



Telehealth Billing Configuration

AWARDS Instruction Sheet

To add Telehealth procedures to your billing configuration in AWARDS, complete the steps detailed in this document.

Note: These instructions do NOT apply to the following billing types: NYS TAP, ACT, PROS billing for Medicaid, and MCOs. We will provide separate guidance regarding these billing types.

Step 1: Determine which services can be delivered via telephone or video chat

Make a list of:

- Which payers will pay for Telehealth services
- Which billable services can be provided using Telehealth
- What your documentation requirements are for billing the in-person version of each service

Tip: For a snapshot of current requirements for the in-person procedures, use the [Billing Procedures ReportBuilder](#):

BillingBuilder > Configure Billing Types > Billing Procedures > ReportBuilder.

Step 2: Create a new “fake” payer with which to configure Telehealth procedures

AWARDS > Administration > Fiscal > BillingBuilder > Payers > ADD NEW PAYER

Use the **ADD NEW PAYER** feature to create a “fake” payer that you can use for the purpose of configuring your additional Telehealth procedures and documentation requirements. Foothold will then be able to clone them to your real payers when you’re ready (step 5).

Tip: Label your fake payer in a way that clearly indicates that it is not real; for example: TEST PAYER - DO NOT USE.

Step 3: Create a new billing type for each type that needs to bill for Telehealth

AWARDS > Administration > Fiscal > BillingBuilder > Configure Billing Types > ADD NEW BILLING TYPE

For each type of billing that needs to bill for Telehealth services, create a new billing type using the **ADD NEW BILLING TYPE** feature. For example, if you need to create Telehealth procedures for your Clinic program AND your HCBS programs, you must create TWO new billing types.

Tip: New billing types should have the same names as the existing billing types for your real payers. Using the same labels ensures that when procedures are cloned (in step 5) duplicate billing types won’t accidentally be created.

Step 4: Configure the new Telehealth procedures for each billing type

AWARDS > Administration > Fiscal > BillingBuilder > Configure Billing Types > select the fake payer > VIEW BILLING TYPES > select Telehealth billing type > ADD NEW PROCEDURE

The Telehealth procedures will be identical to the in-person versions except for the following:

- **Procedure Name** - Needs to be different from the original procedure; for example, add the word Telehealth.
- **Rate/Procedure Code** - Needs to be different from the original procedure; for example, add the word Telehealth.
- **CPT/HCPCS & Modifier Code(s)** - Needs to include the Telehealth modifier; for example, if the data is entered as 90834, enter 90834:Telehealth modifier code. If the data already includes a modifier code - H2017:U1 - enter H2017:U1:Telehealth modifier code.
- **Progress/Group Note Locations** - Select "Telehealth." If the original procedure does not have a location or locations selected, it needs to be updated to reflect all of the billable locations, except Telehealth. This is the selection that will direct the Telehealth notes to the Telehealth procedure, and the non-Telehealth notes to the original procedure.

Step 5: Contact the Help Desk to clone your configurations to your real payers

AWARDS > Navigation Bar > Help > Help Desk

Please submit a Help Desk request to clone the new Telehealth billing types to your real billing types. When submitting this request, please indicate:

- Payer name / billing type to clone *from*
- Payers / billing types to clone *to*

Step 6: Set billing rates for each new Telehealth procedure

AWARDS > Administration > Fiscal > BillingBuilder > Billing Rates > select Payer and Program > select new Telehealth Procedure Code and the effective date > click CREATE > enter the Billing Rate > SAVE

For each new procedure code, create a billing rate with an effective date. When doing so, keep in mind that:

- Billing rates are set by payer and program
- If you have multiple programs in a program billing group, only enter the rates for ONE program in that group

Other Items to Note...

If your procedures are set up to require an authorization, the new Telehealth procedures will need this requirement set as well. Further, if this requirement IS set for the new Telehealth procedures, you will need to either add the new Telehealth procedure(s) to a consumer's existing authorization record - OR - enter a new authorization record for a consumer with the new Telehealth procedure(s) selected.