



Fee-for-Service (FFS) Presentation Telehealth Services and Billing Guidelines

*Materials are designed for FFS programs, including AIHP, TRBHAs and Tribal ALTCS.

September 2020



Telehealth Services

The purpose of this training is to provide an overview of general telehealth/telephonic policies and definitions, billing, and claims submissions for FFS providers.

Telehealth Services

AHCCCS recently updated its telehealth policies. Updates can be found in:

- [The AHCCCS Medical Policy Manual \(AMPM\) 320-I, Telehealth Services;](#)
- [Chapter 10, Individual Practitioner Services, of the Fee-for-Service Provider Billing Manual;](#) and
- [Chapter 8, Individual Practitioner Services, of the IHS/Tribal Provider Billing Manuals.](#)

In light of these updates, the Telehealth Training Manual will be removed, as it contains outdated information (our policies have expanded telehealth services).

Telehealth Services

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 teledentistry, 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.

Synchronous Telehealth Services

The following list is not comprehensive, but are examples of services covered by real time telehealth:

Real Time (Synchronous) Telehealth Service Examples

*Not all inclusive list.

Behavioral Health	Cardiology	Dentistry	Endocrinology
Hematology / Oncology	Home Health	Infectious Diseases	Inpatient Consults
Medical Nutrition Therapy (MNT)	Outpatient Consultations	Office Visits (adults & pediatrics)	Oncology / Radiation
Ophthalmology	Orthopedics	Obstetrics/Gynecology	Neurology
Pain Clinic	Pathology & Radiology	Pediatrics & Pediatric Subspecialties	Pharmacy Management
Rheumatology	Surgery Follow-Up	Surgery Consultations	

Asynchronous Telehealth Services

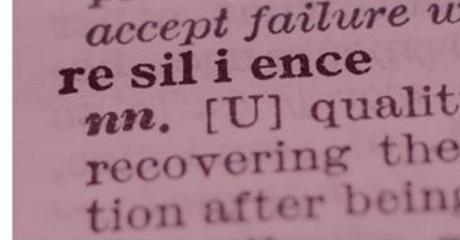
- The following services are covered via asynchronous telehealth (store & forward):

Asynchronous (Store & Forward) Telehealth Services			
*All inclusive list.			
Behavioral Health	Cardiology	Dermatology	Neurology
Ophthalmology	Pathology	Radiology	Infectious Disease

Telehealth Services

In order for a service to be covered via telehealth, it must be:

1. An AHCCCS covered service;
2. Rendered by an AHCCCS registered provider; and
3. Must meet the requirements as outlined in AHCCCS Medical Policy and within AMPM 320-I, Telehealth Services.



Telehealth Definitions

Telehealth – Modes of Service Delivery

Service delivery via telehealth can be done via:

1. Teledentistry,
2. Telemedicine, or
3. Asynchronous (store and forward).

Telehealth – Modes of Service Delivery

Asynchronous or “Store and Forward” means the transmission of recorded health history (e.g. pre-recorded videos and digital images, such as x-rays and photos) through a secure electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render consultative services outside of a synchronous (real-time) interaction.

As compared to a real-time visit, this service provides access to data after it has been collected, and involves communication tools such as secure email or telehealth software solutions.

Telehealth – Modes of Service Delivery

Teledentistry is the acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS registered dental provider to a dentist at a distant site for triage, dental treatment planning, and referral.

Telehealth – Modes of Service Delivery

Telemedicine is the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation.

Telehealth – Modes of Service Delivery

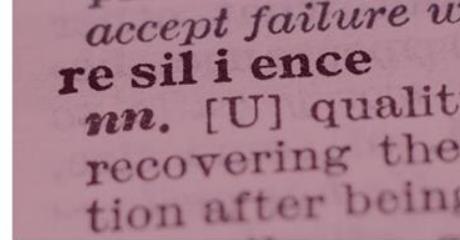
Service delivery via telemedicine can occur in one of two ways:

- **Real time (synchronous)** means the two-way interaction between a person (patient, caregiver, or provider) and a provider using interactive audio and video. The patient is at the originating site and the provider is at the distant site. It includes the transfer of information and medical data between two sites simultaneously: the distant site and the originating site.
- **Remote patient monitoring** is the personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in providing improved chronic disease management care and related support.

