



Telehealth in Hawai'i

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Agenda

Telehealth Key Terms

Hawai'i Telehealth Laws

Telehealth Documentation, Coding & Billing

End of COVID-19 PHE/Impact

Insurance/Medicaid Coverage (Post PHE)

Resources

Telehealth Key Terms

Telemedicine: Telemedicine and telehealth are used interchangeably. They both reflect the remote delivery of health care through audio, digital and/or video technology.

Synchronous: A synchronous visit is one that is live and interactive between the patient and the medical professional. The patient and provider interact through video and audio combined.

Asynchronous: Asynchronous, also called store-and-forward, is a method of telemedicine delivery where there is a delay between the patient providing medical information and the provider responding to it. Asynchronous visits often involve patient portals, emails and text messages via secure applications.

Eligible Providers: Provider types eligible to provide telehealth services, e.g., physician, nurse practitioner, physician assistant, etc... Providers must be aware of and adhere to licensure requirements by their state.

Originating Site: The physical location of the patient. This could be a clinic, hospital, FQHC, school, or even the patient's home. Some health plans allow an originating site fee for telehealth services. It is important to understand what originating sites are allowed by state law and payer policy.

Distant Site: Location of the healthcare provider delivering the telehealth services at the time the service is provided.

Site to Site*: A telehealth delivery method where the patient is in one clinic site within a provider group and the provider is in another. Could also be used to describe the patient being in a clinic of a different provider group than the practitioner.

Direct to Patient*: A telehealth delivery method where the patient is in their home.

*Not industry terms. PPGNHAIK terms to describe different telehealth delivery methods provided.

Hawai'i Telehealth Laws

- Hawai'i [Revised Statute Act 226 \(16\)](#): Relating to Telehealth was signed into law by Governor David Ige in 2016. HRS Act 226(16) applies to both Medicaid and private insurers. Highlights of the law:
 - Parity provisions
 - Requires the State's Medicaid Managed Care and Fee-for-Service programs to cover services provided through telehealth
 - Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;
 - Malpractice coverage for telehealth
 - Little/no restriction on originating site requirements for patient or provider location, e.g., "home" or other nonmedical environments are an approved originating site
 - Telehealth may be used to establish a health care provider-patient relationship
 - Broad definition of telehealth including:
 - store/forward
 - remote monitoring
 - live consultation & mobile health
- What is missing? Currently, the definition of telehealth in Act 266 (16) does not include audio-only or telephonic delivery of care.



Hawai'i Telehealth Laws, Cont...

Hawai'i Pending Legislation & Regulation

- Bill Number: HB 907
- Bill Title: RELATING TO TELEHEALTH.
- Sponsor: Mahina M. Poepoe
- Introduced Date: 01/23/2023
- Status: Passed, pending Governor's signature
- The purpose of this Act is to temporarily allow (12/31/25) for the reimbursement for (mental health) services provided through an interactive telecommunication system and two-way, real-time audio—only communications for telehealth purposes, consistent with the 2023 Medicare Physician Fee Schedule, and impose certain reimbursement limits and conditions for private insurers.
 - Appears to be limited to evaluation and treatment of a mental health disorder
 - Does not include coverage of services provided via facsimile or email, requires interactive telecommunications system
 - Reimbursement for audio only is set at 80% of the service when provided in-person
 - Requires an in-person or real-time audio-visual telehealth visit within 6mos prior to the initial audio only visit or 12 mos prior to any subsequent audio only visit



Telehealth Documentation, Coding & Billing

Practice of Telehealth HRS 453-1.3

- Identifies documentation requirements for patient health record
- Prescribing authority follows the same standards as in person care
- Telehealth records are part of the patient's health record
- Provider-Patient relationship can be established via telehealth if provider licensed in HI

Consent Requirements

- The state lays out no specific consent requirements for telehealth. However, specific payer reimbursement policies may (example: Medicare)
- Best practice is to capture and document consent

Telehealth Documentation, Coding & Billing- CPT Codes

Synchronous, Audio-Visual

- 99202-99205 Office/outpatient visits, New
- 99211-99215 Office/outpatient visits, Established
- 99395-99397 Age based preventive wellness codes, Established

