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MEMORANDUM


MEMO NO.

QI-2306

CCS-2302

FFS 23-04

TO: QUEST Integration (QI) Health Plans
Community Care Services (CCS)
Medicaid Fee-For-Service (FFS) Providers
Federally Qualified Health Centers (FQHC), and Rural Health Centers (RHC)

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: REAL-TIME AUDIO-ONLY INTERACTION POLICY AFTER THE FEDERAL PUBLIC HEALTH EMERGENCY RELATED TO THE COVID-19 PANDEMIC EXPIRES

Med-QUEST Division (MQD) supports the medically appropriate use of interactive telecommunications system using two-way, real-time audio-only communication technology (audio-only) to increase access to healthcare and promote continuity of care. MQD will continue to reimburse select healthcare services delivered through audio-only communication technology after the Federal PHE expires. The following guidance is in effect until December 31, 2025, which aligns with the amended Hawaii Revised Statute 346-59.1 as amended by 2023 Hawaii legislative session HB 907 HD 2 SD 2.

Hawai'i Revised Statute (HRS) 346-59.1 amended during the 2023 Hawai'i legislative session (HB 907 HD 2 SD2) updated definitions and reimbursements:

HRS 346-59.1 as amended specifically states:

(b) Reimbursement for services provided through telehealth via an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via in-person contact between a health care provider and a patient; provided that reimbursement for the diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system using two-way, real-time audio-only communication technology shall meet the requirements of title 42 Code of Federal Regulations section 410.78.

The definition for interactive telecommunication system is defined in title 42 Code of Federal Regulations (CFR) section 410.78(a)(3)¹ in accordance with Hawai'i Revised Statute (HRS) 346-59.1 amended during the 2023 Hawai'i legislative session. 42 CFR section 410.78(a)(3) specifically states:

*(3) **Interactive telecommunications system** means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology.*

MQD will reimburse the codes identified as “audio-only interaction” as listed in the Centers for Medicare & Medicaid Services List of Telehealth Services/Medicare professional fee schedule (PFS)², which meet required conditions listed below, and which are recognized as Medicaid-covered services. Federally Qualified Health Centers and Rural Health Centers will be reimbursed the prospective payment system rate when applicable. Codes approved for reimbursement are subject to change.

¹ <https://www.govinfo.gov/content/pkg/CFR-2015-title42-vol2/pdf/CFR-2015-title42-vol2-sec410-78.pdf>

² CMS List of Telehealth Services payable under the Medicare PFS - <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Conditions for reimbursement of interactive telecommunications system using two-way, real-time audio-only communication technology for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient includes the following³:

1. The provider must have the capacity to furnish two-way, audio-video telehealth services;
2. Audio-only mode must be the preference of the member;
3. The member's medical record must document the reason for the beneficiary's preference for audio-only mode (examples: broadband access is unsatisfactory, audio-visual technology is not available or is available and the patient does not know how or does not wish to use the technology); and
4. In-person visit requirements with the provider furnishing a service by use of interactive telecommunications system using two-way, real-time audio-only communication technology for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient includes:
 - a) An in-person visit must occur within six months of the initial audio-only service furnished after the PHE ends⁴;
 - b) After the initial 6 month in-person visit, a minimum of one medically necessary service must be furnished in-person within 12 months and every twelve months thereafter if services continue to be furnished by interactive telecommunications system. If no medically necessary service is required within 12 months of the previous in-person visit, the next medically necessary service must be furnished in-person. The beneficiary's medical record must document the reason why an in-person visit was not furnished within that 12-month period.
 - c) The provider furnishing the medically necessary service may be the same provider who furnished services through interactive telecommunications system or may be a provider of the same specialty or subspecialty in the same group practice.

Billing/Coding guidelines

Codes approved for healthcare services provided through audio-only interaction technology are identified in the CMS List of Telehealth Services/Medicare PFS with "Yes" in the column "Can Audio-only Interaction Meet the Requirements?". Services which meet the required conditions for reimbursement for services provided through audio-only technology listed above and which are recognized as Medicaid-covered services will be reimbursed. Approved codes are subject to change.

³ Elements of the required conditions were derived from Medicare rules -

<https://www.govinfo.gov/content/pkg/CFR-2015-title42-vol2/pdf/CFR-2015-title42-vol2-sec410-78.pdf>

⁴ If additional time is needed by the provider/member (up to 6 months only) to meet the in-person requirement, then the health plan may consider the request on a case by case basis.

Example:

Covered codes: 90847, 90853

Non-covered codes: 90875, 90901

LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2023 - updated May 9, 2023			
Code	Short Descriptor	Can Audio-only Interaction Meet the Requirement	Medicare Payment Limitations
90847	Family psytx w/pt 50 min	Yes	
90853	Group psychotherapy	Yes	
90875	Psychophysiological therapy		Non covered service
90901	Biofeedback train any meth		

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Modifier “FQ-service furnished using audio-only communication technology” must be used when billing for services furnished by interactive telecommunications system.

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