicine and **telehealth** are used interchangeably by the Oregon Health Authority.

Telemedicine and telehealth includes:

- Two-way video and audio communication
- Phone calls, whether billed using ordinary codes or specific telephone codes
- Services such as secure messaging provided through online tools such as provider portals.

In this presentation, we will use **telemedicine**.

Expanding telemedicine

OHA is expanding coverage of telemedicine and telephone services in light of the COVID-19 outbreak.

What does that mean?

- Licensed health care providers can provide and bill services provided through the use of telemedicine.
- Services must be performed within the provider's scope of practice as governed by their licensing board and, as applicable, provider qualifications described in OAR.

What's changing?

- Providers are allowed to use several modes of telemedicine delivery, including telephone.
- Telemedicine services are available for all conditions, not just those related to COVID-19.
- Both existing and new patients can use telemedicine services. This is true even for codes that say “*established patients.*”
- Payment parity will enable providers to increase capacity and accommodate telemedicine service delivery.

Modes of delivery

To make care more accessible during this emergency, the federal government is using enforcement discretion around **HIPAA privacy requirements**.

(Notification of Enforcement Discretion for Telehealth)

- Examples of communication platforms that can be used if a compliant platform is not available:
 - ✓ Apple FaceTime
 - ✓ Facebook Messenger
 - ✓ Google Hangouts
 - ✓ Zoom
 - ✓ Skype
- Public-facing applications like Facebook Live, Twitch and TikTok **should not** be used.

Location of services

- Now, providers can provide services from their own home or another setting that supports a private interaction.
- Restrictions have been removed so patients can receive services in a hospital, home, nursing home, or other location.



Verbal consent

- For both **new and established** patients, providers should get verbal consent for telemedicine services.
- Patients who receive online, video, or telephone services can **consent verbally**, as long as cost sharing is clearly disclosed.
- Requirements for language access, interpreter, and translation services **still apply** to telemedicine services.

Documentation

Document telemedicine the same as in-person services

Providers are expected to continue to document the services they are providing to the best of their abilities, including client responses, treatment plans and assessments.

- Refer to **Governor's Executive Order 20-12**, which encourages medical offices to engage in social distancing.
- Include **social distancing** as the reason for not having signatures in writing.
- You can try to gain written consent after the fact.

Standards for documentation remain the same

Medicaid and behavioral health program rules describe standards that providers are expected to adhere to when delivering services regardless of the modality.

(See OARs 410-172-0620, 309-019-0320)

Rates

Services delivered using a telemedicine (or telephone) platform will be paid at the same rate as an in-person service.

- CCOs have been directed to reimburse contracted providers for covered services at the same in-person rate.
- OHA has not directed CCOs to reimburse at the fee-for-service rate.
- Non-contracted providers will be reimbursed at the rate agreed to between the plan and the provider, or the OHP fee-for-service rate, whichever is higher.

Billing

Retroactive to January 1, 2020, telemedicine services are now eligible for payment during the COVID-19 pandemic when the service is:

Provided by a qualified nonphysician health care professional or physician or other professional qualified to perform evaluation and management services to a patient, parent, or guardian;

Not related to an assessment and management service provided within the previous 7 days; and,

Not related to an assessment and management service or procedure scheduled to occur within the next 24 hours or soonest available appointment.

Billing

Telemedicine coding requirements are **already** in existing rules and guidelines.

- See the [COVID-19 page for providers and health plans](#) for up-to-date guidance.
- Lists of physical health and behavioral health codes are also included in the [Provider Fact Sheet](#).
- Providers can bill for services within the scope of their license. HERC Guideline Note A5 will include a list of procedures appropriate for delivery by telemedicine. *A5 was updated this week.*
- Clinical value of service should reasonably approximate the value of in-person service.