Telehealth Service Sites

What is the difference between the Distant Site (Hub) and Originating Site (Spoke)?

- **Distant site** means the site at which the provider delivering the service is located at the time the service is provided via telehealth. (Formerly hub site.)
- **Originating site** means the location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates. (Formerly spoke site.)
 - The originating site is considered the place of service (POS).



Telehealth Policy Information

Limitations and Exclusions

Telehealth Policy Reminders

- Synchronous (Real Time) Telemedicine and Remote Patient Monitoring **will not** replace provider and member choice for healthcare delivery modality.
- All telehealth services shall be provided by an **AHCCCS registered provider.**
- 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.

Telehealth Policy Reminders

- Medical records for telehealth visits must be maintained by any provider receiving reimbursement.
 - This includes documentation showing the procedure code and appropriate modifier.
 - The timeframe for maintaining medical records/documentation from telehealth visits, is the same as it is for in-person visits. This varies by provider type and service rendered.
- Telehealth and telemedicine visits may qualify as an FQHC/RHC visit if it meets the requirements specified in AMPM 320-I, Telehealth.

Arizona Revised Statute §36-3602 & Telehealth Services

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.

Arizona Revised Statute §36-3602 & Telehealth Services

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

Arizona Revised Statute §36-3602 & Telehealth Services

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

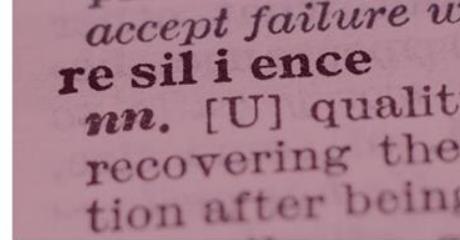
- D. Dissemination of any images or information identifiable to a specific patient for research or educational purposes shall not occur without the patient's consent, unless authorized by state or federal law.

Arizona Revised Statute §36-3602 & Telehealth Services

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

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.



Specific Telehealth Services

Behavioral Health Services, Teledentistry, and
Non-Emergency Medical Transportation (NEMT)

Telehealth Services – Behavioral Health

Behavioral health telehealth services are covered for Title XIX (Medicaid) and Title XXI (KidsCare) members. Covered behavioral health services can include, but are not limited to:

- Diagnostic consultation and evaluation,
- Psychotropic medication adjustment and monitoring,
- Individual and family counseling, and
- Case management.

***This includes Naturalistic Observation Diagnostic Assessment (NODA).

Telehealth Services - Teledentistry

AHCCCS covers Teledentistry for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members when provided by an AHCCCS registered dental provider.

- Teledentistry does not replace the dental examination by the dentist; limited periodic and comprehensive examinations cannot be billed through the use of Teledentistry alone.

Teledentistry includes the provision of preventative and other approved therapeutic services by the AHCCCS registered Affiliated Practice Dental Hygienist, who provides dental hygiene services under an affiliated practice relationship with a dentist.

- For additional information on [Affiliated Practice Dental Hygienists, see AMPM 431.](#)

Telehealth Services and Non-Emergency Medical Transportation (NEMT)

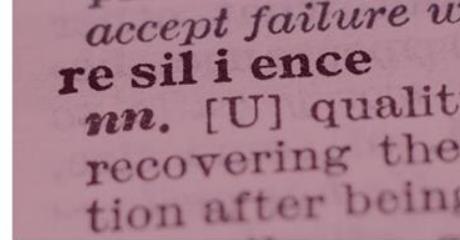
Non-emergency medical transportation (NEMT) is covered to transport a Title XIX or Title XXI member to and from the originating site, in order to receive an AHCCCS covered medically necessary consultation or treatment.

