

**1: Will the recording be shared afterwards? I have a coworker that would like to watch later.**

It will! Along with written Q&A. visit [www.okhca.org/covid19](http://www.okhca.org/covid19)

**2: Following sanctions to return back to work. Will providers be penalized if they choose so telehealth for another month.**

Prior to the public health emergency several behavioral health services were approved for delivery via telehealth, these will continue to be reimbursed via telehealth once the pandemic is under control. Some of the flexibilities that have been approved due to the public health emergency such as allowing use of telephone for members that do not have access to telehealth equipment will end once the pandemic is under control.

**3: Will there be consideration of expanding telehealth following the emergency period? Such as continuation of group and family via telehealth.**

With the use of expanded technology, DMH and OHCA leadership will review and consider the appropriateness of the continuation of group and family psychotherapy via telehealth.

**4: I have a client that lost soonercare eligibilty 4/1 due to aging out (she turned 19). Did I just hear you say that this should not have happened?**

That is correct. If you encounter clients who have lost eligibility after March 18, 2020, please contact OHCA Member Services at 800-987-7767.

**5: What about getting signatures for documents such as treatment plans or initial consents for Telehealth clients during this time period?**

Signatures for treatment plans and other service documents can be obtained by postal mail with a return envelope (or returned by email), electronic signature, or fax signature.

If those methods are not achievable, providers may consider the options below. However, providers should ensure their accrediting entities also accept these methods, robust documentation is kept (including specific documentation of what the client is consenting to), and internal policies are addressed.

1. Email the document and client emails back a written consent (not able to print, sign, scan back)
2. Record a statement and keep recording
3. Document a statement, along with reasons this method was necessary
4. Use voice signature technology

**6: Was the GT code for Adult Family therapy?**

Yes, the GT code has been added on for adult family therapy.

**7: If a provider is currently a candidate but will be licensed during this emergency time, will that person need to go ahead and apply for Medicaid provider enrollment as a licensed professional rather than a candidate? Will the process look different?**

Yes, they should apply for the LBHP contract to reflect their current licensure status and they will be eligible for higher reimbursement. The process may look different in that we are currently waiving provider application fees, site visits and background checks until a later time.

**8: Right now, individually contracted providers can see children but cannot see adults unless they work through an agency. Will this change so that we can see adults without working for an outpatient agency?**

Unfortunately, not at this time.

**9: can you use facebook video chat? or is that included in the non allowed platforms**

Please see: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Guidance from The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) indicates, "A covered health care provider that wants to use audio or video communication technology to provide telehealth to

patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency.”

**10: Do you know if Medicare also allow just Telephone without video?**

Yes, please see response to Q9.

**11: Can psychiatrists bill their usual E/M codes if patient can only use phone? (E.g. 99214)**

If the service was performed over the phone the psychiatrist should bill one of the phone codes 99441, 99442 and 99443.

**12: I heard you mention that group is approved via telehealth, can you provide the billing code for this? thank you H0004 HE HQ GT for an agency/ 90853 GT for privately contracted LBHP**

**13: As an Indian Health we use flat rate coding for office visits, will we continue to use the coding or do we have new flat rate codes for the telehealth visits?**

Please join us for the I/T/U webinar on 4/10/20 at 11am.

**14: There is a broadcast message on the OHCA website stating that "OHCA has opened all SoonerCare reimbursable codes to telehealth using GT modifier". The only specific services that have been addressed are the family and group therapy. What about case management? We are receiving denials when billing with the GT modifier.**

Case management services have always been approved for delivery over the phone so please continue to bill these services without the GT modifier.

**15: Can a phone visit be done without a prior authorization?**

The phone codes 99441, 99442, 99443 and 98966, 98967, 98968 do not require prior authorization.

**16: What sign program would be considered HIPPA compliant for receiving signatures from our providers? Currently we are considering sign request**

Please see O.A.C. [317:30-3-4.1 Uniform Electronic Transaction Act](#)

**17: Have you adjusted the policy on signed paperwork requirements during this emergency?**

Yes, please see A5.

**18: Are providers still subject to go see in person with these crisis times and possibility of illness? I am needing clarification for staff.**

It is the expectation that the people we serve will still receive services and supports from our provider network. Service delivery may look very different than before COVID-19 by increasing the use of technology and incorporating CDC recommended safety protocols such as screening, social distancing, frequency of sanitizing efforts, etc.

**19: Did you say the fees that you are currently waiving (like new provider contracts) will need to be paid at a later time?**

Yes.

