



Presentation to the Senate Committee on Health & Human Services: Teleservices in Medicaid

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Presentation Overview

- Medicaid Telemedicine Services
- Medicaid Telehealth Services
- Medicaid Home Telemonitoring Services
- Teleservices in Medicaid Managed Care
- DSRIP Teleservices Projects
- Medicaid Teleservices Initiatives

Telemedicine Services in Medicaid: Definition

- In Texas Medicaid, telemedicine is defined as a health-care service that is either:
 - Initiated by a physician who is licensed to practice medicine in Texas; or
 - Provided by a health professional who is acting under physician delegation and supervision
- Telemedicine is provided for the purpose of:
 - Client assessment by a health professional
 - Diagnosis, consultation, or treatment by a physician
 - Transfer of medical data that requires the use of advanced telecommunications technology, other than telephone or facsimile technology



Telemedicine Services in Medicaid: Billing

- Providers bill for medically necessary services using the procedure code that relates to the Medicaid service provided
- When billing, providers use a modifier to indicate the service was provided via telemedicine
- Reimbursement is available for the distant site provider and the patient site (facility fee)

Telemedicine Services in Medicaid: Distant Site

- A distant site is the location of the provider rendering the service
- Distant site providers must be enrolled in Medicaid
- A distant site provider does not need to evaluate a patient for a diagnosis or condition in-person prior to providing telemedicine services

Telemedicine Services in Medicaid: Distant Site

- Eligible distant site providers:
 - Physician (M.D. or D.O.)
 - Nurse Practitioner*
 - Clinical Nurse Specialist*
 - Physician Assistant*
 - Certified Nurse Midwife*

*Must be acting under the delegation and supervision of a physician

Telemedicine Services in Medicaid: Patient Site

- A patient site is where the client is physically located while the service is rendered and must be one of the following:
 - Established medical site
 - State mental health facility
 - State supported living center
- Patient site presenters must be a licensed or certified healthcare professional and must be enrolled in Medicaid

Telehealth Services in Medicaid: Definition

- In Texas Medicaid, telehealth services are defined as health services, other than telemedicine, delivered by licensed or certified health professionals who are acting within the scope of their licensure or certification
- Before receiving a telehealth service, the patient must receive an in-person evaluation for the same diagnosis or condition
- An in-person evaluation is not required for a mental health diagnosis or condition
- Telehealth services are provided by certified or licensed healthcare professionals while telemedicine services are provided by a physician, advance practice nurse, or physician assistant under the delegation of a physician only

Telehealth Services in Medicaid: Reimbursable Services

Telehealth Services:

- Psychiatric diagnostic evaluation
- Psychotherapy
- End-stage renal disease related services
- Medical nutrition therapy
- Evaluation and management of a new or established patient
- Inpatient pharmacological management
- Nutritional counseling



Telehealth Services in Medicaid: Providers

- Telehealth providers must be enrolled in Medicaid
- Eligible distant site providers:
 - Licensed Professional Counselor (LPC)
 - Comprehensive Care Program (CCP) Social Worker
 - Psychologist
 - Registered Nurse
 - Nurse Midwife
 - Licensed Clinical Social Worker (LCSW)
- An eligible patient site presenter is any health care professional who is licensed or certified in Texas and practicing within the scope of their licensure or certification

Home Telemonitoring Services in Medicaid: Definition

- Home telemonitoring is the scheduled, remote monitoring of data related to a patient's health, and the transmission and review of that data
- Home telemonitoring services must be ordered by a physician
- The client's plan of care outlines the schedule of transmissions
- Home telemonitoring requires prior authorization in traditional Medicaid

Home Telemonitoring Services in Medicaid: Eligible Patients

- Patient must have a diagnosis of diabetes or hypertension
- Patient must meet at least two of the following risk factors:
 - Two or more hospitalizations in the prior 12-month period
 - Frequent or recurrent emergency department visits
 - A documented history of poor adherence to ordered medication regimens
 - A documented history of falls in the prior six-month period
 - Limited or absent informal support systems
 - Living alone or being home alone for extended periods of time
 - A documented history of care access challenges



Home Telemonitoring Services in Medicaid: Providers

- Providers must be enrolled in Medicaid
- Monitoring providers must be available 24 hours a day, 7 days a week
- Eligible remote monitoring providers:
 - Home health agency
 - Hospital



