



AHCCCS Telehealth Response to COVID-19 Emergency

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Today's Webinar Overview

- AHCCCS Policy on Telehealth Services prior to COVID-19 Emergency
- AHCCCS Updates to Telehealth 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

Pre 10/1/19

- Telehealth definition

Implemented
10/1/19

- Telehealth to be utilized as umbrella term to describe telemedicine, teledentistry, and asynchronous technologies

AMPM 320-I Telehealth

Pre 10/1/19

- Real-time telemedicine limited to 17 disciplines

Implemented
10/1/19

- No restrictions on disciplines

AMPM 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

AMPM 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:
 - Telephonic Evaluation and Management Codes
 - Skills Training and Development
 - Self help/peer support services
 - Case Management
- Coding standard unchanged
 - Utilize POS 12 Telehealth

Additional Telehealth/Telephonic FAQs

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.

Additional Telehealth/Telephonic FAQs

Question: 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?

Answer: 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

Additional Telehealth/Telephonic FAQs

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.

Additional Telehealth/Telephonic FAQs

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.

Additional Telehealth/Telephonic FAQs

Question: Can Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) offer services via telehealth?

Answer: Yes, on March 18, 2020, CMS issued guidance for Medicaid programs confirming that FQHCs and RHCs can offer services via telehealth, including services via telephone.

Additional Telehealth/Telephonic FAQs

Question: What rate will AHCCCS pay an FQHC/RHC for services delivered via telehealth?

Answer: In accordance with the March 18, 2020 guidance from CMS, for services offered via telehealth within the scope of the FQHC/RHC benefit, health plans and AHCCCS FFS programs will pay the established PPS rate. For services offered via telehealth that are not covered as part of the FQHC/RHC benefit, health plans will reimburse FQHCs/RHCs at contracted rates and AHCCCS FFS programs will reimburse FQHCs/RHCs consistent with the AHCCCS fee schedule.

Teledentistry Changes to Address COVID-19 Emergency

- New codes available for use effective 3/20/20
 - *D9995 teledentistry* – synchronous
 - *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)

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
- The requests include, but are not limited to:
 - Permission to allow out of state providers to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees
 - Suspension of the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent allowable under state law

Online Course: “Developing Telemedicine Services”

- **Monday, March 23, 2020.**
- The program will be presented in two 3-hour blocks. 9:00 a.m. until 12 noon, and 1:00 p.m. until 4 p.m.
- This online, full-day course will feature national leaders in telemedicine and distance learning.
- Registration: <https://telemedicine.arizona.edu/training/developing-telemedicine-services/webinar/2020-03-23>

The national award-winning Arizona Telemedicine Program (ATP), headquartered at the University of Arizona Health Sciences in Tucson, Arizona, will conduct a major, online training program regarding the COVID-19 pandemic for health-care providers, administrators, and educators.

“Telemedicine is a key capability for healthcare providers and the community they serve to slow the spread of the COVID-19,” notes Ronald S. Weinstein, MD, a pioneer in telemedicine and founding director of the Arizona Telemedicine Program. The ATP has been producing in-person telemedicine and telehealth training programs for the past 20 years. Thousands of individuals, from hundreds of healthcare organizations, have attended these programs and given them high marks. “Now, in response to the COVID-19 pandemic, we are taking the course online for the first time.” He added, “Obviously, this will open the session to a far larger audience, filling an urgent need at this time.”

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?

