School Based Claiming

Telehealth Services

April 2020
School Based Claiming - Updates

Overview

Public Consulting Group (PCG) supports Arizona Health Care Cost Containment System (AHCCCS) in managing the Medicaid School Based Claiming (MSBC) Program.

In response to the COVID-19 pandemic and in an effort to increase access to health services to Arizona students, AHCCCS implemented programmatic changes for students participating in the MSBC program.
School Based Claiming - Updates

**COVID-19 Flexibilities and Telehealth and Telephonic Services**

One such change was to expedite the implementation and reimbursement of telehealth and telephonic services to students in the Medicaid School Based Claiming (MSBC) Program.

Effective **March 30th, 2020**, AHCCCS began allowing some school-based health services to be rendered via telehealth.

- **NOTE:** These telehealth and telephonic services may be billed for, for dates of service 3/30/20 and after.
COVID-19 Flexibilities and Telehealth and Telephonic Services

Please note that this is not an expansion of the scope of services within the Medicaid State Plan. This is, however, allowing current services within the MSBC program to be provided via telehealth and telephonic service delivery.

Some services permitted via telehealth and telephonic service delivery will be permanently allowed, and others are being allowed on a temporary basis during the emergency declaration.
School Based Claiming - Updates

Available Services for MSBC Programs

For a complete list of services, provider types, procedure codes, and applicable modifiers available to MSBC Programs, PCG will send the updated fee schedule to the LEAs, with a file name similar to ‘MEDICAID SCHOOL BASED CLAIMS RATES AS OF 3-30-2020’.

For additional information on AHCCCS and what it is doing in response to COVID-19, please visit our FAQ web page. It includes links to both our permanent and temporary telehealth and telephonic code lists.

• https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#telehealth
Reminders

1) All providers who render telehealth services and bill for services in the MSBC Program are required to be registered with AHCCCS Provider Registration.

2) Providers currently AHCCCS registered, do not require a re-registration as a telehealth provider.

3) There are restrictions on provider types allowed to bill telehealth services in the MSBC Program, reference updated fee schedule effective 3-30-2020.
Reminders (continued)

Group services via Tele-therapy are allowed to be billed in the MSBC Program. [https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/MedicalCodingResourcesFAQ.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/MedicalCodingResourcesFAQ.pdf)

5) There is no change to current place of service (POS) codes for school-based services.

6) The updated fee schedule reflects provider type, procedure code, and modifier combinations allowable for telehealth.
School Based Claiming - Reminders

Reminders (continued)

7) Providers who render telehealth services are required to maintain service documentation.

8) Providers who render telehealth services are required to continue to monitor and report progress on goals prescribed within the IEP.

9) Refer to the link below from the Arizona Department of Education on guidance on IEP amendment requirements.

School Based Claiming

Reminders (continued)

All MSBC program compliance requirements are still applicable to any telehealth service rendered, and LEAs must continue to maintain and store all direct service documentation.

If PCG can provide further input or address any questions, please do not hesitate to contact us by phone at (877) 877-8011 or by email at azdsc@pcgus.com
Telehealth Basics
AHCCCS covers medically necessary, non-experimental, cost-effective telehealth services provided by an AHCCCS registered provider. There are no geographic restrictions for telehealth; services delivered via telehealth are covered by AHCCCS in rural and urban regions.

**Telehealth** may include healthcare services delivered via telemedicine or asynchronous (store and forward).
What services are covered via telehealth?

- The first thing to know is that there is a difference between *real time* telehealth (*synchronous*) and *store and forward* (*asynchronous*), and the types of services that that are covered.
  - **Asynchronous** provides access to data after it has been collected, and involves communication tools such as secure email or telehealth software solutions.
  - **Synchronous** is the “real time” two-way interaction between the patient and provider, using interactive audio and video.
  - **Telephonic** is the use of the telephone for medical and behavioral health service delivery.
What services are covered via telehealth?

• In order for a service to be covered via telehealth, it must be an AHCCCS covered service rendered by an AHCCCS registered provider, and it must meet the requirements as outlined in the referenced updated fee schedule effective 3-30-2020.
Policy Information – Limitations & Exclusions
Telehealth Services

Things to know:

• Synchronous (Real Time) Telemedicine and Remote Patient Monitoring will not replace provider and member choice for healthcare delivery modality.

• Confidentiality standards for Telehealth services should adhere to all applicable statutes and policies governing Telehealth.

• Informed consent standards for Telehealth services shall adhere to all statutes and policies governing telehealth, including A.R.S. §36-3602.
Arizona Revised Statute §36-3602 & Telehealth Services

A.R.S. 36-3602. Delivery of health care through telemedicine; requirements; exceptions

A. Except as provided in subsection E of this section, before a health care provider delivers health care through telemedicine, the treating health care provider shall obtain verbal or written informed consent from the patient or the patient's health care decision maker. If the informed consent is obtained verbally, the health care provider shall document the consent on the patient's medical record.

B. The patient is entitled to all existing confidentiality protections pursuant to section 12-2292.

C. All medical reports resulting from a telemedicine consultation are part of a patient's medical record as defined in section 12-2291.

D. Dissemination of any images or information identifiable to a specific patient for research or educational purposes shall not occur without the patient's consent, unless authorized by state or federal law.

E. The consent requirements of this section do not apply:

1. If the telemedicine interaction does not take place in the physical presence of the patient.

2. In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent.

3. To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.
Medical Records

- Medical records for telehealth visits must be maintained by any provider receiving reimbursement. This includes documentation showing the procedure code and appropriate modifier.
In response to the COVID-19 pandemic, federal guidance was issued to encourage the use of widely available communications applications for the provision of telehealth services, such as FaceTime or Skype, to assist in social distancing efforts. This occurred on March 17, 2020, when the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced, effective immediately, that it would exercise its enforcement discretion and would waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency.

More information can be found at HHS Office of Civil Rights and SAMHSA.
Telehealth Services

COVID-19 Flexibilities and Electronic Signatures/Verbal Consent

PCG was granted authority to use electronic signatures in lieu of “wet” penned signatures during the COVID-19 state of emergency for claiming purposes. This allows ease of use when conducting telehealth and telephonic services.

Verbal consent for the receipt of services is also permitted during this time frame.
Billing for Telehealth Services
Public Consulting Group (PCG) will continue to serve as the Third Party Administrator (TPA) to AHCCCS for the Direct Service Claiming (DSC) and Medicaid Administrative Claiming (MAC) Programs.
Local Education Agencies (LEAs) will continue to submit their claims, including claims for telehealth services, to Public Consulting Group (PCG).
Telehealth Billing

With COVID-19, children have been doing schooling remotely from their homes. What POS should be used on the claim?

- The originating site (spoke) is used as the POS on claims for telehealth services. This is no different for School Based Claims.
- School based providers can currently perform services in home for children that are home-bound if its in the child’s Individual Education Plan (IEP).
- POS 12 should be used for children in their home.
Telehealth Billing

When doing telehealth visits for children, does the provider have to be located physically in the school?

• No. The provider may conduct the visit from their office or their home office. They may also conduct it from the school if located in the school.
Telehealth Billing

Geographic Restrictions

• There are no geographic restrictions for telehealth services.

• Telehealth services may be rendered to children both in rural and urban/metropolitan areas.
Telehealth Billing – Modifiers

For additional information and a full list of available POS and appropriate modifiers, PCG will send a document to the Local Education Agencies (LEA).
Telehealth Questions

The DFSM Provider Training Team

Please outreach providertrainingffs@azahcccs.gov with telehealth questions.
Questions?
Thank You.