Audio Only

- 99441 Phone e/m phys/qhp 5-10 min
- 99442 Phone e/m phys/qhp 11-20 min
- 99443 Phone e/m phys/qhp 21-30 min

Asynchronous, Online/Virtual

- 99421 Online digital evaluation and management (E/M) service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes
- 99422 “ “ 11-20 minutes
- 99423 “ “21 or more minutes
- G2012 for Brief communication technology-based service, e.g. virtual check-in, by a physician or other QHP who can report E/M services, established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

Documentation requirements for the codes above must be met in order to bill. If billing by time, time must be documented! Availability of a code to describe a service does not imply coverage, REVIEW PAYER REIMBURSEMENT POLICIES!

Telehealth Documentation, Coding & Billing- Modifiers

Modifier 95

- *Synchronous telemedicine service rendered via real-time Interactive audio and video telecommunications system*
- Should only be appended to approved telehealth codes
- Defer to payer telehealth policies for use

Modifier GT

- *Via interactive audio and video telecommunications systems*
- Similar to modifier 95
- Should only be appended to approved telehealth codes
- Defer to payer telehealth policies for use

Modifier 93

- *Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System*
- Should only be appended to approved audio-only telehealth codes

Modifier GQ

- *Via asynchronous telecommunications system*
- Defer to payer telehealth policies for use

Telehealth Documentation, Coding & Billing-Place of Service

02 - Telehealth
Provided Other than
in Patient's Home

- The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

10 - Telehealth
Provided in Patient's
Home

- The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Changes with the end of the PHE

- Federal PHE ended May 11, 2023
- Expect payers to roll back or significantly limit coverage of virtual check-ins, online care and audio only which were expanded during the pandemic
- Roll back of licensure waivers allowing out of state providers to provide telehealth across state lines
- State Medicaid plans are working through the unwinding of Medicaid recipient continuous coverage extensions during the pandemic, expect to see patients losing their Medicaid coverage, ensure you have processes in place to verify eligibility prior to rendering services

Medicaid Coverage Post PHE

Payer	Synchronous (Video Visits)	Audio Only	Online/Virtual Check-In	Asynchronous (Store & Forward)	Originating Site Fee	Other
Hawai'i Medicaid FFS	Yes	Likely for behavioral health only	?	Yes	?	No telehealth published policy or code list to reference
AlohaCare Quest	Yes, "home" excluded as an approved originating site	No	No	Yes	Yes	Exceptions for Federal demonstration program sites
Ohana Health Plan Quest	Yes	Yes- review approved codes	Yes- review approved codes	Yes	Not Specified	
HMSA Quest	Yes	No, unless otherwise specified	Yes	Yes	Yes	Review referral requirements for Quest plans
United HealthCare Quest	Yes	?	?	?	?	No specific Quest policy located
Kaiser Quest	Yes	?	?	?	?	No specific policy located, referral requirements likely apply

Private Insurance Coverage Post PHE

Payer	Synchronous (Video Visits)	Audio Only	Online/Virtual Check-In	Asynchronous (Store & Forward)	Originating Site Fee	Other
HMSA	Yes	No, unless otherwise specified	Yes	Yes	Yes	Review referral requirements for HMO plans
United Healthcare	Yes	Yes-review approved codes	Yes-review approved codes	Yes-review approved codes	?	
UHA	Yes	?	?	?	?	No policy located
Kaiser	Yes	?	?	?	?	No specific policy located, referral requirements likely apply
Aetna	Yes	No	No	No	No	

Now What?

Evaluate

- Evaluate what telehealth services you are currently providing and wish to continue providing