Telehealth Services – Office Settings

Office visits (adults & pediatrics) are covered for Title XIX and Title XXI members via telehealth.

- This includes prolonged preventive services beyond the typical service of the primary procedure. These may require direct patient contact and may occur in either the office or another outpatient setting. The following codes are examples:

G0513	G0514
Prolonged preventive service(s) (beyond the typical service of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (listed separately in addition to code for preventive service).	Prolonged preventive service(s) (beyond the typical service of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (listed separately in addition to code for preventive service).



Billing for Telehealth Services

Telehealth Billing – What Has Changed?

Place of Service

Previously the distant site (hub) was used as the Place of Service (POS) on claims for telehealth services.

- **Now** the originating site (spoke) is used as the POS on claims for telehealth services.

Telehealth Billing – What Has Changed?

Place of Service Example

A member is located at a Rural Health Clinic (originating site) and the consulting provider (who will submit the claim) is located in their office (distant site).

- The POS listed on the claim (submitted by the consulting provider at the distant site) will be POS 72 (Rural Health Clinic).
- The POS will **not** be the provider's office (distant site).

Telehealth Billing – What Has Changed?

Geographic Restrictions

There are no geographic restrictions for telehealth services.

Telehealth services may be rendered to members both in rural and urban/metropolitan areas.

Telehealth Billing – What Has Changed?

Providers and Facility Types Permitted to Serve as Originating and/or Distant Sites

There are no longer restrictions for the provider types and facilities that can serve as the originating and distant sites.

- They simply need to be AHCCCS registered providers.

Telehealth Billing – What Has Changed?

Provider Types

We do not prohibit certain provider types from billing for telehealth and telephonic services.

However, please note that provider types can bill for telehealth and telephonic services, only to the extent that their scope, licensure and standards of care allow.

What is a Telepresenter?

At the time of service delivery via real time telehealth an individual who is familiar with the member's condition may be present with the member.

This person is called a telepresenter.

Telepresenter services are **not** billable.

Telehealth Billing for FFS Providers

FFS Providers billing for reimbursement at the FFS Rate should bill using the CMS 1500 Claim Form.

- **Reimbursement Rate:** Capped FFS Rate
- **Claim Form:** CMS 1500 Claim Form
- **Provider Types:** All FFS Providers

Telehealth Billing for IHS/638 Providers

IHS/638 Providers billing for reimbursement at the All-Inclusive Rate (AIR) should bill using the UB-04 Claim Form.

- **Reimbursement Rate:** All-Inclusive Rate (AIR)
- **Claim Form:** UB-04 Claim Form
- **Provider Types:** IHS/638 Providers and Facilities, when rendering a qualifying AIR service.

NOTE: Please note that a separate telehealth training session for IHS/638 providers/facilities is available on [the provider training web page](#) on the AHCCCS website. Periodic telehealth trainings customized for IHS/638 providers/facilities are also periodically held.

Telehealth Billing – Place of Service (POS)

The POS listed on the claim form, when billing for reimbursement at the Capped FFS Rate on a CMS 1500 Claim Form, shall be the originating site (where the AHCCCS member is located).

- i.e. A member is located at a Rural Health Clinic (originating site) and the consulting provider (who will submit the claim) is located in their office (distant site). The POS listed on the claim (submitted by the consulting provider) will be POS 72 (Rural Health Clinic).

NOTE: Please note that the UB-04 Claim Form does not have a POS field. Claims reported on a UB-04 Claim Form for telehealth services do not have a POS field.

Telehealth Billing - Coding

Providers should follow national coding standards when using HCPCS, CPT and UB-04 Revenue Codes.

- For a complete code set of services, along with their eligible place of service and modifiers, that can be billed as telehealth please visit the AHCCCS Medical Coding Resources web page at:

<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

Telehealth Billing - Modifiers

Providers should follow national coding standards when using Modifiers.

