



Making Sense of Telehealth for Behavioral Health Services During COVID-19

Delivering quality information and resources to Texas Community Organizations and Caregivers in response to Coronavirus (COVID-19)

As a result of COVID-19 many states have taken action to remove policy barriers to telehealth utilization to address this pandemic. The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Interactive electronic telecommunications equipment includes, audio and video equipment permitting two-way, or live video interactive communication between the patient and practitioner.

In response to COVID-19, the Centers for Medicare and Medicaid Services (CMS) was empowered to take proactive steps through 1135 waivers and rapidly expand the Administration's aggressive efforts against COVID-19. When the President declares an emergency through the Stafford Act or National Emergency Act, and the Secretary declares a Public Health Emergency, the Secretary is authorized to waive certain Medicare, Medicaid and Children's Health Insurance Program (CHIP) authorities under Section 1135 of the Social Security Act. CMS was able to expand this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. ([COVID-19 Emergency Declaration Health Care Providers Fact Sheet](#))

Following the Presidential Proclamation declaring a national emergency and Governor Greg Abbott's state disaster declaration on March 13th, 2020, the Texas Medical Board, with direction and assistance from the Governor's Office, started implementing procedures to waive certain requirements to help the health care professionals respond to COVID-19. ([Texas Medical Board Press Release, March, 14th, 2020](#))

Many states have relaxed Medicaid regulations around telehealth during COVID-19 and CMS approved Texas' application for a Section 1135 waiver to grant additional flexibility in administering our Medicaid program. CMS also issued [national blanket waivers](#) with a retroactive effective date of March 1, 2020 through the end of the emergency declaration to add more flexibility for states.

Furthermore, on March 17th, 2020, Governor Abbott suspended portions of the Texas Occupation code to permit telemedicine, including the use of telephone only, to establish a physician-patient relationship. This includes the permitting use of telemedicine for diagnosis, treatment, ordering of tests, and prescribing for all conditions. These actions expanded telemedicine options by giving health care providers greater flexibility to perform audio-only telephone consultations with their patients and built upon prior waivers the Governor issued in the Occupations Code to expand provider flexibility in providing medical services over the phone. ([Section 1135 Waiver Flexibilities - Texas Coronavirus Disease 2019](#)).



These declarations and orders have all led us to where we are now, allowing Texas Providers to deliver telecommunication services for Medicaid clients under the provider's Texas Medicaid provider identifier with no additional enrollment required to provide telemedicine medical services or telehealth services. Texas Medicaid and CHIP health plans also have flexibility to provide teleservices, including in a member's home. The Texas Health and Human Services Commission (HHSC) is encouraging health plans to take advantage of these options when responding to COVID-19.

To help ensure continuity of care during the COVID-19 (coronavirus) response, HHSC is authorizing providers to submit claims for dates of service March 20, 2020, through April 30, 2020, for reimbursement of the following behavioral health services delivered by telephone (audio only):

- Psychiatric Diagnostic Evaluation
- Psychotherapy
- Peer Specialist Services
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Substance Use Disorder Services
- Mental Health Rehabilitation
- Evaluation and management ([Behavioral Health Services Providers Frequently Asked Questions](#))

Providers should use the nationally defined 95 modifier for telemedicine and telehealth service claims to indicate that remote delivery occurred. Modifier 95 is used to describe the technology that was used during the telehealth service and must accompany the HCPCS or CPT code when the claim is submitted.

Superior HealthPlan has developed a Telemedicine Quick Reference Chart to help providers navigate Telemedicine and Telehealth reimbursement. This chart reflects Medicare's waiver of the geographic and place of service restrictions for Medicare. ([Superior HealthPlan Telemedicine and Telehealth Service Updates](#))

Authored by the Texas Alliance for Child and Family Services (TACFS). TACFS is a leader in Texas child welfare and aims to strengthen and continuously improve the services, practices, and care for at-risk children, youth, and families through research and education, collaboration, and advocacy.