

Los Angeles County

START-ODS

System Transformation
To Advance Recovery
and Treatment



Claiming for Telehealth Using Modifiers

A Patient Management System
Services, Data, and Claims

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Introduction to Telehealth/Telephone Configuration Changes

The California Department of Health Care services (DHCS) published [Behavioral Health Information Notice 21-047](#) regarding new telehealth modifiers required to be included on all claims for services provided via telehealth and telephone along with the corresponding place of service code no later than 01/01/2022. This is intended to allow DHCS to track access to services and measure the proportion of services delivered by telehealth, telephone or in person services.

Sage has been configured to support these requirements from DHCS. This job aid will walk through the claiming process for providers who bill directly through Sage and those who utilize the 837 process for billing. The following changes have been implemented per the DHCS telehealth and telephone service reporting requirements. The configuration allowed for the new HCPCS and modifier combinations to be associated with all existing and new authorizations, without having to modify any approved authorizations or groupings.

Providers will not see the new HCPCS and modifier combinations on the list of codes on approved authorizations as normally indicated (Figure 1). The new codes are applied in the background and will be available when entering the CPT/HCPCS on the Treatment pare 2) for Primary Sage Users.

Figure 1: Available codes visible on authorization

Authorization Group	
294 - ASAM 2.1 - 21 and Over	
PROCEDURE CODE	DESCRIPTION
90846:U8	Family Therapy
D0001:U8	Discharge Services
H0001:U8	Intake/Assessment
H0004:U8	Individual Counseling
H0005:U8	Group Counseling
H0006:U8	Case Management
H0048:U8	Alcohol/Drug Testing
H0049:U8	Screening
H2010:U8	Medication Services
H2011:U8	Crisis Intervention
MATSvc:U8	Med for Addiction Treatment Services
T1006:U8	Collateral Services
T1007:U8	Treatment Plan
T1012:U8	Patient Education

Figure 2: Additional available codes when entering procedure code

	H0004:U8 - Individual Counseling (, 8/6/2021 - 8/12/2021) H0004:U8:GT - Individual Counseling-Televideo (, 8/6/2021 - 8/12/2021) H0004:U8:SC - Individual Counseling-Telephone (, 8/6/2021 - 8/12/2021)
Include Weekends	
Filter by Funding Source:	
Authorization:	
Procedure Code:	H0004
Clinician:	- Please Choose One -

Effective January 1, 2022, all Medi-Cal covered services have been configured as noted and must be claimed using the following modifiers and place of service code if delivered via telehealth:

- Telehealth service: GT
- Telephone service: SC
- Place of service code: 02 (Same for both Telehealth and Telephone services)

Secondary Sage Users (agencies that bill using the 837 process) should configure their systems to include these modifiers on all DMC covered CPT/HCPCS codes, with the exception of residential and inpatient levels of care (3.1, 3.3, 3.5 and WM 3.2, WM 3.7, WM 4.0).

To further clarify, telephone and telehealth services included on 837P files must include the appropriate modifier with the CPT code for the service and must include the place of service code – “02” - to indicate the service was delivered via telehealth/telephone. An updated SAPC [837 companion guide](#) will be published for specific information on the loop and segment for the place of service code. **If the 02 place of service code is not included on the claim when the telehealth or telephone modifiers are used, the service will be denied by SAPC.** The denial will show on the Preadjudication within Sage (Figure 3):

Figure 3: Preadjudication fail for invalid place of service

Pre-Adjudication Edit Failed Reason	Status	Units	Procedure Code
The service was denied for the following reason: Location's Place of Service Is Invalid For Procedure Code.	Failed Edit	4	Individual Counseling-Televideo (H0004:U8:HD:GT)

Exceptions and Alternate Configurations

SAPC did not configure residential settings for telehealth services as these services are only allowable under current emergency order through December 2021 and are not normal levels of care that would constitute telehealth or telephone services. Additionally, services delivered via telehealth to patients in quarantine or isolation while the patient is at the residential site should continue to be billed as regular residential services.

In some rare instances, there are services within particular authorization groupings where more than four (4) modifiers would need to be used as a result of the new modifiers. All standard EDI and HIPAA transactions have a 4-modifier limit on CPT codes. In the following authorization groupings, the telehealth and telephone services would exceed the 4-modifier limit:

- ASAM 1.0-WM - 12-17/Perinatal
- ASAM 1.0-WM - 18-20/Perinatal
- ASAM OTP - 12-17/Perinatal-PPW
- ASAM OTP - 18-20/Perinatal-PPW
- RSS – 12-17/Perinatal
- RSS – 18-20/Perinatal

Each of these authorization groupings correspond specifically to the perinatal youth population. DHCS has indicated that the youth modifier – “HA” – should be removed from the HCPCS/modifier combination to meet the 4-modifier maximum when the service is provided by telephone/telehealth. This will not impact the rate at which the service is reimbursed as all the effected codes are for PPW services, which receives the maximum allowable rate. For example, a client receiving Individual Counseling (H0004) with ASAM level 1-OTP (UA + HG), age 15 (HA), pregnant (HD), and the service conducted via Telehealth (GT) would use code H0004:UA:HG:HD:GT. The youth HA modifier was removed to meet the transaction standard requirement. Sage has been configured in this manner already for Primary Sage Users. Secondary Sage Users should configure their EHR systems to reflect this as well for those who are contracted for those levels of care and populations.

