Today’s Webinar Overview

• AHCCCS Telehealth October 1, 2019 Major Updates
• AHCCCS Updates to Telehealth/Telephonic Services since COVID-19 Emergency Declared
• Questions/Answers Session
Overview of AHCCCS Telehealth
October 1, 2019 Changes
Overview of October 1, 2019 AHCCCS Telehealth Policy Changes

1. Broadening of POS allowable for distant and originating sites
   a. No restrictions on distant site (where provider is located)
      Non-IHS/638 providers required to licensed in AZ
   b. Broadening of originating site (where member is located) to include home for many codes

2. Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous
Overview of October 1, 2019 AHCCCS Telehealth Policy Changes

3. No rural vs. urban limitations

4. MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate

5. GT modifier required for real time, interactive audio video communications + POS for originating site

6. GQ modifier required for asynchronous (store and forward) + POS for originating site

7. No changes in telephonic service delivery
AMPM 320-I Telehealth Definition

Pre 10/1/19

• “Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote member monitoring devices, which are used to collect and transmit member data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine they are often considered under the broad umbrella of telehealth services.”

Implemented 10/1/19

• Healthcare services delivered via asynchronous (store and forward), remote patient monitoring, teledentistry, or telemedicine (interactive audio and video)
AMPM 320-I Telehealth

Pre 10/1/19

- Real-time telemedicine limited to 17 disciplines

Implemented 10/1/19

- No restrictions on disciplines
AMPMP 320-I Telehealth

Pre 10/1/19
- Contains high level informed consent requirements

Implemented 10/1/19
- Defers to statute and other policies re: informed consent requirements
AMPMM 320-I Telehealth

Pre 10/1/19
• Contains high level confidentiality requirements

Implemented 10/1/19
• Defers to statute and other policies re: confidentiality requirements for telehealth
AMPM 320-I Telehealth

Pre 10/1/19
- Asynchronous covered in very limited circumstances

Implemented 10/1/19
- Asynchronous coverage limited to:
  - Dermatology
  - Radiology
  - Ophthalmology
  - Pathology
  - Neurology
  - Cardiology
  - Behavioral Health
  - Infectious Disease
  - Allergy/Immunology
AMPM 320-I Telehealth

- Pre 10/1/19
  - Telemonitoring limited to CHF

- Implemented 10/1/19
  - No restrictions on telemonitoring
AHCCCS Telehealth Policy Changes to Address COVID-19 Declared Emergency
Created Temporary Telephonic Code Set

- In response to telemedicine technical capacity limitations for some providers and/or members, AHCCCS greatly expanded codes available via telephone over the course of the emergency
- Temporary code set developed based on stakeholder requests
- Additional requests-email: CodingPolicyQuestions@azahcccs.gov
Temporary Telephonic Code Set

- Full code set available on AHCCCS Website
- Examples of codes included are:
  - Group psychotherapy
  - Family psychotherapy
  - Medical nutrition therapy
  - Evaluation and management codes
- Coding guidelines
  - UD modifier must be utilized
  - POS=originating site (where member is located)
- Medical necessity standards still apply
- Documentation standards still apply
- Effective dates of service March 17, 2020 until the end of the COVID-19 declared emergency
Maintaining Permanent Telephonic Code Set

• Code Set Includes:
  o Telephonic Evaluation and Management Codes
  o Skills Training and Development
  o Self help/peer support services
  o Case Management

• Coding standard unchanged
  o Utilize POS 02 Telehealth
Expansion of AHCCCS Telehealth Code Set

- AHCCCS Telehealth Code Set
Teledentistry Changes to Address COVID-19 Emergency

• New codes available for use effective 3/20/20
  o D9995 teledentistry – synchronous
  o D9996 teledentistry – asynchronous
• D9995 or D9996 billed on CDT form along with dental service performed
• As with telehealth reimbursement model for physical and behavioral health services, reimbursement rate tied to service performed (ie, no separate reimbursement for D9995 or D9996)
Where do I find the latest information about COVID-19?

