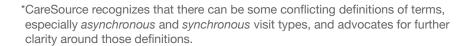# 2020-2021
Telehealth Tip Sheet

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 type of 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

- **Telehealth** is the direct delivery of health care services to a patient, related to diagnosis, treatment and management of a condition. It is the interaction with a patient via synchronous interactive real-time electronic communication comprising of both audio and video elements, or asynchronous (audio or video elements) telephone calls, remote patient monitoring and communication via secure electronic mail or a secure patient portal.

- **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*** are two-way interactions that do not utilize both live audio and video during the session
  - Telephone calls without video component are considered asynchronous (allowable by CMS, March 2020)
  - Images delivered via email or fax
  - E-visits: member communications with their provider through online patient portals
  - Online questionnaires

- **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
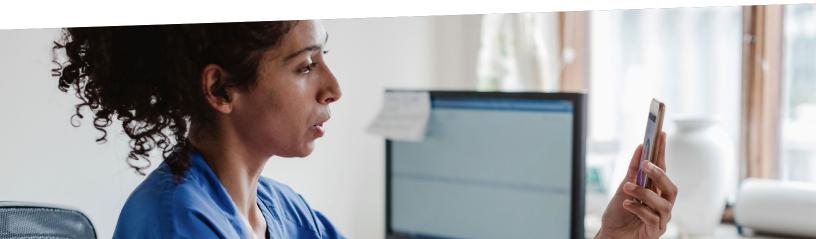- Optometrists

CareSource is here to support you:

- **No prior authorization (PA)** 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 optimal 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 services that may be performed through telelhealth. 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 American Academy of Pediatrics (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 blood pressure, 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.
- Document consent for the visit, including the consenting/responsible party, date and time.
- Claims must include the following (for the most current information, consult your state regulatory body or CMS):
  - Valid Current Procedural Terminology (CPT) code (and CPT II if applicable)
  - Modifier and Point of Service (POS) Codes (Georgia Department of Community Health banner, 13 Apr 2020: "all claims must be billed using the associated procedure code, GT modifier and/or place of service code 02 to indicate telehealth delivery. Providers that were billing for telemedicine codes prior to the health emergency will continue to use the designated codes associated with the service(s) rendered and the GT modifier. Codes that have been recently approved for telehealth for use during the health emergency will only need to use the POS 02 code."
- Ensure that your provider information on record is current, and reflects all services you provide – this is especially important for behavioral health provider services.
  - (Georgia Department of Community Health banner 18 Mar 2020): "While COVID-19 emergency rules have relaxed the definition HIPAA compliance, providers should make a good faith effort to ensure that communication is secure and that HIPAA requirements are met for the privacy and confidentiality of Medicaid/PeachCare for Kids members."

Durable Medical Equipment Ordering Process

- Send orders to the participating durable medical equipment (DME) vendor of choice – **not** CareSource. Sending orders to CareSource will delay fulfillment of request.
- 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

Georgia Regulatory Guidance	
Centers for Medicare and Medicaid (CMS)	https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
Georgia Department of Community Health (DCH)	https://medicaid.georgia.gov/document/document/telehealth-guidance/download
	https://medicaid.georgia.gov/document/document/latest-telehealth-billing-guidance-4-13-20/download
	https://medicaid.georgia.gov/document/document/telehealth-guidance-medicaidpckfeeforservice-providers/download
Non-Emergency Guidance	https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Telemedicine%20Guidance_%202020200918182643.pdf
CareSource Billing and Coding Information	
Medicare Advantage	https://www.caresource.com/ga/providers/tools-resources/updates-announcements/medicare/
Dual-Special Needs Plan	https://www.caresource.com/ga/providers/tools-resources/updates-announcements/dsnp/
Medicaid	https://www.caresource.com/ga/providers/tools-resources/updates-announcements/medicaid/
Planning for Healthy Babies®	https://www.caresource.com/ga/providers/tools-resources/updates-announcements/p4hb/
Marketplace	https://www.caresource.com/ga/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:
https://www.caresource.com/documents/hedis-quality-companion-guide/