Telehealth/Telephone Procedures for Primary Sage Users/Providers Who Bill Directly in Sage

Before utilizing telehealth services, please ensure that a consent for telehealth services form has been discussed and signed or verbally consented to by the patient, if unable to obtain physical signature when implementing. Additionally, providers should be using a [HIPAA compliant telehealth platform](#) when conducting telehealth.

SAPC has redeveloped the Provider Activity Report to better assist providers in billing for telehealth/telephone services. The updated Provider Activity Report will include the “Method of Service Delivery” selections directly from the progress notes (Figure 4) in Sage. This will allow billers to easily identify which services should be claimed as telehealth or telephone.

Figure 4: Progress note method of service delivery

Method of Service Delivery

Face-to-Face

Field Based Services

Not Applicable

Telehealth

Telephone



Reminder: Method of Service Delivery refers to how a session was conducted. Select the appropriate method.


- i. **Face-to-Face** is for in person session.
- ii. **Field Based** is related to providers who are contracted to deliver services at certified field based locations.
- iii. **Not Applicable** refers to if an informational type note is added to a patient’s chart but did not involve contact of any type with another person.
- iv. **Telehealth** refers to services delivered using a synchronous audio/video interaction on a HIPAA compliant platform
- v. **Telephone** is NOT the same as telehealth. Telephone is strictly for audio/TTY/TDD.

Billing for Telehealth Through Sage

The billing workflow has not changed with this configuration. Primary Sage Users will continue to follow the normal billing workflow when entering Treatments/services. For telehealth or telephone services, enter the HCPCS code as normally done and the additional associated codes will display in the smart search results. Providers can enter the HCPCS code with or without the modifiers. In the example below (Figure 5), H0004 was entered, which populated all available codes associated to H0004 on the authorization selected. The dates in parentheses are the dates of the authorization that was selected.

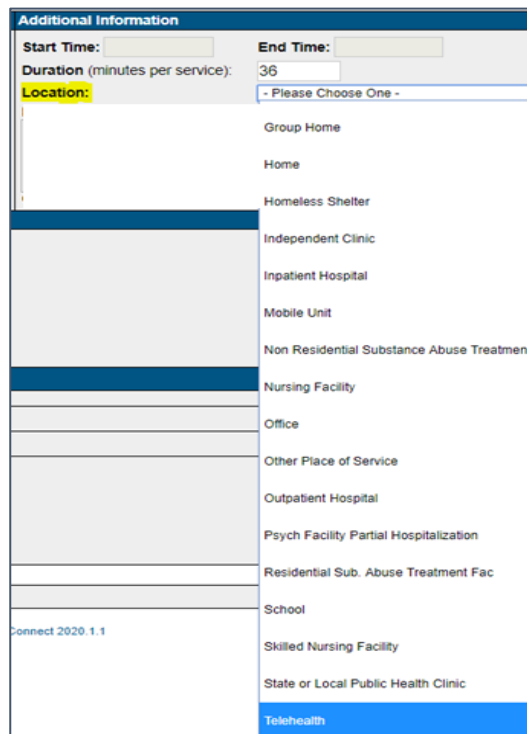
Figure 5: Listed and associated codes available to bill

	H0004:U8 - Individual Counseling (, 8/6/2021 - 8/12/2021) H0004:U8:GT - Individual Counseling-Televideo (, 8/6/2021 - 8/12/2021) H0004:U8:SC - Individual Counseling-Telephone (, 8/6/2021 - 8/12/2021)
Include Weekends	
Filter by Funding Source:	
Authorization:	
Procedure Code: 	<input type="text" value="H0004"/>
Clinician:	- Please Choose One - 

After entering all the initial information for the service, providers would click  to proceed to the Treatment Details page, where the Location/Place of Service (Figure 6) for service will be selected. This should correspond to the Method of Service Delivery noted on the progress note or Provider Activity Report.

For telehealth AND telephone services, providers should select the “Telehealth” location option. All other fields are entered as usual. As a reminder, if telehealth or telephone services are billed without the location as Telehealth, the claim will be denied as “Location’s place of service is invalid for procedure code.”

Figure 6: Location selection on Treatment Details



Additional Information

Start Time: End Time:

Duration (minutes per service): 36

Location:

- Group Home
- Home
- Homeless Shelter
- Independent Clinic
- Inpatient Hospital
- Mobile Unit
- Non Residential Substance Abuse Treatment
- Nursing Facility
- Office
- Other Place of Service
- Outpatient Hospital
- Psych Facility Partial Hospitalization
- Residential Sub. Abuse Treatment Fac
- School
- Skilled Nursing Facility
- State or Local Public Health Clinic
- Telehealth**

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Billing Telehealth for Secondary Sage Users

The new configuration for telehealth will not change the 837 process for billing. However, Secondary Sage Users must ensure they have configured their EHR systems to include the new HCPCS code and modifier combinations for all available services the agency and each site is contracted to provide. For example, if the agency is contracted for outpatient 1.0, 2.1 and RSS, each of the corresponding CPT/HCPCS, with the current modifiers, the system should now be updated to add both the telehealth: GT and telephone: SC modifiers to each of the existing procedure codes in their systems.

Additionally, when populating telehealth and telephone services on the 837, providers must ensure that the Place of Service segment (Loop 2400, SV105) is entered as '02' to correspond to telehealth or telephone method of service delivery. Submitting a telehealth or telephone HCPCS code with the incorrect corresponding place of service, which should be 02 for both methods of service delivery, will result in the claim being denied by SAPC as CO 5 M77 and explanation of coverage denial "Location's place of service is invalid for procedure code.