



**Date:** 3/17/2020

**Bureau:** HPP

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**Description/Title:** Telehealth changes in response to the COVID-19 pandemic

### Background of the Requested System Change:

In response to the COVID-19 pandemic and efforts in Ohio to contain the spread of the virus, ODM is working to implement an emergency plan to mitigate service disruptions, protect the health of our covered individuals, alleviate stress to the health care system, and most effectively utilize finite health care resources. ODM is encouraging providers to utilize Telehealth visits instead of in-person visits when possible to prevent further spread of this virus. These system changes reflect the decisions made by ODM leadership to expand the availability and use of Telehealth. These changes will impact MITS and the accompanying policy changes will be submitted via the emergency rule filing process in which the Governor authorizes these rules to be adopted.

### Functionality:

These changes need to be implemented in MITS as soon as possible to allow providers to bill for expanded Telehealth services and be paid for these services. **Services provided through telehealth should not be subject to third party liability editing therefore a bypass for these services must be created (or existing edits relaxed).**

These are the changes that need to be made in MITS to implement ODM's emergency plan:

For MITS provider types 84, 95 and OPHBH contract:

- Allow GT modifier for the following procedure codes:
  - o H2019 TBS
  - o H2019 RN nursing services
  - o H2017 LPN nursing services
  - o H2017 PSR
  - o H0040 for all modifier possibilities
  - o H2015
  - o 90838/90840 – crisis
  - o G0396/G0397 SBIRT
  - o H0038 – peer recovery support

## Medicaid Change Initiation Executive Summary Template

- (For PT 95, PT 84 (under ACT), not covered in OPHBH)
  - T1002 RN nursing services
  - T1003 LPN nursing services
  - 90832 with KX modifier (if not already there)
  - H0015 (with or without modifier)
  - H2034
  - H2036 (with or without modifier)
  - H2023 – for PT 84 only
  - H2025 – for PT 84 only
  - T1016 – for PT 45 only

### For other provider types eligible to provide telehealth services:

- Allow non-CPC practices to provide new patient evaluation and management codes 99201-99214 (remove specialty restriction).
- Remove current place of service restrictions – allow any POS, including 99 (keep restriction on POS 09)
- Modify therapy contract to allow GT modifier for certain PT/OT/SLP/Audiology services – identified in the attached appendix
- Add additional services identified on the appendix attached
  - Allow the GT modifier for additional services identified.
- Allow all procedure codes to be billed on an institutional claim
- Modify MSP contract to allow GT modifier as optional

### Other changes:

- Add the following CPT codes to EAPG covered code list:
  - 99241-99245
  - 99251-99255
  - G2010
  - G2012
  - 99421-99423
  - 99457
  - 99458
- 99281-99285 Emergency department visit E&M
- Add Q3014 for setting up the connection at an originating site location. Make sure old edit preventing originating site fee and E&M code on the same day is turned off. Decision made to allow both to be billed on the same day in light of the emergency.

# Medicaid Change Initiation Executive Summary Template

- Add procedure codes G2061-G2063 with rate to ensure crossover claims can be processed using “lesser of” methodology. These procedure codes are not being added to any provider contracts.

## **Business Drivers:**

ODM is submitting Administrative Code rules through the emergency rule filing process to implement these changes. Once the Governor signs the executive order authorizing the implementation of these rules, providers must have the ability to submit claims and be paid for the services they provide through Telehealth. If these changes are not made, significant risks will occur in the form of individuals not receiving care, unnecessary office or hospital visits for low acuity patients, and a significant drain on critical health care resources needed for the sickest individuals.

## **Impact:**

This system change request will directly impact provider ability to bill and be paid for telehealth services during this state of emergency.