THMP

Overview

March 20, 2020 through April 30, 2020

Telephone (Audio Only) Medical Services (delivered 3/20/2020 through April 30, 2020)

Description of Services	Procedure Codes
Evaluation and Management (E/M)	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215

Providers should continue to use the 95 modifier to indicate the occurrence of remote delivery

Telephonic evaluation and management services must not be billed if it is determined that an in-person or telemedicine (video) office visit is needed within 24 hours or at the next available appointment. In those cases, the telephone service will 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 billed separately.
Providers can refer to the Texas Medicaid Provider Procedures Manual, Telecommunication Services Handbook for additional information about the Texas Medicaid telemedicine services benefit.

Telephone (Audio Only) Behavioral Health Services

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)	99408, G2011, H0049
Substance Use Disorder Services	H0001, H0004, H0005
Mental Health Rehabilitation	H0034, H2011, H2012, H2014, H2017

To indicate the occurrence of remote delivery, providers should continue to use the 95 modifier.

Providers can refer to the Texas Medicaid Provider Procedures Manual, Behavioral Health and Case Management Services Handbook for additional information about Texas Medicaid behavioral health benefits and the Telecommunication Services Handbook for additional information about Texas Medicaid telemedicine and telehealth services.
For more information, call the TMHP Contact Center at 800-925-9126.

Treatment services

CMS issued a fact sheet for COVID-19 treatment services covered by Medicaid here.

Teleservices

Medicaid and CHIP health plans have flexibility to provide teleservices, including in a member's home. HHSC has encouraged health plans to take advantage of these options when responding to COVID-19.

No additional enrollment is required to provide telemedicine medical services or telehealth services. For more information see the TMHP bulletin issued on March 16.

Billing for telephone (audio-only) services

For services delivered on March 20, 2020 through April 30, 2020:

- Providers may bill codes 99201-99205 and 99211-99215 for telephone (audio-only) medical (physician delivered) evaluation and management services delivered. See the TMHP article for full details.
- Providers may bill to receive Medicaid reimbursement for the following behavioral health services delivered by telephone (audio only):
    - Psychiatric Diagnostic Evaluation (90791, 90792).
    - Psychotherapy (90832, 90834, 90837, 90846, 90847, 90853).
    - Peer Specialist Services (H0038).
    - Screening, Brief Intervention and Referral to Treatment (H0049, G2011, 99408).
    - Substance Use Disorder Services (H0001, H0004, H0005).
    - Mental Health Rehabilitation services (H0034, H2011, H2012, H2014, H2017).
- See the TMHP article for full details.
- Providers should use the nationally defined **95 modifier** for telemedicine and telehealth service claims to indicate that remote delivery occurred.
- *Federally Qualified Health Centers*
- To help ensure continuity of care during the COVID-19 response, HHSC will reimburse Federally Qualified Health Centers (FQHCs) as telemedicine (physician-delivered) and telehealth (non-physician-delivered) service distant site providers. See the TMHP article for full details.
- CHIP Co-Payments
- Office visit copayments for all CHIP members for services provided from March 13, 2020, through April 30, 2020 are waived. Co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members.
- *Provider Reimbursement*
- The member's MCO will reimburse the provider the full rate for the service, including what would have been paid by the member through cost-sharing. Providers must attest that the office visit copayment was not collected by using the attestation form and submit an invoice to the appropriate MCO. MCOs have 30 calendar days to pay an invoice received from a provider.

Face to Face Visits

Service coordination visits

Face to face service coordination visits are suspended for a 30-day period for the following groups:

- Effective March 13, 2020:
    - STAR Kids, STAR+PLUS and STAR Health MCOs
- Effective March 17, 2020:
    - Fee-for-service Medicaid 1915(c) waiver case managers and service coordinators for Community Living Assistance and Support Services (CLASS), Texas Home Living (TxHmL), Deaf-Blind with Multiple Disabilities (DBMD) and Home and Community-based Services (HCS)
    - General Revenue service coordinators
    - Community First Choice service coordinators
    - Preadmission Screening and Resident Review (PASRR) habilitation coordinators

HHSC encourages service coordinators and case managers to complete visits due within the 30-day period suspension periods detailed above via telephone or telehealth/telemedicine, if possible.

Requests for changes in services due to a change in condition or circumstances during this period should be evaluated on a case-by-case basis and, if deemed urgent, may be completed telephonically.

Assessments and reassessments, such as the SK-SAI and MN/LOC, may not be completed over the phone at this time (see *Extended enrollment for MDCP and STAR+PLUS HCBS* below).

Extended enrollment for MDCP and STAR+PLUS HCBS

To ensure members do not experience a gap in services due to the temporary suspension of face to face service coordination visits for COVID-19, HHSC is extending enrollment in the Medically Dependent Children's Program (MDCP) and STAR+PLUS Home and Community Based Services (HCBS) for members with individual service plans (ISPs) expiring through April 2020.

The extension applies to the member's Screening and Assessment Instrument (SAI), STAR+PLUS HCBS Medical Necessity Level of Care (MNLOC) and corresponding ISPs.

Dual Demonstration, STAR+PLUS, STAR Health and STAR Kids MCOs will:

- Extend enrollment for 90 days for members with ISPs expiring through April 2020.
- Assess the needs of these members within 90 days.
- Extend authorizations for waiver services for these members until the assessment occurs.

School and Health Related Services

School Health and Related Services (SHARS) are provided to students with a disability to ensure individuals benefit from special education programs. If school is not in session, these health and related services are not considered eligible for reimbursement under SHARS.

Providers can work with MCOs to ensure access clients have access to needed services during this time.

Delivery of Durable Medical Equipment

New guidelines on waiving signature requirements for Durable Medical Equipment (DME) are outlined in this TMHP article (PDF).

Resources

- Texas 1135 Request NOTE: This is not CMS approved
- Medicaid CHIP COVID-19 Information Session – 27 March 2020 handout

Resources

- Information for Hospitals & Healthcare Professionals
- Provider and Information Letters