Billing – COVID-19 codes

All Oregon Health Plan providers who submit professional (CMS-1500 or 837P) or institutional (UB-04 or 837I) claims need to add the following codes for each service related to COVID-19 prevention, identification, diagnosis or treatment:

CR

Enter modifier CR
(Catastrophe/Disaster)
for professional claims

DR

Enter condition code DR
(Disaster-Related) for
institutional claims

Please report these codes for COVID-19-related services in addition to any other codes required by your program-specific rules and guidelines for the services billed.

Billing – Physical health providers

- All telemedicine services should be billed using the **02 Place of Service**.
- You may bill for these services retroactive to **January 1, 2020**.
- Please allow up to **two weeks** for OHA to make system changes to support billing.



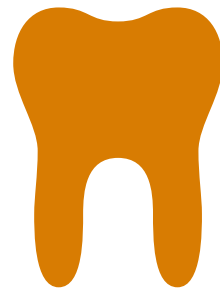
Billing – Behavioral health providers

- Please provide telemedicine services using audio-video platforms when able and utilize the **GT modifier**, for the codes identified on the behavioral health fee schedule.
- When the audio-video platform is unavailable or there is limited to no access, providers can offer services using the telephone using **Place of Service 02 without a modifier**.



Billing – Oral health providers

- Please provide teledentistry services including telephone calls with **audio-visual capability** and services such as Skype, FaceTime, or Google Hangouts if a HIPAA-compliant platform is not available.
- Reimbursement will be the same as for services provided in-person. **Place of Service 02** is required, but modifiers are not, as ADA forms cannot support them.



Billing - Special codes

Certain codes specify “telephone” or “digital online” evaluation and management not related to a recent/upcoming visit.



- **Telephone**
 - 99441-99443 Evaluation and Management (physician or qualified health professional)
 - 98966-98966 Telephone Assessment and Management (qualified nonphysician)

- **Online digital** (e.g. patient portal)
 - 99421-99423 Physician
 - 98970-98972 Nonphysician
 - G2061-G2063 Assessment and management

Billing - Quick check-in

G2012 can be used for quick check-ins by phone and video evaluation and management

What is it?

- Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services,
- Provided to a **patient*** not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

**The established patient requirement is not being enforced.*

Questions and answers

Can providers use only telephonic communications for treatment and billing purposes?

Telephonic communications can be used only if audio/video communications are not available, or are refused by patients. Providers should **use the richest, most secure platform** that is available to them and the patient.

How should providers handle release of information (ROI) via telemedicine?

If both parties consent, calls could be recorded as evidence. Oral consent to release of information is needed for safety reasons, and can be documented after reading the ROI language to the client. That could be followed up with a written version by mail. Provide a self-addressed stamped envelope. This gives an opportunity for the client to rescind or limit ROI.
(If taken, these steps should be documented.)

Questions and answers

What Oregon Administrative Rule covers telemedicine?

[OAR 410-130-0610](#) - Telemedicine

Where do I find OHA provider memos about telemedicine?

[COVID-19 page for providers and health plans](#) has all memos and updates.

Can peer-delivered services be provided via telemedicine?

Yes. The [Behavioral Health Fee Schedule](#), identifies all peer delivered services that can be provided through telemedicine using the GT modifier. Please see the Peer Support Services tab.

Are skills training services via telemedicine allowed?

No, skills training via telemedicine is not covered.



Helpful links

- [Provider fact sheet](#) about telemedicine coverage changes
- [DCBS-OHA Telehealth Guidance](#)
- [OAR 410-130-0610 Telemedicine](#)
- [Prioritized List of Health Services](#), Effective 3/13/2020
- [Guideline Note A5](#) - Teleconsultations and electronic/telephonic services
- [Statement of Intent 6](#) - Telephonic services during an outbreak or epidemic
- [Behavioral health fee schedule](#)

Next steps

- OHA is requesting additional telemedicine authority from CMS to assure continued access to services for covered members.
- We will continue to communicate any services that can be provided via telemedicine that are not currently available.

Questions after the webinar?

Please send to covid.19@dhsoha.state.or.us.

We will work quickly to post Q&A at <http://bit.ly/hsdccovid19>.