

Provider Guidance for Tele-services—Aetna Better Health of Texas

In order to ensure timely access to care for Aetna Better Health of Texas members, Aetna is providing the following guidance for our providers regarding the use of telehealth, telemedicine, telepractice and phone consultations.

How the services are defined:

Telehealth: means a health service, other than a telemedicine medical service, delivered by a licensed or certified health professional acting within the scope of the health professional's license or certification who does not perform a telemedicine medical service and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:

- Compressed digital interactive video, audio, or data transmission;
- Clinical data transmission using computer imaging by way of still-image capture and store and-forward; and
- Other technology that facilitates access to health care services or medical specialty expertise.

Source: *TX Admin. Code, Title 1 Sec. 354.1430 (Accessed Sept 2019)*

Telemedicine: means a health care service, initiated by a physician or provided by a health professional acting under physician delegation and supervision, that is provided for purposes of patient assessment by a health professional, diagnosis or consultation by a physician, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:

- Compressed digital interactive video, audio, or data transmission;
- Clinical data transmission using computer imaging by way of still-image capture and store and-forward; and
- Other technology that facilitates access to health care services or medical specialty expertise.

Source: *TX Admin. Code, Title 1 Sec. 354.1430 (Accessed Sept 2019).*

Telepractice: is the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation.

Source: <https://www.asha.org/prpprinttemplate.aspx?folderid=8589934956> (accessed March 2020)

Phone consultation: over the phone discussion with a patient without the use of any real time video or exchange and review of images. This includes:

- An audio-only telephone consultation
- A text-only email message
- A facsimile transmission

Source: *TX Medicaid Telecommunication Services Handbook, pg. 7 & 12 (Sept. 2019). (Accessed Sept. 2019).*

Documentation:

All patient health information generated or utilized during a telemedicine medical service must be stored by the distant site provider in a patient health record. If the distant site provider stores the patient health information in an electronic health record, the provider should use software that complies with Health Insurance Portability and Accountability Act (HIPAA) confidentiality and data encryption requirements, as well as with HHS rules implementing HIPAA.

Documentation for a service provided via telemedicine must be the same as for a comparable

in-person service. If a patient has a primary care provider who is not the distant site provider and the patient or their parent or legal guardian provides consent to a release of information, a distant site provider must provide the patient's primary care provider with the following information:

- A medical record or report with an explanation of the treatment provided by the distant site provider
- The distant site provider's evaluation, analysis, or diagnosis of the patient

CONSENT:

Consent procedures should follow what is required for in-person visits. The distant site must obtain informed consent. At minimum verbal consent must be documented in the record for services rendered.

STANDARD OF CARE/SCOPE OF PRACTICE:

- The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.

What we will pay for:

Office visits by physicians/NP/PA (tele medicine):

The following codes will be reimbursed when the modifier 95 is used:

Phone consult only can be billed using 99201-99205 or 99211-99215 with a 95 modifier.

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.

At this time there is no rate established by HHSC for codes 99441-99443. We will add these codes once that is available.

BH services (Telehealth services):

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:

- 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.

Speech Therapy/Occupational Therapy (Telepractice):

Can be billed using customary codes with 95 modifier. Video component required.

ST/OT Codes:

92507, 92508, 92521, 92522, 92523, 92524, 97150, 97165, 97166, 97167, 97168, S9152

NOTE: The prior authorization process does not result in undue delays in obtaining these services. An additional authorization is not needed for services that have already been approved and authorization provided.

Tips on Providing Quality Care Via Technology

All professional organizations have guidance. Refer to these sites as well as the American Telemedicine Association (ATA). See links provided below:

Speech telepractice:

<https://www.asha.org/prprinttemplate.aspx?folderid=8589934956>

Occupational Therapy:

AOTA - <https://www.aota.org/Practice/Manage/telehealth.aspx>

Behavioral Health:

<https://www.integration.samhsa.gov/operations-administration/telebehavioral-health>

https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/618da447-dee1-4ee1-b941-c5bf3db5669a/UploadedImages/Practice%20Guideline%20Covers/NEW_ATA%20Children%20&%20Adolescents%20Guidelines.pdf

https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/618da447-dee1-4ee1-b941-c5bf3db5669a/UploadedImages/Practice%20Guideline%20Covers/NEW_ATA%20Children%20&%20Adolescents%20Guidelines.pdf

Medical Providers:

<https://www.aafp.org/practice-management/health-it/telemedicine-telehealth.html>

https://www.aap.org/en-us/Documents/ATA_Pediatric_Telehealth.pdf

General:

<https://www.americantelemed.org/resource/learning-development/>

The environment:

- a. Make sure patient/family is in a quiet area with enough light
- b. Make sure light is coming from in front of you rather than behind you so that patient/family can see you clearly
- c. Utilize the flashlight on most phones to enhance light as needed