• AHCCCS updates the FAQ document daily to reflect the latest guidance for providers, members and plans.
• Please find guidance at: https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html
• These are in English and Spanish.
COVID-19 Information

AHCCCS is responding to an outbreak of respiratory illness, called COVID-19, caused by a novel (new) coronavirus. Health officials urge good hand washing hygiene, covering coughs, and staying home if you are sick.

On March 11, Governor Doug Ducey issued a Declaration of Emergency and an Executive Order regarding the COVID-19 outbreak in Arizona, and subsequent Executive Orders with further administrative actions.

On March 17, 2020, AHCCCS submitted a request to the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements in order to ensure ongoing access to care over the course of the COVID-19 outbreak. As of March 23, AHCCCS has received federal approval to implement programmatic changes to help ensure access to health care for vulnerable Arizonans.

To address Medicaid-related questions from providers and contractors about COVID-19, AHCCCS has developed a list of Frequently Asked Questions Regarding Coronavirus Disease 2019 (COVID-19), updated regularly as more information becomes available.


If you are an AHCCCS member who is experiencing flu-like symptoms, please call the 24-hour Nurse Line for your health plan (listed below):

24-Hour Nurse Line Numbers by Health Plan

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Nurse Line Number</th>
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COVID-19 FAQs
Sections of the Frequently Asked Questions (FAQs) include:

Billing & Claims
Clinical Delivery
General COVID-19 Questions
Health Plan & AHCCCS Fee-For-Service Programs Guidance
Health Plan Requirements and Deliverables
Pharmacy & Supplies
Provider Enrollment and Requirements
Rates
Telehealth Delivery and Billing
Question: Will all AHCCCS Health Plans and the AHCCCS Fee-For-Service Programs honor the use of the telehealth and/or telephonic services and service codes, as expanded by AHCCCS in response to COVID-19?

Answer: Yes, regardless of whether a provider is specifically contracted to provide telehealth and/or telephonic services, AHCCCS Health Plans and AHCCCS Fee for Service Programs will reimburse for services.
For members who have been receiving behavioral health services through the AHCCCS Behavioral Health in Schools Initiative, can telephone and telehealth be leveraged to provide these services in the member’s home and/or community while school is closed?

Yes, AHCCCS strongly encourages Behavioral Health Providers to continue to provide behavioral health services to children and their families in their home and community while schools are closed. Please see other telehealth FAQs for additional information on telehealth and telephonic service delivery.

Telehealth/Telephonic FAQ Examples
Question: Is there an AHCCCS Fee Schedule rate difference for services provided “in-person” versus services offered via telehealth and/or telephonically?

Answer: No, there is no rate difference in the AHCCCS Fee Schedule between services provided “in-person” and services offered via telehealth and/or telephonically.
Question: Are AHCCCS health plans required to reimburse at the same rate for services provided “in-person” and services provided via telehealth and/or telephonically?

Answer: Yes, effective March 18, 2020 until the end of the COVID-19 emergency declaration, AHCCCS health plans shall not discount rates for services provided via telehealth and telephonically as compared to contracted rates for "in-person" services.
Waiver Request Impacts to Telehealth

• On Tuesday, March 17th, AHCCCS submitted a request to CMS detailing a number of allowances that would be useful during the emergency event

• Multiple requests were approved, including:
  o Permission to allow out of state providers to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees
  o Suspension of the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent allowable under state law
Resources

- AHCCCS Telehealth Policy – 310-I
- AHCCCS Medical Coding Resources
- AHCCCS Telehealth Code Set
- COVID FAQs
  - AHCCCS Telephonic Code Set (Temporary)
  - AHCCCS Telephonic Code Set (Permanent)
- SAMHSA OUD FAQs
- HHS Telehealth Notification
- DEA COVID-19 Info Page
- Send your Coding Questions to CodingPolicyQuestions@azahcccs.gov
Questions?