

SUPERIOR MEDICAID

Overview

March 20, 2020 through June 30, 2020

Superior HealthPlan Telemedicine and Telehealth Service Updates

Date: 03/20/20

For more information, please refer to the guidelines below.

- [UPDATED: HHS Notice: Claims for Telephonic Behavioral Health and Medical Services \(Posted 03/30/2020\)](#)
- [UPDATED: Superior Telemedicine and Telehealth Service Updates \(Posted 03/30/2020\)](#)
- [Ambetter Telehealth Billing Guidelines](#)

Superior HealthPlan has developed a [Telemedicine Quick Reference Chart](#) to help providers navigate Telemedicine and Telehealth reimbursement.

This chart reflects Medicare's waiver of the geographic and place of service restrictions for Medicare. Additionally, the Governor of Texas directed the Texas Department of Insurance (TDI) to issue an [emergency rule](#) related to the payment of telemedicine to allow state-regulated plans to allow telemedicine visits to be paid at the same rate as in-office visits.

Superior will continue to inform providers about any updates as we receive new information.

Claims for Telephone (Audio-Only) Medical Services Background

Providers may bill codes 99201-99205 and 99211-99215 for dates of service of March 20, 2020, through April 30, 2020, to receive Medicaid reimbursement for telephone (audio-only) medical services.

Key Details

To help ensure continuity of care during the COVID-19 (coronavirus) response, HHSC is authorizing providers to bill codes **99201-99205 and 99211-99215** for telephone (audio-only) medical (physician delivered) evaluation and management services delivered on **March 20, 2020, through April 30, 2020**. Providers should continue to use the **95 modifier** to indicate that remote delivery has occurred.

Telephonic evaluation and management services are not to be billed if clinical decision-making dictates a need to see the patient for an in-person or telemedicine (video) office visit within 24 hours or at the next available appointment. In those circumstances, the telephone service shall be considered a part of the subsequent office visit. If the telephone call follows an office visit performed and reported within the past seven calendar days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billed.

Claims for Telephone (Audio-Only) Behavioral Health Services Background

Providers may bill to receive Medicaid reimbursement for the following behavioral health services delivered by telephone (audio only) from March 20, 2020, through April 30, 2020: Psychiatric Diagnostic Evaluation, Psychotherapy, Peer Specialist Services, Screening, Brief Intervention and Referral to Treatment (SBIRT), Substance Use Disorder Services, and Mental Health Rehabilitation services.

Key Details

To help ensure continuity of care during the COVID-19 (coronavirus) response, HHSC is authorizing providers to bill the following codes for **telephone (audio-only)** delivered **behavioral health services** from **March 20, 2020, through April 30, 2020**:

Description of Services	Procedure Codes
Psychiatric Diagnostic Evaluation	90791, 90792
Psychotherapy	90832, 90834, 90837, 90846, 90847, 90853
Peer Specialist Services	H0038
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	H0049, G2011, 99408
Substance Use Disorder Services	H0001, H0004, H0005
Mental Health Rehabilitation	H0034, H2011, H2012, H2014, H2017

Providers should continue to use the **95 modifier** to indicate that remote delivery has occurred.

Additional Information

Providers can refer to the [Texas Medicaid Provider Procedures Manual](#) and [Behavioral Health and Case Management Services Handbook](#) for additional information about Texas Medicaid behavioral health benefits, as well as the [Telecommunication Services Handbook](#).

Additional Resources

- [American Medical Association \(AMA\) COVID-19 Resource Center for Physicians](#)
- [AMA STEPS Forward: Telemedicine - Connect to Specialists and Facilitate Better Access to Care for Your Patients \(Learning Module, Quiz and Resources\)](#)
- [Centers for Medicare and Medicaid Services \(CMS\) Current Emergencies](#)
- [CMS End-Stage Renal Disease Providers Toolkit](#)
- [CMS Telehealth Services Fact Sheet \(PDF\)](#)
- [CMS Telehealth Toolkit for General Practitioners](#)
- [COVID-19 Related State Actions](#)
- [Medicare Telemedicine Healthcare Provider Fact Sheet](#)
- [Texas Medicaid & Healthcare Partnership Provider Procedures Manual](#)
- [Using FaceTime for Telemedicine](#)

