



Impact of COVID-19 on Vulnerable Populations in Texas

Texas Medicaid and CHIP Percent of Services Delivered via Teleservices Dashboard Notes

Policy Changes

To understand the increase in the utilization of teleservices, it is important to note that, HHSC expanded Texas Medicaid coverage of these services during the COVID-19 Public Health Emergency (PHE) to support continuity of care. These flexibilities are comprehensive, covering acute care, behavioral health, and long-term services and supports and apply to both managed care organization (MCO) functions (such as service coordination) and provider services, so long as they are delivered in accordance with the healthcare provider's licensure. HHSC also implemented new telephonic procedure codes for use during the PHE. For more information, please refer to <https://www.hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers>.

Data Source

Claims and encounters data are from TMHP's Analytical Data Store. Demographic and program information are from HHSC's 8-month eligibility file, 24-month eligibility file, TT FFS file, and CHIP History file.

Data Description

Data is subject to change. Claims and encounters data are generally considered to be complete for analysis eight months after the end of a service date. The lag after the end of the service period allows for submission, processing, and any retroactive changes. What may appear as recent decreases in the number of clients receiving services may be due, at least in part, to the lag in claims processing rather than solely due to a reduction in services. Only paid claims and encounters are included.

Measure Information

The all teleservices trend lines show the count and paid amounts of all Medicaid and CHIP teleservices. The bar charts show the count and amounts paid for select high profile services delivered in person versus via teleservices.

Demographic information is collected from Medicaid/CHIP clients when they enroll in the programs. This information is matched to the claims and encounters on the date of service/eligibility month and clients' Medicaid or CHIP identification number. For client race and ethnicity, "Unknown/Other" indicates that the corresponding demographic fell into a category too small to present on its own or the data element was missing for that client. For client gender, "Unknown" indicates the data element was missing for that client.

Totals may differ from the sum of categories because clients may change categories over time (e.g., a client turns 22 during the year and is counted in the <21 and in the 21-64 age group).

The measure "services" for occupational therapy (OT), speech therapy (ST), physical therapy (PT), and well child visits are defined as the count of procedures that were paid for at the detail level. "Services" for mental health and substance use disorder treatment (SUD) is defined as the distinct number of claims or encounters that were paid for at the header level. A claim or encounter may be composed of more than one detail procedure.

The measure "Paid Amount" is defined as the sum of the detail dollar amounts for each procedure code paid at the detail level; except for mental health inpatient episodes. The "Paid Amount" for these hospital stays is defined as the summation of the header paid amount for all services on the inpatient claim or encounter.

Definitions

"Teleservices" includes audio/visual services done by physicians (telemedicine) or non-physicians (telehealth), as well as audio-only done by any licensed provider. Teleservices before 9/1/2019 include procedure codes G0406, G0407, G0408, G0425, G0426, G0427, G0459, or 99457 regardless of modifier or procedure codes 90791, 90792, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90832, 90833, 90834, 90836, 90837, 90838, 90862, 90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 92507, 92508, 92521, 92522, 92523, 92524, 97150, 97165, 97166, 97167, 97168, 97530, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245,

99251, 99252, 99253, 99254, 99255, 99354, 99355, 99356, 99357, G0406, G0407, G0408, G0425, G0426, G0427, G0459, M0064, S9152, or S9470 with modifier `GT` or `95`.

Beginning 9/1/2019, teleservices include any procedure codes with modifier GT or 95 or procedure codes G0406, G0407, G0408, G0425, G0426, G0427, G0459, 99457, 99441, 99442, or 99443 regardless of modifier.

Mental health services are defined in the Texas Medicaid Provider Procedures Manual, Volume 2 Behavioral Health and Case Management Services Handbook, chapter 4 (Outpatient Mental Health Services), chapter 5 (Mental Health Targeted Case Management & Rehab Services), and chapter 7 (Psychiatric Hospitalization). <https://www.tmhp.com/resources/provider-manuals>

Service types are based on procedure codes grouped into similar areas such as: Testing and evaluation ('90791','90792','96101','96116','96118'), psychotherapy ('90837','90834','90832','90833','90836','90838', '90846','90847','90853'), case management ('T1017'), MH Rehab ('H2014','H2017','H2012','G0177') and other services.

Mental health (MH) telehealth, telemedicine, and telephonic services are indicated by MH specific procedure codes along with modifiers `GT` or `95` submitted on a claim or encounter.

SUD services are defined in the Texas Medicaid Provider Procedures Manual, Volume 2 Behavioral Health and Case Management Services Handbook, chapter 9 (Substance Use Disorder Services). <https://www.tmhp.com/resources/provider-manuals>

Service types are based on procedure codes grouped into similar areas such as: assessment ('H0001'), detox ('H0012', 'H0031', 'H0047', 'T1007', 'S9445', 'H0016', 'H0050'), residential treatment ('H2035'), medication assisted treatment ('H0020', 'H0033', 'H2010', 'J0570') and outpatient treatment ('H0004', 'H0005') and other services.

Substance use disorder telehealth, telemedicine, and telephonic services are indicated by SUD specific procedure codes along with modifiers `GT` or `95` submitted on a claim or encounter.

OT services include procedure codes 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97530, 97535, 97537, 97542, 97750, 97760,

97761, 97762, 97799, S8990 with modifier 'GO' and/or procedure codes 97003, 97004, 97165, 97166, 97167, 97168, G0152 with no modifier.

Occupational therapy telehealth, telemedicine, and telephonic services are indicated by OT specific procedure codes along with modifiers 'GT' or '95' submitted on a claim or encounter.

Claims and encounters with Unknown Therapy Type (insufficient modifiers to determine type of therapy or procedure code and modifier combinations that do not follow expected patterns) and Multiple Therapy Type (multiple therapy modifiers reported) are excluded from this analysis.

SHARS data excluded from the OT services.

PT services include procedure codes 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97530, 97535, 97537, 97542, 97750, 97760, 97761, 97762, 97799, S8990 with modifier 'GP' and/or procedure codes 97001, 97002, 97161, 97162, 97163, 97164, G0151 with no modifiers.

Physical therapy telehealth, telemedicine, and telephonic services are indicated by PT specific procedure codes along with modifiers 'GT' or '95' submitted on a claim or encounter.

Claims and encounters with Unknown Therapy Type (insufficient modifiers to determine type of therapy or procedure code and modifier combinations that do not follow expected patterns) and Multiple Therapy Type (multiple therapy modifiers reported) are excluded from this analysis.

SHARS data excluded from the PT services.

ST services include procedure code 97535 with modifier 'GN' and/or procedure codes 5456X, 92506, 92507, 92508, 9250X, 92521, 92522, 92523, 92524, 92526, 92610, G0153, S9152 with no modifier codes.

Speech therapy telehealth, telemedicine, and telephonic services are indicated by ST specific procedure codes along with modifiers 'GT' or '95' submitted on a claim or encounter.

Claims and encounters with Unknown Therapy Type (insufficient modifiers to determine type of therapy or procedure code and modifier combinations that do not

follow expected patterns) and Multiple Therapy Type (multiple therapy modifiers reported) are excluded from this analysis.

SHARS data excluded from the ST services.

Well child (WC) services include procedure codes 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, and 99211.

Well-child telehealth, telemedicine, and telephonic services are indicated by WC specific procedure codes along with modifiers 'GT' or '95' submitted on a claim or encounter.

Clients were under 21 at the time of enrollment, but anyone who turned 21 during or after March 2020 could stay in their program.