



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

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Division of  
Medicaid  
Services

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# Telehealth Expansion

Stakeholder Engagement  
Input Session

# Agenda

- Overview of Telehealth Expansion
- Policy information specific to mental health and substance abuse services per Wis. Admin. Code chs. DHS 35 and DHS 75
- Input from attendees
- Questions from attendees

# Questions During This Input Session

During this meeting, send your questions and comments via chat box and they will be read and shared with others.

# Questions After This Input Session

After this input session, send your questions and comments to [dhstelehealth@dhs.wisconsin.gov](mailto:dhstelehealth@dhs.wisconsin.gov):

- Use “Telehealth Mental Health/SUD Services” in the subject line.
- Include the presentation date within your email if possible.

# **Overview of Telehealth Expansion**

# Expanded Telehealth Policy Vision

The expansion of telehealth services in Wisconsin broadens the definition of what is considered telehealth:

- Current definition
- Interactive services
- Remote patient monitoring
- Asynchronous services
- Provider-to-provider consults
- Medicare

# Telehealth Definition

- A practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or consultation or are used to transfer medically relevant data about a patient.
- Division of Medicaid Services (DMS) may consider reimbursement for audio-only phone, fax, or email.

# Interactive Services

Telehealth is delivered using multimedia communication technology that permits two-way, real-time, interactive communications between a provider at a distant site and the Medicaid member or the member's provider.



## Interactive Services (Cont.)

- Current Policy: DMS reimburses for select services.
- New Policy: DMS will reimburse for additional functionally equivalent telehealth services.

# Remote Patient Monitoring

Technology is used to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment and recommendations.

## Remote Patient Monitoring (Cont.)

- Current Policy: DMS reimburses for the majority of remote patient monitoring services.
- New Policy: DMS will reimburse for additional remote patient monitoring services.

# Asynchronous Services

This is a mode of interaction used between two or more parties in which the exchange of information does not require simultaneous interactive participation.

## Asynchronous Services (Cont.)

- Current Policy: DMS reimburses limited services delivered via asynchronous/store-and-forward telehealth.
- New Policy: DMS will reimburse for specific remote patient monitoring and asynchronous services.

# Provider-to-Provider Consults

A patient's treating provider requests the opinion and/or treatment advice of a consultant with specific specialty expertise to assist the treating provider **without the need for the patient's face-to-face contact with the consultant.**

# Provider-to-Provider Consults (Cont.)

- Current Policy: DMS does not reimburse separately for consultations between providers regarding a member.
- New Policy: DMS may reimburse separately for consultations between providers regarding a member.

# Medicare

Services already covered under Medicare will be covered under Medicaid when possible.



## Medicare (Cont.)

- Current Policy: DMS reimburses for select Medicare services delivered via telehealth.
- New Policy: DMS will reimburse for additional services covered under Medicare.

# Transitioning to New Policy



The following priority service areas have been identified based on need and opportunity:

- School-based services
- Provider-to-provider consults
- Medication therapy management
- Medicare parity
- Targeted case management
- Therapies (Occupational therapy, physical therapy, speech therapy)
- Home and community-based services
- Behavioral health (Mental health, substance abuse, behavioral treatment)
- Remote patient monitoring
- Dentistry
- Select asynchronous services

# **Policy Information Specific to Mental Health and Substance Use Disorder Services**

# Mental Health and Substance Use Disorder-Specific Policy

- Current policy covers:
  - Outpatient mental health evaluations and psychotherapy (90785, 90791–90792, 90832–90834, 90836–90840, 90845–90857, 90849, 90875, 90876, 90887).
  - Outpatient substance abuse services (H0022, H0047, T1006).

# Mental Health and Substance Use Disorder-Specific Policy (Cont.)

- Individual day treatment services:
  - Adult mental health day treatment (H2012)
  - Child/Adolescent day treatment (H2012)
  - Substance abuse day treatment (H2012)

# Mental Health and Substance Use Disorder-Specific Policy (Cont.)

- Expanded telehealth policy will cover:
  - Neurobehavioral status exam (96116, 96121).
  - Intensive in-home mental health and substance abuse for children (H0004, H0022, T1006).

# Mental Health and Substance Use Disorder-Specific Policy (Cont.)

- Group therapy:
  - Outpatient mental health (90853)
  - Outpatient substance abuse (H0005)
  - Adult mental health day treatment (H2012)
  - Substance abuse day treatment (H2012)
  - Child/adolescent day treatment (H2012)

# Mental Health and Substance Use Disorder-Specific Policy (Cont.)

- Policy will exclude hypnotherapy (90880).



# Mental Health and Substance Use Disorder-Specific Policy (Cont.)

- Policy is under consideration for:
  - Audio-only services.
  - Supervision.
  - Group therapy guidelines.

# **Input From Attendees**

# DHS Would Like to Know

## **Question 1**

Do you have any comments or concerns on ForwardHealth's proposed definition of "face-to-face equivalence"?

## DHS Would Like to Know (Cont.)

“Face-to-face equivalence for interactive telehealth services exists when a service is delivered from outside the physical presence of a Medicaid participant by using audio, video, or telecommunication technology, but only if there is no reduction in quality, safety, or effectiveness. Documentation must support the service rendered.”

# DHS Would Like to Know (Cont.)

## **Question 2**

What additional service areas should ForwardHealth consider for coverage in the next wave of telehealth implementation?

# DHS Would Like to Know (Cont.)

## **Question 3**

What are the most typical and needed uses of audio-only behavioral health services?

- Brief check-in with member
- Calls lasting up to 30 minutes
- Calls lasting up to 60 minutes
- Calls lasting longer than 60 minutes

# DHS Would Like to Know (Cont.)

## **Question 4**

What considerations or guidelines are needed for group therapy to be conducted successfully using telehealth?

# Questions From Attendees



# What questions do you have?

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# Resources

- Submit additional questions and concerns to our email box at [dhstelehealth@dhs.wisconsin.gov](mailto:dhstelehealth@dhs.wisconsin.gov).
- A DHS webpage and listserv are coming soon.

# Thank you for your input.

Your input will help us with:

- Determining policy.
- Establishing best practices.
- Creating technical assistance.
- Sharing FAQs and resources.