**20: We are using a digital signing service to get paperwork signed online. Are there any guidelines for getting digital signatures?**

Yes, please see A16.

**21: I know of a provider who is having difficulty getting her contract to be approved, she has been a provider for over 12 years and is having problems being able to reach someone due to all of this. do you have someone she can contact directly?**

Provider Enrollment handles contracting issues; 1 800 522-0114 option 5 or [ProviderEnrollment@okhca.org](mailto:ProviderEnrollment@okhca.org)

**22: For the LBHP who only have 4 units per month are you increasing the units numbers for the members to be seen more than the 4 units per month?**

No, the unit maxes have not changed.

**23: I have used Adobe electronic signatures with the documents requiring client signatures. Is that acceptable?**

Yes, Adobe electronic signatures are HIPAA compliant.

**24: Is it ok to use docusign or some other format to obtain client signatures?**

DocuSign is considered HIPAA compliant if you sign a business associate agreement (BAA) with DocuSign.

**25: If adequate data can be obtained, can psychological testing occur via telehealth during this time? And is a GT code required? I get referrals from Child Welfare to determine if child qualifies for developmental disabilities services.**

Yes, the psychological testing codes are approved and set up to be billed via telehealth, please add the required GT modifier to the testing procedure code(s).

**26: Have you thought about agency re-certification? Our agency certification expires July 1. What is the process going to be like?**

Please check with your accrediting/certifying body.

**27: Some clients still prefer face to face, does it mean the provider can not see them face to face?**

It is the expectation that the people we serve will still receive services and supports from our provider network. Service delivery may look very different than before COVID-19 by increasing the use of technology and incorporating CDC recommended safety protocols such as screening, social distancing, frequency of sanitizing efforts, etc.

**28: What would be wrong with using something like docusign for treatment plans and telehealth release forms? i.e. digital signatures.**

Electronic signature are acceptable, please ensure it is clear in your documentation what the signatories consent approve or pertain to.

**29: Did you say that family telehealth was okay or only individual sessions**

At this time family, individual and group psychotherapy are all approved for deliver via telehealth.

**30: Can candidates provide telehealth services?**

Yes, telehealth services are reimbursable for licensure candidates.

**31: just a note. I have been using docusign to sign documents, and it seems to be working well.**

Thanks for your feedback!

**32: when talking about the document signatures, are you guys allowing E-sign intakes, tx plans, documents?**

Yes, please see A5 and A16.

**33: If the client has no access to email, what is protocol to signatures? (Rural Oklahoma and some telephonics is having to be utilized)**

Please see A5 and A16.

**34: What if the family doesnt have access to email via computer obtain signature?**

Please see A5 and A16.

**35: Is the Telehealth expansion extended to Insure OK?**

Yes, telehealth is approved for Insure Oklahoma members.

**36: Followup to the document signature question: What date is expected for documents. In person signing would be dated the same as a session but an emailed document might be whatever date the client opens the email and then the document might be signed by a provider the next date. Is this acceptable?**

Services that requires signatures such as assessment and treatment plans are not considered valid and therefore should not be billed until all necessary signatures are obtained. The billing date should be the date all signatures are obtained in the medical record.

**37: Is the GT code added to the intake and PA/treatment planning service codes, e.g. H0031 and H0032?**

Yes,

MCD	BH assessment (non-MD) by LBHP - Telemedicine	H0031	HE/HF/HH/HV	GT			103.33	103.33		90.41	90.41		Event	9/1/2016
MCD	BH Service Plan Development moderate complexity - Telemedicine	H0032	HE/HF/HH/HV	GT			87.07	91.44		78.36	82.30		Event	9/1/2015
MCD	BH Service Plan Development low complexity Telemedicine	H0032	HE/HF/HH/HV	TF	GT		54.42	57.16		48.98	51.44			5/1/2016

**38: Yes CMS is allowing it for medicare and phone services for rural and non rural**

Thanks for your feedback!

**39: HHS. gov has stated that FaceBook Messenger is allowed, just not Facebook Live, correct?**

Yes, please see A9.

**40: CMS finalized the Part B payment for 99441-99443 and 98966-98968 for telephone calls DURING THE COVID-19 PHE**

Thanks for your feedback!

**41: During this time, have they increased the amount of hours we can bill as we were limited to 35? With more people needing services at this time are we allowed to see more?**

No, the 35 hour rule has not been modified.

