

Benefits for Telemedicine Services and Telehealth Services to Change for Texas Medicaid Dec. 1, 2020

Background:

Major changes to telemedicine (physician-delivered) services and telehealth (non-physician delivered) services include reimbursing federally qualified health centers (FQHCs) for telemedicine and telehealth services, updated guidelines for school-based telemedicine services, and clarification of Texas Medicaid managed care organization guidelines for telemedicine services. Effective for dates of service on or after December 1, 2020, benefits for telemedicine services and telehealth will change for Texas Medicaid.

Key Details:

FQHCs:

FQHCs may be reimbursed for telemedicine and telehealth services and when services are provided in the office and outpatient settings.

FQHCs providing distant-site telemedicine and telehealth services may be reimbursed for the following procedure codes:

| Procedure Codes | | | | | | |
|-----------------|-------|-------|-------|-------|-------|--|
| G0466 | G0467 | G0468 | G0469 | G0470 | T1015 | |

Telemedicine and telehealth services should be billed using modifier 95.

FQHCs may be reimbursed the distant-site provider fee for telemedicine and telehealth services at the Prospective Payment System (PPS) rate or Alternative Prospective Payment System (APPS) rate. Telemedicine and telehealth services should be billed using modifier 95.

FQHCs may be reimbursed the facility fee (procedure code Q3014) for telemedicine services.

Procedure code Q3014 should be billed as an add-on procedure code, which should not be included in any cost reporting that is used to calculate a PPS or APPS per visit encounter rate.

To receive reimbursement for more than one facility fee for the same client on the same date of service, an FQHC must submit documentation of medical necessity indicating that the client needed multiple distant-site provider consultations. A signed letter from the client's treating health-care provider at the FQHC stating that the client suffered an illness or injury requiring additional diagnosis or treatment by a distant-site provider will be sufficient to document the client's medical need for receiving multiple distant-site provider consultations on the same date of service.

If an FQHC is eligible for payment of both an encounter and a facility fee for the same client on the same date of service, the FQHC must submit a claim for the facility fee separate from the claim submitted for the encounter.

School-Based Setting:

A health professional will no longer be required to be present with a client located in a school-based setting during a treatment delivered via telemedicine.

General Guidelines for Texas Medicaid Managed Care Organizations:

Texas Medicaid MCOs are prohibited from denying reimbursement for covered services solely because they are delivered remotely. MCOs must consider reimbursement for all medically necessary Medicaid-covered services provided via telemedicine and must consider clinical and cost-effectiveness to determine whether a telemedicine or telehealth visit is appropriate.

Texas Medicaid MCOs must determine whether to reimburse for a telemedicine or telehealth service based on the following considerations:

Medical necessity

Clinical effectiveness

The telemedicine or telehealth service provided is cost-effective

The telemedicine or telehealth service is provided in accordance with the law and contract requirements applicable to the provision of the same health-care service provided in person

The use of telemedicine or telehealth promotes and supports patient-centered medical homes

Texas Medicaid MCOs must consider reimbursement for all services that are currently a Medicaid benefit when provided via telemedicine or telehealth.

Texas Medicaid MCOs cannot deny, limit, or reduce reimbursement for a covered health-care service or procedure provided via telemedicine or telehealth based on the provider's choice of telecommunications platform to provide the service or procedure.

Providers should refer to individual MCO policies for additional coverage information.

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Type: Informational

To: CHIP; STAR; STAR+PLUS; STARHEALTH; STAR_KIDS

From: Policy