2020-2021
Telehealth Tip Sheet

CareSource recognizes that the landscape of health care has evolved quickly and dramatically due to the COVID-19 pandemic, and it can be challenging to understand what care can and cannot occur virtually. This tip sheet will address some of the most common questions coming from providers. Please contact your Provider Engagement Specialist, or visit **CareSource.com** for more information. See links listed at the end of this page for more resources about telehealth.`

It is important to understand that state regulatory guidelines may vary state to state, and may be different from Centers for Medicare & Medicaid Services (CMS) allowances. CareSource recommends that you consult your state regulators, and CMS, for the most current information available on this topic.

Commonly Used Terms

- **Telemedicine** is defined as the practice of medicine using technology to deliver care at a distant location.
- **Telehealth** refers to remote monitoring of clinical data through technologic equipment in the member's home.
- **Synchronous visits*** are real-time electronic communication sessions comprised of both live audio and video [examples: Doxy.me, Google Duo, Google G Suite Hangouts Meet, Skype for Business, Updox, VSee, Zoom for Healthcare].
- **Asynchronous visits*** incorporate the transmission of recorded health history through an electronic communications system such as a secure web server, encrypted email, specially-designed store-and-forward software, or electronic health record to a practitioner, who uses the information to evaluate the care or render a service outside of real-time or live interaction.
- **Virtual check-in** visits can be synchronous or asynchronous, and used for both new and established patients. This service is a brief communication, usually initiated by the patient. and completed in their home via one of several communication technology modalities, including synchronous discussion over a telephone or exchange of information through video or image.
- **Member-reported services and biometric values** (height, weight, BMI percentile) - acceptable only if the information is collected by a primary care practitioner or specialist (if the specialist is providing a primary care service related to the condition being assessed) while taking a patient's history. The information must be recorded, dated and maintained in the member's legal health record.
- **Remote patient monitoring** This allows direct transmission of a patient's clinical measurements from a distance (may or may not be in real time) to their health care provider.

*CareSource recognizes that there can be some conflicting definitions of terms, especially *asynchronous* and *synchronous* visit types, and advocates for further clarity around those definitions.

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Practitioners approved to provide telehealth are subject to state laws and regulations, and may include all or some of the following:

- Physicians
- Nurse Practitioners
- Physician Assistants
- Clinical Nurse Specialists
- Clinical Psychologists and Psychiatrists
- Clinical Counselors
- Clinical Social Workers
- Registered Dieticians or nutrition professionals
- Occupational, Physical and Speech therapists

CareSource is here to support you:

- **No prior authorization** is necessary for telemedicine services (unless the service itself requires a PA)
- **No separate fee schedule** – all telemedicine visits within your scope of practice will pay at the same rate as an in-office visit
- **Speech therapy, occupational therapy and physical therapy** are covered services via combined audio and video connection
- **Contactless prescriptions** – e-prescribing and mail-order

New for 2020-2021

Although an in-person office visit continues to be the gold standard of care, telehealth is an additional and optional visit type, when safety and accessibility are impacted. An in-person exam should occur at the next scheduled visit when possible. In-person exams should be scheduled as soon as possible, as needed.

The following list highlights significant changes to virtual visit opportunities. This list is not all-inclusive, and additional information is available on the CareSource 2020-2021 Telehealth Healthcare Effectiveness Data and Information Set (HEDIS) Measure Quick Reference Guide. CareSource advises consulting CMS and state regulatory bodies for information specific to your state.

- Well-child visits and adolescent well-care visits (varies state to state) including member-reported height and weight. For AAP guidance on well-care visits, see https://www.aappublications.org/news/2020/04/14/ambulatory041420
- Behavioral health services
- ADHD initiation of treatment and follow-up visits
- Post-hospitalization follow-up for mental health treatment
- Member reported BP, weight, and blood sugar readings (adult)
- Capture identification of advanced illness exclusions for health screenings
    - Colorectal cancer (personal history of other malignant neoplasm of large intestine, rectum, rectosigmoid junction or anus)
    - Breast cancer (acquired absence of one or both breasts)
    - Cervical cancer (acquired absence of cervix and/or uterus or agenesis and aplasia of cervix)

Important Reminders

- Telehealth is not limited to COVID-19-related visits.
- Document the telehealth modality utilized with every visit, include assessments using peripherals (i.e. BP and oxygen saturation), and bill using the corresponding codes for the level of care provided.
- Claims must include the following codes:
  - Valid procedure code from the telemedicine code set for the telemedicine services rendered
  - Place of service (POS) code indicating the location where health services and health-related services are provided or received, through a telecommunication system AND
  - Modifier GT - Via interactive audio and video telecommunications system
  - See https://www.in.gov/medicaid/providers/. for updates to billing guidance
- Ensure that your provider information on record is current, and reflects all services you provide – this is especially important for behavioral health provider services.
- Notify your patients that telehealth is HIPAA compliant and options for care that are available to them.

Durable Medical Equipment (DME) Ordering Process

- Telehealth may be used to prescribe or renew durable medical equipment (DME) orders, when appropriate. DME vendors cannot provider, or bill for, equipment instruction via telehealth.
- Orders should be sent to the DME vendor of choice, not CareSource.
- A full list of participating providers is available at https://findadoctor.caresource.com/? – just select the member's state and plan type.

Telehealth Regulatory Guidance and Billing Information | Resource Links

Regulatory Guidance	
Centers for Medicare and Medicaid (CMS)	https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
Indiana Office of Medicaid Policy and Planning (OMPP)	https://www.in.gov/medicaid/providers/829.htm
	https://www.in.gov/medicaid/providers/693.htm
	http://provider.indianamedicaid.com/ihcp/Bulletins/BT202022.pdf
	http://provider.indianamedicaid.com/ihcp/Bulletins/BT202034.pdf
	http://provider.indianamedicaid.com/ihcp/Bulletins/BT202049.pdf
	http://provider.indianamedicaid.com/ihcp/Bulletins/BT2020106.pdf
Indiana Health Coverage Programs - Telemedicine and Telehealth Services Manual	https://www.in.gov/medicaid/files/telemedicine%20and%20telehealth%20services.pdf
CareSource Billing and Coding Information	
Medicare Advantage	https://www.caresource.com/in/providers/tools-resources/updates-announcements/medicare/
Dual-Special Needs Plan	https://www.caresource.com/in/providers/tools-resources/updates-announcements/dsnp/
Medicaid	https://www.caresource.com/in/providers/tools-resources/updates-announcements/medicaid/
Marketplace	https://www.caresource.com/in/providers/tools-resources/updates-announcements/marketplace/>

For additional telehealth information, please see the CareSource Telehealth HEDIS Measure Quick Reference Guide.

For additional information on CPT II coding, please see the CareSource HEDIS Quality Companion Guide.

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