

CCHA Behavioral Health Telemedicine Services during COVID-19 State of Emergency (Updated March 23, 2020)

CCHA will update this document as more information becomes available. Providers should visit the CCHAcares.com/COVID-19 homepage for the latest information from CCHA about COVID-19.

Colorado Community Health Alliance (CCHA) supports the use of telemedicine to deliver quality behavioral health (BH) services to our members during the COVID-19 state of emergency.

The state's Medicaid rule at 8.200.3.B defines telemedicine as follows: "Telemedicine is the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio, interactive video or interactive data communication instead of in-person contact."

During the COVID-19 state of emergency, in alignment with State policy CCHA will adopt an expanded definition of telemedicine to include telephone only and live chat modalities effective immediately.

1. Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.
2. All other general requirements for telemedicine services, such as documentation and meeting same standard of care, still need to be met.
3. 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.
4. Services not otherwise covered under the capitated BH benefit are not covered when delivered via telemedicine.
5. The use of telemedicine does not change prior authorization requirements that have been established for the services being provided.

HIPAA Compliance and Confidentiality

Telemedicine platforms must be HIPAA compliant. CMS has issued guidance waiving HIPAA compliant platforms. However, as a Regional Accountable Entity (RAE), CCHA must follow The Department of Health Care Policy and Financing (HCPF) guidance. HCPF currently requires a HIPAA compliant platform for all capitated BH services rendered via telemedicine.

Providers must comply with HIPAA and all state and federal privacy and confidentiality regulations and guidelines when rendering telemedicine services to CCHA members.

Billing and Coding Guidance

CCHA follows and abides by all Medicaid billing and coding policy as outlined in the Uniform Service Coding Standards Manual (USCSM) and requires all services billed in accordance with the USCSM, including telemedicine services.

In addition, the following claim guidance must be followed to receive reimbursement and to allow identification of services as provided via telemedicine during the COVID-19 State of Emergency:

1. CMS 1500 Professional Claims
 - Place of Service code 02 must be indicated on all CMS 1500 professional claims for telemedicine.
 - All codes outlined in the USCSM are allowed with the exception of those codes listed in the attached *Telemedicine Services Exception Code Appendix*.
 - CCHA will allow Psychological Testing under the traditional definition of telemedicine during the COVID-19 state of emergency. The expanded definition of telemedicine will not be applied.
2. UB-04 Institutional Claims
 - The GT modifier must be appended to the UB-04 institutional claim form with the service's procedure code.

Providers may only bill procedure codes which they are already eligible to bill per their contract and not outlined in the attached *Telemedicine Services Exception Code Appendix*.

Medical Record Standards and Documentation

Providers must obtain and document the member's consent to receive services through telemedicine prior to rendering services.

CCHA medical record and documentation standards remain in place. Medical records must be maintained in a timely and accurate manner, ensuring effective and confidential member care and quality review. CCHA will continue to monitor medical records, claim submissions, and compliance to policies and procedures to ensure patient benefit is achieved through appropriate BH services.

Frequently Asked Questions

Q: Is CCHA waiving preauthorization requirements during the COVID-19 state of emergency?

A: No, all authorization requirements remain in place.

CCHA's preferred method for authorization requests is online via the Availity Portal Interactive Care Reviewer (ICR) tool. Please reference education materials regarding the use of the ICR tool on CCHAcres.com/providertools > Behavioral Health Providers > Utilization Management.

Q: How do I know if my practice is HIPAA compliant as it pertains to telemedicine?

A: CCHA cannot advise on the HIPAA compliance of telemedicine solution offerings available in the market. Please outreach to your telemedicine vendor to ensure HIPAA compliance. Patients who agree to the use of telemedicine modalities should be educated on privacy, confidentiality, and use of appropriate private space.

Q: Can I render telemedicine services from my home?

A: Yes. All service delivery locations are required to be HIPAA compliant, regardless of the location type (home, office, etc.). CCHA cannot advise on whether a specific location is HIPAA compliant or not; this falls to the provider to understand and institute required HIPAA compliant measures.

Q: Does the allowance of telephone only interaction also include text messaging?

A: No. Telemedicine does not include text, fax, email, or instant messaging.

Q: Can I provide group therapy via telemedicine?

A: If you are interested in using telemedicine for group therapy, all participants must agree to the modality being used, and the Provider is charged with ensuring member privacy and confidentiality (i.e. confirming those on the telephone line, for example, are the intended participants of that session).

Q: Does timely filing of claims still apply during the COVID-19 state of emergency?

