Telehealth Webinar

Wyoming Medicaid Covered Services & Billing Requirements

December 14, 2016

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Wyoming Medicaid

- Medicaid helps pay for healthcare services for children, pregnant women, families with children, and individuals who are aged/blind/disabled who qualify based on citizenship, residency, family income, and sometimes resources and healthcare needs.

- Non-citizens may be eligible for emergency services.

Telehealth Services

- Telehealth is the use of an electronic media to link beneficiaries with health professionals in different locations.

- It is the intent that telehealth services will provide better access to care.

- All interactive video telecommunication must comply with HIPAA patient privacy

Covered Services

- Originating Sites (Spoke Site)
  - ❖ The originating site or Spoke site is the location of the eligible Medicaid client at the time the service is provided via telecommunication.

- Distant Site Providers (Hub Site)
  - ❖ The location of the physician or practitioner providing the professional services via a telecommunications system.

Originating Sites (Spoke Site)

- Authorized originating sites are:

  - Hospitals

  - Office of a physician or other practitioner (this includes medical clinics)

  - Office of a psychologist or neuropsychologist

  - Community mental health or substance abuse treatment center

  - Office of an advanced practice nurse (APN) with specialty of psych/mental health

  - Office of a Licensed Mental Health Professional (LCSW, LPC, LMFT, LAT)

  - Federally Qualified Health Center (FQHC)

  - Rural Health Clinic (RHC)

  - Skilled nursing facility (SNF)

  - Indian Health Services Clinics (IHS)

  - Hospital-based or Critical Access Hospital-based renal dialysis centers (including satellites). Independent renal Dialysis Facilities are not eligible originating sites.

  - Developmental Center

Distant Site Providers (Hub Site)

- Physicians/practitioners eligible to provide services via telehealth:
  - ❖ Physician
  - ❖ Advanced Practice Nurse with specialty of Psychiatry/Mental Health
  - ❖ Physician's Assistant
  - ❖ Psychologist or Neuropsychologist
  - ❖ Licensed Mental Health Professional (LCSW, LPC, LMFT, LAT)
  - ❖ Speech Therapist

Distant Site Providers Limitations

- Provisionally licensed mental health professionals cannot bill Medicaid directly.

- Services provided by non-physician practitioners must be within their scope(s) of practice and according to Medicaid policy

- It is not appropriate to bill for portions of the evaluation unless the exam was actually performed by the billing provider. The billing provider must comply with all licensing and regulatory laws applicable to the provider's practice or business in Wyoming and must not currently be excluded from participating in Medicaid by state or federal sanctions.

Distant Site Provider Requirement

- Interactive audio and video telecommunications must permit real-time communication.

- The quality of the telecommunications must be sufficient enough to assure accuracy of the assessment, diagnosis, and visible evaluation of symptoms and potential medication side effects.

  - ❖ If poor quality the visit must be halted and rescheduled

Non-Covered Services

- It is not appropriate to bill for portions of the evaluation unless the exam was actually performed by the billing provider (i.e. in situations where the visit is halted or rescheduled).

- Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a client.

- Medicaid will not reimburse for the use or upgrade of technology, for transmission charges, for charges of an attendant who instructs a patient on the use of the equipment or supervises/monitors a patient during the telehealth encounter, or for consultations between professionals.

Billing Requirements

- The services must be medically necessary.

- The service must be covered by Medicaid.

- The same procedure codes apply as for services performed in person.

- The "GT" modifier must be used in conjunction with the appropriate procedure code to identify the professional telehealth services provided by the distant site provider (Hub Site).

- The "GT" modifier does not change the reimbursement fee.

- The "GT" is not used by the Spoke Site (site with client).

- For ESRD-related (End Stage Renal Disease) services, at least one (1) face-to-face, "hands on" visit (not telehealth) must be furnished each month to examine the vascular access site by a qualified provider.

- Additional services provided at the originating site on the same date as the telehealth service may be billed and reimbursed separately.

Documentation Requirements

- Quality assurance/improvement activities relative to telehealth delivered services need to be identified, documented, and monitored.

- Providers need to develop and document evaluation processes and patient outcomes related to the telehealth program, visits, provider access, and patient satisfaction.

- All services providers are required to develop and maintain written documentation in the form of progress notes the same as is originated during an in-person visit or consultation with the exception that the mode of communication (i.e. teleconference) should be noted.

Hub Site Procedure Codes (site with provider)

CPT-4 and HCPCS Level II Codes	Modifier	Description
99241-99255	GT	Consultations
99201-99215	GT	Office or other outpatient visits
90832-90838	GT	Psychotherapy
90791-90792	GT	Psychiatric diagnostic interview examination
96116	GT	Neurobehavioral status exam
90951,90952,90954,90955,90957,90958,90960 and 90961	GT	End stage renal disease related services
G0270	GT	Individual medical nutrition therapy
H0031, H2019, T1007, T1017, H0006, G9012	GT	Mental Health and Substance Abuse Treatment Services
92586, 92602, 92604, 92626	GT	Remote Cochlear Implant

Modifier	Description
GT	Telehealth Service

Spoke Site (site with patient)

HCPCS Level II Code	Description
Q3014	Telehealth originating site facility fee

For accurate listing of codes, refer to the fee schedule on the Medicaid website

RESOURCES

- *Wyoming Medicaid Website –* *http://wymedicaid.acs-inc.com*
  - ➢ *Provider Manuals and Bulletins*
    - *Click on Provider / Provider Manuals and Bulletins / Select Provider Type*
  - ➢ *Fee Schedule*
    - *Click on Provider / Fee Schedules / Accept / Procedure Code Search Page*
      - ❖ *CMS NCCI Tables*
      - ❖ *Procedure Code Searches*
      - ❖ *Dental Fee Schedule*
      - ❖ *OPPS/APC-Base Fee Schedule*
  - ➢ *IVR Navigation Tips*
    - *Helps to direct providers to the appropriate options for each department*
    - *Click on Provider / Contact Us / Click here for helpful Provider IVR Navigation Tips*
  - ➢ *Remittance Advice Retrieval*
    - *From the Secure Provider Web Portal*
  - ➢ Medicaid State Healthcare Benefit Plan Document
    - *Click on Provider / Provider Manuals and Bulletins / Additional Links*
  - ➢ IVR 1.800.251.1268
    - 24 Hours a day / 7 days per week
    - NPI is required

RESOURCES CONTINUED

IVR Functionality
- Verify client eligibility
  - Client ID or client SSN and date of service is required
  - Benefit plan
    - Covered Services
    - Limitations
  - Cap Limits
  - Lock-in
  - TPL / Medicare Buy-in
- Verify claim status
- Verify payment
- Opt out to agent

Provider Relations 1.800.251.1268 (Option 1, 5, 0)
- 9-5 MST Monday – Friday
- Bulletin/Manual inquiries
- Cap Limits
- Claim inquiries
- Claim submission problems
- Client eligibility
- Questions on completing forms
- Payment inquiries
- Verifying validity of procedure codes

RESOURCES CONTINUED

Fax Number
  ➢307.772.8405
EDI Services 1.800.672.4959 (Option 3)
  ➢9-5 MST Monday – Friday
  ➢EDI Enrollment Form
  ➢Trading Partner Agreement
  ➢WINASAP Software & Technical Support for WINASAP
  ➢Technical Support for Vendors, Billing Agents, and Clearinghouses
  ➢Provider Web Portal Registration
  ➢Technical Support for Provider Web Portal & Password Resets

Q&A Session