Home Telemonitoring Services in Medicaid: Providers

- Reviewing provider must be enrolled in Medicaid
- Eligible reviewing providers:
 - Physician (M.D. or D.O.)
 - Nurse Practitioner
 - Clinical Nurse Specialist
 - Physician Assistant



Home Telemonitoring Services in Medicaid: Reimbursement

- Initial set-up and installation of remote monitoring equipment
 - One time reimbursement unless new episode of care
- Home health agency review of data transmissions
 - Daily reimbursement regardless of the number of data transmissions per day
- Provider review of data transmissions
 - Reimbursement once every seven days regardless of the number of data transmissions per seven day period

Teleservices in Medicaid Managed Care

- Section 8.2.18 of the Uniform Managed Care Manual outlines that telemedicine, telehealth, and telemonitoring are Medicaid covered services
- MCOs are encouraged to contract with providers offering these services to provide better access to healthcare for their members
- Medicaid MCOs must be able to accept and process provider claims for these services in conformity with the Texas Medicaid benefit

Teleservices Projects in DSRIP

- There are 80 active telemedicine, telehealth, or telemonitoring projects in the Delivery System Reform Incentive Payment (DSRIP) program under the 1115 Medicaid Transformation Waiver
- Example: University Medical Center at Brackenridge (UMCB) tele-psychiatry program:
 - Expands access to provide 24/7 psychiatric consultations at UMCB emergency department (ED) by utilizing after-hours telemedicine services
 - Without these services, patients in psychiatric crisis presenting after-hours would wait until the next day for an assessment
 - The project's goal by September 2016 (end of Demonstration Year 5) is to provide 1,859 total consultations over the life of the waiver



Teleservices Delivery: Recent Developments and Initiatives

- The 84th Legislature enacted:
 - House Bill 1878 by Rep. Laubenberg, which requires HHSC to ensure that Medicaid reimbursement is provided for telemedicine medical services provided in a school setting regardless of who the primary care physician is on record
 - House Bill 3519 by Rep. Guerra, which authorizes HHSC to offer reimbursement for home telemonitoring services until September 1, 2019
- HHSC is currently:
 - Researching additional diagnoses for home telemonitoring reimbursement
 - Reviewing the feasibility of adding patient site reimbursement for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)



Teleservices Utilization: FY2011-FY2015

Telemedicine, Telehealth, and Telemonitoring Utilization, SFY2011-SFY2015

SFY	Unique Clients	Unique Base TPI	Unique NPI	Count of Services	Count Distinct ICNs	PdAmt
SFY2011	10,228	85	82	26,129	24,113	\$1,231,875.08
SFY2012	13,629	134	128	39,607	38,543	\$1,737,963.35
SFY2013	17,125	178	165	52,694	48,267	\$2,547,504.94
SFY2014	21,911	245	240	75,268	61,479	\$3,374,246.87
SFY2015	28,321	435	434	181,730	90,096	\$5,558,239.36

Data are for paid FFS Claims and STAR/STAR+PLUS Encounters for Telemedicine/Telehealth/Telemonitoring procedure codes. State Fiscal Year is based on the header from date of Service. Paid amount is based on the detail paid amount associated with the procedure code.

Telemedicine/Telehealth Procedure codes include: (90791 ;90792 ;90832;90833 ;90834 ;90836 ;90837 ;90838 ;90951 ;90952 ;90954 ;90955 ;90957 ;90958 ;90960 ;90961 ;99201 ;99202 ;99203 ;99204 ;99205 ;99211 ;99212 ;99213 ;99214 ;99215 ;99241 ;99242 ;99243 ;99244 ;99245 ;99251 ;99252 ;99253 ;99254 ;99255 ;G0406 ;G0407 ;G0408 ;G0425 ;G0426 ;G0427 ;M0064 ;Q3014 ;97802 ;97803 ;97804 ;S9470 ;90801 ;90802 ;90804 ;90805 ;90806 ;90807 ;90808 ;90809 ;90862). All must have the GT modifier.

Telemonitoring Procedure codes: 99090 with or without GQ modifier; 99444

The following procedure codes became invalid January 2013: 90801,90802,90862,90804,90805,90806,90807,90808,90809, 90862

The following procedure codes were added January 2013:
90832,90833,90834,90836,90837,90838,90791,90792