A: Yes, claims must be submitted within the contracted filing limit to be considered for payment.

Q: I think my telemedicine claim paid incorrectly, should I resubmit the claim or file a claim payment dispute?

A: Codes not normally allowed for Place of Service 02 as outlined in the USCSM will require changes to our claims processing system. Please continue to submit your claims as appropriate. Once our claims processing system is updated, we will pull any affected claims to assure appropriate claims processing. If you think your claim paid incorrectly for any other reason, please submit a Claim Payment Dispute, rather than a resubmission as a resubmission of a claim will result in a duplicate claim denial.

CCHA's preferred method for claim payment dispute submission is online via the Availity portal:

- **Reconsiderations** are submitted through the [Availity portal](#).
- **Appeals** are submitted through the [Availity portal](#).

Please reference the claims payment dispute tool training document found by visiting [CCHAcares.com/providertools](#) > Behavioral Health Providers > Provider Portal > [Availity Tools and Functionality Overview](#). Note: Slides 31 through 35 include screen shots and step-by-step instructions for the claims payment dispute tool.

Q: Who should I contact if I have more questions related to COVID-19?

A: As this information is very fluid, CCHA will update this document as more information becomes available. Providers should visit the [CCHAcares.com/COVID-19](#) homepage for the latest information from CCHA about COVID-19.

If you have additional questions that haven't been addressed in this document, please reference our BH Provider Contact List, which can be found online at [CCHAcares.com/providertools](#) > CCHA Resources & Support for Providers > Behavioral Health Provider Manual & Resources > [Behavioral Health Provider Contact List](#).

Telemedicine Services Exception Code Appendix

The following codes are not allowed to be rendered via Telemedicine.

Code	Description
H0017	BH residential w/o room/board
H0018	BH short term res w/o room/board (crisis)
H0018	BH short term res w/o room/board (non-crisis)
H0019	BH long term red w/o room/board (crisis)
H0019	BH long term red w/o room/board
S9485	Crisis Interv MH per diem
H0035	MH Partial Hospitalization less 24 hr
H2001	Rehab program 1/2 day
H2012	BH day treatment, per hour
H0043	Supported housing, per diem
H0044	Supported housing, per diem
S5150	Unskilled respite care, not hospice; per 15m
S5151	Unskilled respite care, not hospice; per diem
T1005	Respite care service 15 minutes
H0045	Respite care svc, not in the home, per diem
99221	Initial Hospital Care (30 min.)
99222	Initial Hospital Care (50 min.)
99223	Initial Hospital Care (70 min.)
99251	Initial Hospital Evaluation
99252	Initial Hospital Evaluation
99253	Initial Hospital Evaluation
99254	Initial Hospital Evaluation
99255	Initial Hospital Evaluation
99231	Subsequent Hospital Care (15 min.)
99232	Subsequent Hospital Care (25 min.)
99233	Subsequent Hospital Care (35 min.)
99224	Subsequent Observation Care
99225	Subsequent Observation Care
99226	Subsequent Observation Care
99234	Obs or IP Hospital Care, Low Complexity
99235	Obs or IP Hospital Care, Mod Complexity
99236	Obs or IP Hospital Care, High Complexity
99238	Hospital Discharge Day Mgmt: 30m or Less
99239	Hospital Discharge Day Mgmt: more than 30m
99242	Inpatient Consultation, 30m

Code	Description
G0176	Activity therapy 45 min or more
G0177	Training re: care of mh problem
H0020	Methadone admin/service
H0033	Oral med admin observation
H0036	Comm psych treatment per 15 min
H0037	Comm psych treatment, per diem
H0039	Assertive Comm treatment per 15 min
H0040	Assertive Comm treatment, per diem
H2030	MH clubhouse per 15 min
H2031	MH clubhouse per diem
H2032	Activity therapy per 15 min
S3005	Performance measurement, depression
T1007	Alcohol/sud plan dev/mod inc vitals
T1019	Personal care services per 15 min
90870	Electroconvulsive Therapy- Single Seizure Professional
99281	Emergency Dept Visit, Focused
99282	Emergency Dept Visit, Expanded, Low Complexity
99283	Emergency Dept Visit, Expanded, Mod Complexity
99284	Emergency Department Visit, Detailed
99285	Emergency Department Visit, Comprehensive
99217	Observation care discharge day management
99218	Initial obs care, per day, for the eval & mgmnt of a pt
99219	Initial obs care, per day, for the eval & mgmnt of a pt
99220	Initial obs care, per day, for the eval & mgmnt of a pt