

# Telehealth Guidance for Therapy Providers

## Updates Due to COVID-19

To help ensure continuity of care during the COVID-19 (coronavirus) response, Community First Health Plans (CFHP) will begin reimbursing Therapy Providers for telehealth (non-physician-delivered) services as distant site providers effective immediately.

The Coronavirus pandemic demands that health care providers rethink how they deliver care in ways that reduce risk of further spreading infection. To help combat the spread of Coronavirus, certain regulatory requirements have been suspended, to the extent necessary to allow licensees of Speech-Language Assistants to bill for telehealth services. These changes will be effective beginning on April 9, 2020. Beginning March 26, 2020, services billed by Certified Occupational Therapy Assistants, and Physical Therapy Assistants will be payable.

The same code of ethics applies, and professional standards apply for services delivered via telehealth. These requirements will only be in place through the duration of the pandemic.

CFHP follows the Texas Medicaid Provider Procedures Manual (TMPPM) related to Telecommunication Services. Providers may refer to the Telecommunication Services Handbook located on [tmhp.com](http://tmhp.com) for more information.

## Telehealth Guidelines

Providers may provide telecommunication services for Texas Medicaid clients under the provider's Texas Medicaid provider identifier. No additional enrollment is required to provide telemedicine or telehealth services.

- Occupational therapy, physical therapy, and speech therapy may be delivered as a telehealth service following current licensure requirements found in the Occupational Therapy Rules, Physical Therapy Rules and Speech Language Pathologist and Audiologist Administrative Rules. Standards of practice must be maintained.
- Providers must maintain informed consent for telehealth provision using a provider generated consent form. For Members under 13, the Member's adult caregiver or a designated health professional must participate during the entire duration of each telehealth session.
- CFHP will reimburse telehealth services according to the Texas Medicaid fee schedule for the approved procedure codes. Services delivered by telehealth require an interactive audio-visual connection to the Member; they cannot be provided using telephone only or live chat. Providers do not need to request changes to current authorizations. Providers must submit Telehealth claims along with modifier 95 when appropriate. Provider must also continue to use existing modifiers based on TMHP guidance.
- CFHP acknowledges that the place of service on existing authorizations may vary between home, office, and telehealth for an unknown timeframe. For place of service other than telehealth, Providers should submit claims with the place of service that was requested initially on the authorization or if it is solely telehealth, place of service 02 should be used. Providers MUST submit telehealth claims using modifier 95 when appropriate.

As a reminder the following services PT, OT, and ST treatment procedure codes are either time-based and billable in units or untimed and billable per daily encounter.

## Timed PT and OT Treatment Procedure Codes

All time-based PT and OT treatment procedure codes are cumulatively limited to one hour per date of service per discipline (4 units).

The following time-based PT and OT treatment procedure codes must be billed in 15 minute increments and are limited to a combined total of 2 units (thirty minutes) per date of service per discipline:

Procedure Codes	
97034	97035

The following time-based PT and OT treatment procedure code must be billed in 15 minute increments, is limited to a combined total of 3 units (45 minutes) per date of service per discipline, and is not payable in the home or other setting:

Procedure Codes
97036

The following time-based PT and OT treatment procedure codes must be billed in 15 minute increments and are limited to a combined total of 4 units (one hour) per date of service per discipline:

Procedure Codes							
97032	97033	97110	97112	97113	97116	97124	97140
97530	97535	97537	97542	97750	97760	97761	97763

**Note: Procedure code 97113 is not payable to home health agencies.**

## Untimed PT and OT Treatment Procedure Codes

The following supervised modality PT and OT treatment procedure codes are limited to once per date of service per procedure code and must be delivered on the same date of service as one or more time based PT and OT procedure codes and are subject to CMS NCCI relationships:

Procedure Codes							
97012	97014	97016	97018	97022	97024	97026	97028

The following PT and OT group therapy treatment procedure code is limited to once per date of service:

Procedure Codes
97150

## Speech Therapy Treatment Procedure Codes

Individual speech treatment is limited to one encounter per date of service per provider. Only one of the following individual speech treatment procedure codes will be reimbursed per date of service:

Procedure Codes	
92507	92526

An encounter for speech therapy individual treatment is defined as face-to-face time with the patient and/or caregiver for a length of time compliant with nationally recognized professional speech-language pathology standards for a typical session. The following group speech therapy procedure code is limited to once per date of service:

Procedure Codes
92508

## PT, OT, and ST Evaluation and Re-Evaluation Codes

Evaluation and re-evaluation procedure codes in the following table are untimed:

Procedure Codes						
92521	92522	92523	92524	92610	97161	97162
97163	97164	97165	97166	97167	97168	S9152

A modifier must be used to indicate when treatment services have been rendered by a licensed therapist/physician or a therapy assistant under supervision of a licensed therapist.

The following modifiers are not required for evaluation or re-evaluation codes because those services may not be rendered by therapy assistants.

Modifier	Description
UB	Services delivered by a licensed therapy assistant under supervision of a licensed therapist
U5	Services delivered by a licensed therapist or physician

# Standard CMS 1500 Claim Form

All claims should be file using the Standard CMS Claim Form.

1500 HEALTH INSURANCE CLAIM FORM										CARRIER					
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05										PICA					
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BIKLING (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Jane Doe										561851961					
3. PATIENT'S BIRTH DATE (MM/DD/YYYY) 03/03/2011 SEX M <input type="checkbox"/> F <input type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial) Community First Health Plan					
5. PATIENT'S ADDRESS (No., Street) 123 Classroom Dr.										7. INSURED'S ADDRESS (No., Street) 12235 Silicon Dr, Ste 100					
CITY San Antonio				STATE TX		CITY San Antonio				STATE TX					
ZIP CODE 78222				TELEPHONE (Include Area Code) (210) 533-5577						ZIP CODE 78249				TELEPHONE (Include Area Code) (210) 358-6000	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										11. INSURED'S POLICY GROUP OR FECA NUMBER					
10. IS PATIENT'S CONDITION RELATED TO:										a. INSURED'S DATE OF BIRTH (MM/DD/YY) M <input type="checkbox"/> F <input type="checkbox"/>					
a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>										b. EMPLOYER'S NAME OR SCHOOL NAME					
b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State)										c. INSURANCE PLAN NAME OR PROGRAM NAME					
c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d.					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____					
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) 05/24/2017										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM/DD/YYYY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Dr. Mickey Mouse										17b. NPI 1476549871					
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Recode Items 1, 2, 3 or 4 to Item 24E by Line) 1. S83.511										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.					
23. PRIOR AUTHORIZATION NUMBER										24. A. DATE(S) OF SERVICE From MM/DD/YY To MM/DD/YY					
B. PLACE OF SERVICE										C. EMG					
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										E. DIAGNOSIS POINTER					
F. \$ CHARGES										G. DAYS OR UNITS					
H. EXPECT Family Plan										I. L ID. QUAL					
J. RENDERING PROVIDER ID. #										1749857810					
1 03/23/20 02 92507 UB 95 1 \$543.00										ZZ 225100000X					
2										NPI					
3										NPI					
4										NPI					
5										NPI					
6										NPI					
25. FEDERAL TAX I.D. NUMBER 74-1586031										26. PATIENT'S ACCOUNT NO.					
27. ACCEPT ASSIGNMENT? (For opt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>										28. TOTAL CHARGE \$					
29. AMOUNT PAID \$										30. BALANCE DUE \$					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Dr. Minnie Mouse										32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.					
33. BILLING PROVIDER INFO & PH # (210) 927-8571 Clubhouse ABC Therapy 852 School House Blvd San Antonio, TX 78229										a. 1958746284 b.					

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

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