**42: what is the HCPCS for case mgmt billing?**

CASE MANAGEMENT														
MCD	Targeted Case Management, LBHP	T1017	HE/HF/HH/HV	HO			13.53	13.53		12.18	12.18		15 min	5/1/2016
MCD	Targeted Case Management, BHCM II, CADC	T1017	HE/HF/HH/HV	HN			10.48	10.48					15 min	
MCD	Targeted Case Management, BHCM I, less than BA	T1017	HE/HF/HH/HV	HM			7.43	7.43					15 min	
MCD	SOC Wraparound Case Management, LBHP	T1016	HE/HF/HH/HV	HO				21.61			19.45		15 min	5/1/2016
MCD	SOC Wraparound Case Management, BHCM II, CADC	T1016	HE/HF/HH/HV	HN				16.21					15 min	

**43: What about recovery support specialist services? Can they provide services with telehealth? Do they need a GT code as well?**

Yes. Yes.

**44: Would a letter of termination be acceptable to follow the same guidelines via email, have the client respond email and send to DMH?**

Please attempt to obtain signature (mail the LOT) or utilize other ways such as emailing document and receiving an email back from the client giving consent. If you have any questions in regards to what PICIS will accept please contact PICIS at 405-248-9326 or [Gethelp@odmhsas.org](mailto:Gethelp@odmhsas.org)

**45: OHCA also had stated the following would be acceptable means for obtaining consents and signatures, this sounds different than what was just stated. Please advise? Signatures for treatment plans and other service documents can be obtained by postal mail with a return envelope (or returned by email), electronic signature, or fax signature.**

If those methods are not achievable, providers may consider the options below. However, providers should ensure

their accrediting entities also accept these methods, robust documentation is kept (including specific documentation of what the client is consenting to), and internal policies are addressed.

Email the document and client emails back a written consent (not able to print, sign, scan back)

Record a statement and keep recording

Document a statement, along with reasons this method was necessary

Use voice signature technology

The information listed above in Q45 is correct.

**46: Can telehealth only be billed in 30 minute increments?**

No.

**47: Assuming you are rendering service to three in a family and one only have accesses to zoom, and you're able to talk to all three same time, can you bill them individually or as a group?**

You should bill based on what service(s) you actually provided. Was the session a family session or 3 individual sessions? Please bill accordingly. Thanks!

**48: If a clinician is under supervision and hasn't taken her NCE test, is this testing going to be waived for a time period so she can begin therapy services sooner and possibly test at a later date?**

Please check with your respective licensure board.

**49: Are there telemedicine modifiers available for initial mental health assessments?**

Yes, the initial assessment is approved for telehealth delivery.

MCD	BH assessment (non-MD) by LBHP - Telemedicine	H0031	HE/HF/HH/HV	GT		103.33	103.33		90.41	90.41		Event	9/1/2016
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**50. Do we also use "2" for the place of service along with the GT modifier?**

Place of service is informational on the claim, however you will need to append the GT modifier at the end of the procedure code and modifier combination according to the rates and codes to indicate the service was done via telehealth.

**51. For the LBHP who only has 4 units per month are you increasing the units for the members that need to be seen more than 4 units per month?**

Unfortunately not at this time.

**52. How can you provide psychological testing via TH. Since the test batteries has to be administered in person.**

Please refer to your respective board in regards to providing testing services via telehealth.

**53. Becky T1016**

Case Management Procedure codes are T1017 and T1016 please refer to the rates and codes for the specific procedure code and modifier combinations.

**54. Can patients out of state be seen via telehealth? Are their any restrictions?**

No restrictions. Please comply with all laws and regulations of the provider's location, including health care and telehealth requirements.

**55. Is rehabilitation services allowed via telehealth?**

Yes, psychosocial rehabilitation services is still allowed via telehealth

**56. Is docusign an acceptable format for signatures for clients and providers?**

Please see A24.

**57. I tried to bill crisis intervention with the modifier and it was denied, and when I changed it to 90837, it paid.**  
Crisis intervention is set up in the system to pay with the GT modifier. If you do not understand why a claim denied please contact provider services, Crystal, or Mary Ann.

**58. As far as billing, we have heard that we can only bill for 30 minutes when doing telehealth.. can you talk about this please.**

You will bill according to your rates and codes and append the GT modifier. Please take note of the limits set for each service. All behavioral health services allow more than 30 minutes to be billed if needed.

**59. How about driving by and dropping off the tx plan, etc. in the mail box and then picking back up?**

That is allowed.

**60. There are telemedicine codes for rehab?**

Yes the GT modifier is added for rehab services

**61. I read/got an e-mail or something that you could have consumer take a picture of their signature with COVID above it and send it to our e-mail and that would be OK**

Signatures for treatment plans and other service documents can be obtained by postal mail with a return envelope (or returned by email), electronic signature, or fax signature.