Telemedicine Platforms for Providers Looking to Offer Telehealth Services

If you are interested in treating your members via phone and/or video, there are many vendors that offer secure solutions to easily incorporate these visits into your practice. We recommend looking at the following site for additional information:

- Texas Medical Association (TMA): Linked on the [Telemedicine Resource Center](#) of the TMA website.
 - [Telemedicine Vendor Options](#)
- Texas e-Health Alliance: www.txeha.org/coronavirus

New Telehealth Policies Expand Coverage for Healthcare Services

In order to ensure that all of our members have needed access to care, we are increasing the scope and scale of our use of telehealth services for all products for the duration of the COVID-19 emergency. These coverage expansions will benefit not only members who have contracted or been exposed to the novel coronavirus, but also those members who need to seek care unrelated to COVID-19 and wish to avoid clinical settings and other public spaces.

Effective immediately, the policies we are implementing include:

- Continuation of **zero member liability (copays, cost sharing, etc.)** for care delivered via telehealth*
- Any services that can be delivered virtually will be eligible for telehealth coverage
- All prior authorization requirements for telehealth services will be lifted for dates of service from **March 17, 2020 through June 30, 2020**
- Telehealth services may be delivered by providers with any connection technology to ensure patient access to care**

*Please note: For Health Savings Account (HSA)-Qualified plans, IRS guidance is pending as to deductible application requirements for telehealth/telemedicine related services.

**Providers should follow state and federal guidelines regarding performance of telehealth services including permitted modalities.

Providers who have delivered care via telehealth should reflect it on their claim form by following standard telehealth billing protocols in their state.

We believe that these measures will help our members maintain access to quality, affordable healthcare while maintaining the CDC’s recommended distance from public spaces and groups of people.

We are closely monitoring and following all guidance from the Centers for Medicare and Medicaid (CMS) as it is released to ensure we can quickly address and support the prevention, screening, and treatment of COVID-19. As of March 18, 2020, the following guidance can be used to bill for services related to COVID-19 testing.

HCPCS and CPT Codes for COVID-19 Testing Services

- **Starting April 1st, 2020**, providers performing the COVID-19 test can begin billing us **for services that occurred after February 4, 2020**, using the following newly created HCPCS codes:
 - **HCPCS U0001** - For CDC developed tests only - 2019-nCoV Real-Time RT-PCR Diagnostic Panel.
 - **HCPCS U0002** - For all other commercially available tests - 2019-nCoV Real-Time RT-PCR Diagnostic Panel.

- **CPT 87635** - Effective March 13, 2020 and issued as “the industry standard for reporting of novel coronavirus tests across the nation’s health care system.”
Please note: It is not yet clear if CMS will rescind the more general HCPCS Code U0002 for non-CDC laboratory tests that the Medicare claims processing system is scheduled to begin accepting starting April 1, 2020.
- **All member cost share (copayment, coinsurance and/or deductible amounts) will be waived across all products for any claim billed with the new COVID-19 testing codes.**
- We have configured our systems to apply \$0 member cost share liability for those claims submitted utilizing these new COVID-19 testing codes.
- In addition to cost share, authorization requirements will be waived for any claim that is received with these specified codes.
- Providers billing with these codes will not be limited by provider type and can be both participating and non-participating.
- We will temporarily waive requirements that out-of-state Medicare and Medicaid providers be licensed in the state where they are providing services when they are licensed in another state.
- Adjudication of claims is currently planned for the first week of April 2020.

Medicare Reimbursement Rates for COVID-19 Testing Services for All Provider Types*

- We are complying with the rates published on 3/12/20 by CMS:
 - **U0001 = \$35.91**
 - **U0002 = \$51.31**
 - **Please note:** Commercial products will reimburse COVID-19 testing services in accordance with our negotiated commercial contract rates.
- Any additional rates will be determined by further CMS and/or state-specific guidance and communicated when available.