Medicaid Telemedicine and Telehealth Services

TexLa Virtual Office Hours
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Medicaid Fee-for-Service
Existing Medicaid Coverage

Telemedicine Service Procedure Codes

• Psychiatric diagnostic evaluations
• Psychotherapy
• Prolonged psychotherapy
• Evaluation and management services
• Inpatient consultations
• End-stage renal disease services
• FQHC encounter payments
• Patient site facility fee
Existing Medicaid Coverage (cont.)

Telemedicine Service Provider Types

• Physicians and Physician Groups
• Physician Assistants
• Nurse Practitioners
• Clinical Nurse Specialists
• Clinic/Group Practices
• Hospitals
• County Indigent Health Care Programs
• Federally Qualified Health Centers
Existing Medicaid Coverage (cont.)

Telehealth Service Procedure Codes

• Psychiatric diagnostic evaluations
• Psychotherapy
• End-stage renal disease services
• Speech and occupational therapies
  • School-based settings and for ECI clients
• Medical nutritional counseling
• Evaluation and management services
• Inpatient consultations
• FQHC encounter payments
• ECI specialized skills training
Existing Medicaid Coverage (cont.)

Telehealth Service Provider Types

- Licensed Professional Counselors
- Licensed Marriage and Family Therapists
- Licensed Clinical Social Workers
- Psychologists and Psychology Groups
- Registered Nurses and Nurse Midwives
- Early Childhood Intervention
- Home Health Agencies
- Federally Qualified Health Centers
- Occupational Therapists
- Speech-Language Pathologists
- Dieticians
Modalities for Telemedicine and Telehealth Services

• Synchronous audiovisual interaction
• Asynchronous store and forward technology, including in conjunction with a synchronous audio interaction
• Other forms of audiovisual telecommunication technologies that allow the distant site provider to meet the in-person standard of care.
Medicaid Managed Care
Existing Medicaid Coverage

Modality Exceptions for Managed Care

• Health benefit plans, including Medicaid Managed Care Organizations (MCOs), may provide reimbursement for telemedicine or telehealth services provided as:
  • Audio-only telephone consultations.
  • Text-only email messages.
  • Fax transmissions.
COVID-19 Flexibilities

Current Status

• The telemedicine and telehealth service COVID-19 policy flexibilities are being extended on a month-by-month basis.

• Ongoing meetings to discuss adding flexibilities as permanent policy.
COVID-19 Flexibilities (cont.)

Important Notes

• Some services included in the flexibilities are not explicitly outlined in the Texas Medicaid Provider Procedures Manual (TMPPM) for reimbursement as telemedicine or telehealth services.

• Services identified for telephone (audio-only) coverage may also be delivered as synchronous audiovisual services.
Telephone (Audio-Only) Services

Telemedicine and Telehealth Service Procedure Codes

• Psychiatric diagnostic evaluations
• Psychotherapy
• Peer specialist services
• Screening, Brief Intervention, and Referral to Treatment (SBIRT)
• Substance use disorder services
• Mental health rehabilitation
• Targeted case management
• Evaluation and management services
S.B. 670

Changes to Managed Care Coverage

• S.B. 670 (86th Legislature, 2019) prohibits Medicaid MCOs from denying reimbursement for covered services solely because they are delivered remotely.

• All medically necessary Medicaid-covered benefits provided via telemedicine or telehealth services must also be considered for reimbursement.

• Policy changes implemented December 1, 2020.
Managed Care Coverage Considerations

• Medicaid MCOs must determine whether to provide reimbursement using the following considerations:
  • Medical necessity.
  • Clinical effectiveness.
  • The telemedicine service provided is cost-effective.
  • The telemedicine 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 promotes and supports patient-centered medical homes.
Thank you

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