If those methods are not achievable, providers may consider the options below. However, providers should ensure their accrediting entities also accept these methods, robust documentation is kept (including specific documentation of what the client is consenting to), and internal policies are addressed.

1. Email the document and client emails back a written consent (not able to print, sign, scan back)
2. Record a statement and keep recording
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4. Use voice signature technology

**62-65 So, even if we get a verbal consent now , we still need to send via snail mail and add to chart when we get it returned?**

Yes an electronic or written signature is required. If you have concerns of COVID-19 and the mail follow CDC guidelines. You do not have to open your mail immediately to put it into the chart.

**66. What is the reimbursement for the E/M telephone codes (99441,99442,99443)? Are they comparable to regular physician E/M outpatient follow up codes?**

Telephonic codes are to be used by physicians. Behavioral Health providers- paraprofessionals, under supervision, fully licensed LBHPs, psychologists are to append the GT modifier onto their procedure codes (and modifier combinations if required).

99441-physician telephone patient service, 5-10 min medical discussion \$12.67

99442- physician telephone patient service, 11-20 min medical discussion \$24.75

99443 physician telephone patient service, 21-30 min medical discussion \$36.52

**67. Can we split up the units per week ex, 4--30 min sessions instead of the 2-1 hour sessions?**

Yes that is allowed

**68. For case management, are you saying that we can only do it via telephone, and NOT via telehealth?**

Targeted Behavioral health case management is one of the few services that does not require the service to be rendered face to face. If you are having communication with the member you can do it via telehealth or over the phone. Please note that targeted behavioral health case management is advocating, referring, monitoring, linkage, and following up. When billing this code you do not need to append the GT modifier to your claim.

**69. DocuSign is HIPAA compliant**

Please make sure the electronic signature platform you use meets the requirements set forth in the policy 317:30-3-4.1 Uniform Electronic Transaction Act.

**70. Pdf Filler is also HIPAA compliant**

Please make sure the electronic signature platform you use meets the requirements set forth in the policy 317:30-3-4.1 Uniform Electronic Transaction Act.

**71. Seems you would need a BAA with docuSign... after this emergency period**

Please make sure the electronic signature platform you use meets the requirements set forth in the policy 317:30-3-4.1 Uniform Electronic Transaction Act.

**72. For additional questions after this meeting will we still be using [soonercaareducation@ohca.org](mailto:soonercaareducation@ohca.org)?**

Please feel free to contact the OHCA call center at 405-522-6205 or (800) 522-0114

Mary Ann Dimery at 405-522-7543 [Mary.Dimery@okhca.org](mailto:Mary.Dimery@okhca.org)

Crystal Hooper 405-701-1317 [Crystal.Hooper@okhca.org](mailto:Crystal.Hooper@okhca.org)

**73. Is Jotform with a BAA acceptable for digital signatures?**

Please make sure the electronic signature platform you use meets the requirements set forth in the policy 317:30-3-4.1 Uniform Electronic Transaction Act.

**74. I use Doxy.me when doing Telehealth and they have a way to sign documents. I use this with other insurances. is this acceptable for y'all?**

Please make sure the electronic signature platform you use meets the requirements set forth in the policy 317:30-3-4.1 Uniform Electronic Transaction Act.

**75. I asked a question and it's no longer showing on the screen...was it removed?**

It was still listed.

**76. did I understand it correctly that existing clients don't have to sign consent for teletherapy? does it only apply to new clients? thank you**

Separate consent is not required since it would be assumed consent if the member participates in the telehealth service. If member is a minor child, a parent or legal guardian must present the child for services unless exempted by state or federal law. The parent or guardian need not attend the session unless attendance is therapeutically appropriate.

**77. Just to clarify, did I hear you say that a seperate consent for telehealth is not necessary?**

Separate consent is not required since it would be assumed consent if the member participates in the telehealth service. If member is a minor child, a parent or legal guardian must present the child for services unless exempted by state or federal law. The parent or guardian need not attend the session unless attendance is therapeutically appropriate.

**78. Would you be able to list a few examples of HIPPA compliant documentation signature software that the state approves of in addition to docuSign such as jot form, adobe esignature, etc.**

Please make sure the electronic signature platform you use meets the requirements set forth in the policy 317:30-3-4.1 Uniform Electronic Transaction Act.