- For a full list of available POS and appropriate modifiers, refer to the AHCCCS Medical Coding Resources webpage at:

<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

Telehealth Billing – Modifiers

MODIFIER	DESCRIPTION
GQ	Asynchronous (“store and forward”) telehealth services must be billed using the “GQ” modifier to designate the service being billed as a telehealth service.
GT	Real time (interactive audio and video) telehealth services must be billed using the “GT” modifier to designate the service being billed as a telehealth service.
UD	Indicates the service provided was telephonic.

Reporting Services Provided as a Result of COVID-19

Modifier CR

AHCCCS has designated the CR modifier to be used on all claims for services provided as a result of, or related to COVID-19.

Providers should be using the modifier as appropriate in order for AHCCCS to identify the costs of services attributable to this emergency.

All other guidance regarding use of modifiers continues to be applicable.

Telehealth Billing – Medicare Dual Claims

For Medicare Dual members, claims may be submitted with the POS listed as 02 (Telemedicine) to comply with Medicare guidelines.

The POS 02 (Telemedicine) will designate the service being provided as a telehealth service.

- i.e. A member is located at Rural Health Clinic (originating site) and the consulting provider (who will submit the claim) is located in their office (distant site). The POS listed on the claim (submitted by the consulting provider) will not be POS 72 (Rural Health Clinic), but will instead be listed as POS 02.

Telehealth Billing – Medicare Dual Claims

For Medicare Dual members, the POS on a claim should be the originating site, however AHCCCS will also accept POS 02 (Telemedicine).

However, POS 02 should only be used on Medicare claims that are crossing over to AHCCCS.

Telehealth Billing – FFS Examples

Originating Site (OS)	Was a Separate Service Provided by the OS?	Distant Site (DS)	Who is the Billing Provider?	Rate Billed by DS	Code(s) Billed by DS	POS on DS Claim	Claim Form Used by DS	Rate Billed by OS	Code(s) Billed by OS	POS on OS Claim	Claim Form Used by OS
Scenarios where a telehealth visit occurs between two FFS Providers.											
FFS Provider (Non-IHS/638)	No	FFS Provider (Non-IHS/638)	DS	FFS Rate	CPT/HCP CS with the appropriate modifier (GT/GQ)	OS	CMS 1500	No claim submitted by OS			
FFS Provider (Non-IHS/638)	Yes	FFS Provider (Non-IHS/638)	OS/DS	FFS Rate	CPT/HCP CS with the appropriate modifier (GT/GQ)	OS	CMS 1500	FFS Rate	CPT/HCP CS	OS	CMS 1500

Telehealth Billing – FFS Examples

Originating Site (OS)	Was a Separate Service Provided by the OS?	Distant Site (DS)	Who is the Billing Provider ?	Rate Billed by DS	Code(s) Billed by DS	POS on DS Claim	Claim Form Used by DS	Rate Billed by OS	Code(s) Billed by OS	POS on OS Claim	Claim Form Used by OS
Scenario where a member is located in their home and the Distant Site is a FFS provider											
Member's Home	N/A	FFS Provider (Non-IHS/638)	DS	FFS Rate	CPT/HPCS with the appropriate modifier (GT/GQ)	OS	CMS 1500	No claim submitted by OS			



Division of Fee-for-Service Management (DFSM) Provider Education and Training Unit

Education and Training Questions?

The DFSM Provider Education and Training Unit can assist providers with the following:

- ❖ How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal ([FFS programs, including AIHP, TRBHAs and Tribal ALTCS](#))
- ❖ How to status a claims and prior authorization request through the AHCCC Online Provider Portal ([FFS programs, including AIHP, TRBHAs and Tribal ALTCS](#))
- ❖ Submission of documentation using the Transaction Insight Portal (e.g. The AHCCCS Daily Trip report, requested medical records, etc.)

Additionally the DFSM education and training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- ❖ **Rates** - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- ❖ **Coding** - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov

NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.

- ❖ **ACC Plan Claims** - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

Education and Training Questions?

The DFSM Provider Training Team can be outreached at providertrainingffs@azahcccs.gov .

Questions?

Thank You.

This concludes the presentation.