Understand

- Understand legal requirements set by the state

Know

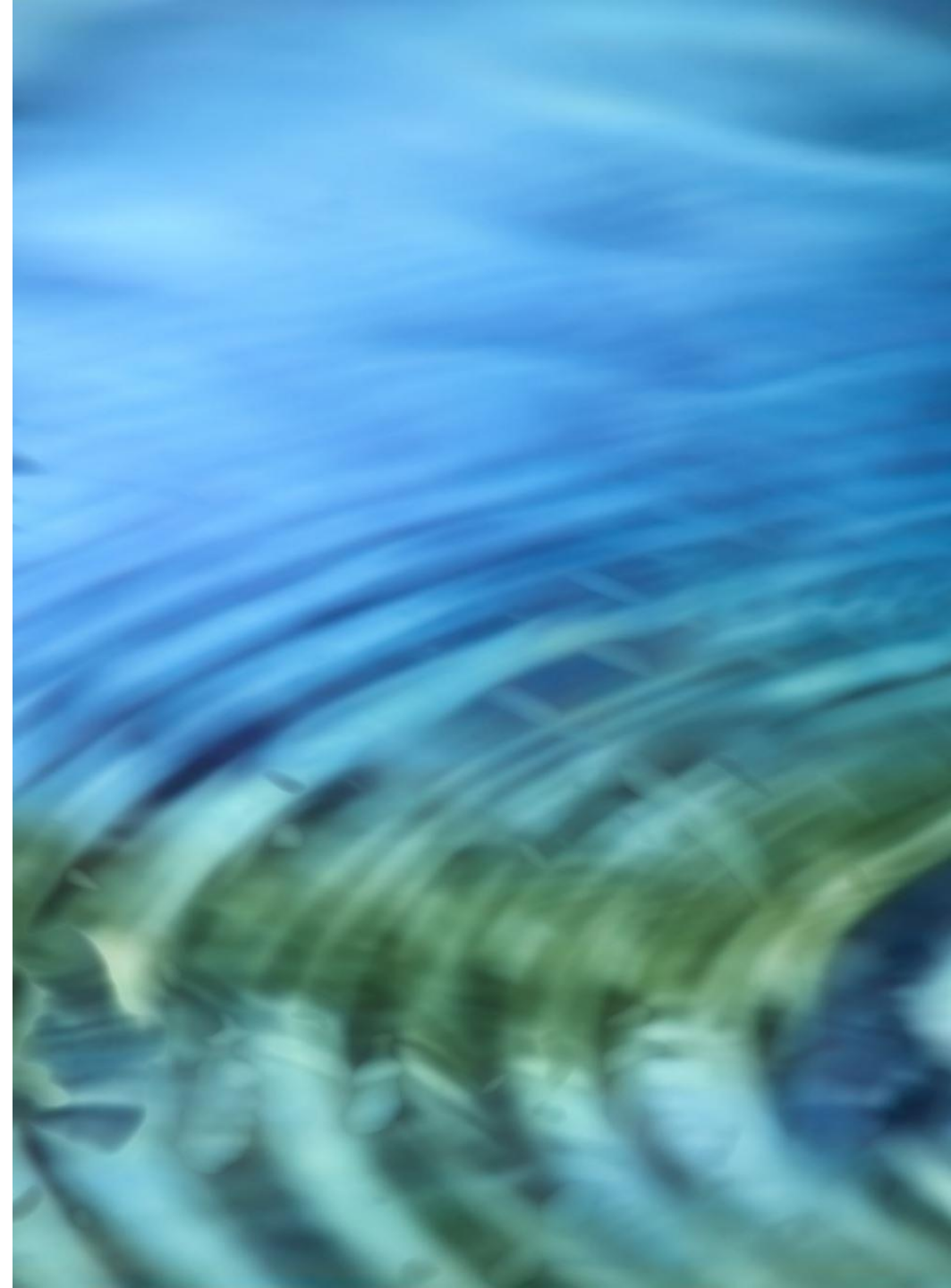
- Know your payer mix

Review

- Review individual payer telehealth reimbursement policies

Address

- Address any gaps in service delivery and reimbursement



Resources

- Hawai'i State Legislature/Hawai'i Revised Statutes
<https://www.capitol.hawaii.gov/>
 - https://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0059_0001.htm
 - https://www.capitol.hawaii.gov/hrscurrent/Vol09_Ch0431-0435H/HRS0431/HRS_0431-0010A-0116_0003.htm
- Center for Connected Health Policy
<https://www.cchpca.org/>
- Pacific Basin Telehealth Resource Center
<https://www.pbtrc.org/>
- HHS <https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/policy-changes-after-the-covid-19-public-health-emergency>
- Individual payer policies, linked to on payer coverage tables