**79. Can we combine our billing into one billing if we do the (4) 15 minute services or do we have to bill 4 times**

If the same service is performed on a member on the same day you will need to file your claim indicating the time spent with the member. Example: 60 minutes of individual psychotherapy (mental health) performed on one member then you will bill 4 units of H0004 HE for that date of service on that member.

**80. Will we have to verify that these electronic signature platforms also meet our accrediting body requirements as well?**

Please make sure you are following the rules and requirements of your accrediting body so you can stay in good standing with your accrediting/certifying body. Having full accreditation/certification is a requirement to maintain your outpatient behavioral health agency contract.

**81. If e-sign is used, is a follow-up of snail mail necessary?**

If your electronic signature meets the requirements of 317:30-3-4.1 Uniform Electronic Transaction Act then no additional signature is required.

**82. Can you clarify the requirement regarding a parent presenting the client? For example, a child joining group rehab via telemedicine, would we have to see the parent every time?**

If member is a minor child, a parent or legal guardian must present the child for services unless exempted by state or federal law. The parent or guardian need not attend the session unless attendance is therapeutically appropriate.

**83. doxy.me is hipaa compliant and very easy for patient to use.**

Please make sure that the electronic signature program you are using meets the requirements of 317:30-3-4.1 Uniform Electronic Transaction Act

**84. In the past if we billed one 4 unit H0004 code and two 2 unit H0004 codes in one week, the third claim would be denied. Has this changed?**

The current daily limits per member:

Individual psychotherapy 4 units/one hour

Family psychotherapy 4 units/one hour

Group Psychotherapy 6 units/1 ½ hours

Calendar week limits per member:

Individual and Family psychotherapy cannot exceed 8 total units/2 hours for the calendar week.

Group psychotherapy is not to exceed 12 units/3 hours

**85-87. I have always billed 1 hour individual and 1 hour indiv on same day are you saying we can't do that sorry family 4 family and 4 indiv**

If you bill 4 units/1 hour of family psychotherapy and then 4 units/1 hour of individual psychotherapy on the same day it will pay however you will have used all 8 units/2 hours for that calendar week on those two services.

The current daily limits per member:

Individual psychotherapy 4 units/one hour

Family psychotherapy 4 units/one hour

Group Psychotherapy 6 units/1 ½ hours

Calendar week limits per member:

Individual and Family psychotherapy cannot exceed 8 total units/2 hours for the calendar week.

Group psychotherapy is not to exceed 12 units/3 hours

**88. Are u allowed to see the client and then another session for family therapy back to back in one day? Would it pay?**

If you bill 4 units/1 hour of family psychotherapy and then 4 units/1 hour of individual psychotherapy on the same day it will pay however you will have used all 8 units/2 hours for that calendar week on those two services.

The current daily limits per member:

Individual psychotherapy 4 units/one hour

Family psychotherapy 4 units/one hour

Group Psychotherapy 6 units/1 ½ hours

Calendar week limits per member:

Individual and Family psychotherapy cannot exceed 8 total units/2 hours for the calendar week.

Group psychotherapy is not to exceed 12 units/3 hours

**89. The LOT does require a parent/Client signature before we upload electronically. So, how do we handle this?**



Please attempt to obtain signature (mail the LOT) or utilize other ways such as emailing document and receiving an email back from the client giving consent. If you have any questions in regards to what PICIS will accept please contact PICIS at 405-248-9326 or [Gethelp@odmhsas.org](mailto:Gethelp@odmhsas.org)

**90. So is Telehealth code for ILBHP code for 30 minutes 90832?**

Yes you are correct. 90832-30 min, 90834-45 min, and 90837-60 min

**91. Where on the OHCA website do we find the billing schedule for private practitioner?**

The private LBHP and psychologist rates and codes are located on our Behavioral health webpage at: <https://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=406>

**92. Is there any consideration for allowing therapists in private practice to provide family and individual therapy in a week during this time when family stressors?**

Private LBHPs are allowed 4 units per month. Please note that you have crisis intervention units (H2011 8 units/2 hours per calendar month) available that do not count toward the PA if needed. Please review the criteria for crisis intervention to ensure appropriate billing.

**93. Can you repeat that website for information on behavioral health?**

OHCA Behavioral health webpage:

<https://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=406>

**94. Will we know if the emergency telehealth services will be extended past 4/30/2020?**

Please visit our main public website at [www.okhca](http://www.okhca) and in the provider section there is a drop down box. Please click on global messages and the information will most likely be listed there. Please also sign up for Web alerts to notify you when there is an update to specific webpages that are of interest to you.

Global Messages webpage:

<https://www.okhca.org/providers.aspx?id=112>