Telehealth Reimbursement Update: Summary Regarding COVID-19

The following guidelines apply within the location-specific public health emergency time frame.

**Medicare**

- Doctors, nurse practitioners, clinical psychologist and licensed clinical social workers can now offer specific telehealth services including common office visits as well as mental health counselling. Occupational therapists, physical therapists, and speech language pathologists are permitted to perform initial and comprehensive examinations. The entirety of the expansion of offerable services via telehealth is subject to change following the pandemic.
  - Before, Medicare would only reimburse for telehealth on a much more limited basis.
  - Qualified providers to provide telehealth services remain the same as those who could provide services in person, as long as the service is under normal provider scope and normal Medicare benefit rules.
  - Medicare will pay for Medicare telehealth services at the same rate as in-person services except when there is different rate in the office compared to the facility. Medicare will use the facility payment rate in this case.
- A beneficiary can obtain such telehealth services at any health care facility or their home.
- See this [list for the services](#) that may now be provided via Medicare telehealth.
- A beneficiary can receive care from providers via three avenues with specified guidelines:
  - Medicare telehealth visit:
    - Medicare will pay for Medicare telehealth services at the same rate as in-person services.
    - Medicare will pay without regard to geographical location within the US of the provider or beneficiary.
    - HHS is reducing or waiving cost-sharing for providers paid by Medicare for telehealth services.
    - HHS will not audit to ensure that an established relationship existed.
    - Requires real-time communication with audio and visual capabilities.
  - Virtual check-ins:
    - Require established relationship between provider and patient.
    - No limit to geographical location within the US.
    - Can be occur through more broad communication methods, contrary to telehealth visits.
    - Providers may educate beneficiaries on availability of the telehealth service, but individual services must be initiated by the beneficiary.
  - E-visits:
    - Require established relationship between provider and patient.
    - No limit to geographical location within the US.
    - Patients utilize online patient portals to communicate with their doctors.
    - Providers may educate beneficiaries on availability of the telehealth service, but individual services must be initiated by the beneficiary.
- Medicare coinsurance/deductible generally apply.

*See utilized sources for more details: CMS Fact Sheet and CMS FAQ’s regarding recent updates*

**Medicaid by State at a Glance**

<table>
<thead>
<tr>
<th>Originating Sites</th>
<th>Illinois</th>
<th>Indiana</th>
<th>Michigan</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anywhere</td>
<td>Anywhere. Location must be noted by provider.</td>
<td>“Home”</td>
<td>Anywhere</td>
</tr>
<tr>
<td>Distant Site</td>
<td>Unclear, but seemingly anywhere</td>
<td>Anywhere. Location must be noted by provider.</td>
<td>Provider-deemed appropriate site.</td>
<td>Anywhere</td>
</tr>
<tr>
<td>Eligible Providers</td>
<td>enrolled provider</td>
<td>ICHP enrolled provider</td>
<td>Medicaid enrolled provider</td>
<td>the vast majority of independent providers</td>
</tr>
<tr>
<td>Communication Medium Needed</td>
<td>HIPAA compliant; audio only is permitted but audio &amp; visual if possible</td>
<td>HIPAA requirements relaxed; audio only is permitted but audio &amp; visual if possible</td>
<td>HIPAA compliant; audio only is permitted but audio &amp; visual if possible</td>
<td>HIPAA requirements relaxed; asynchronous and synchronous methods allowed</td>
</tr>
<tr>
<td>Synchronous communication only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No, asynchronous also permitted</td>
</tr>
<tr>
<td>New Patients Allowed (in contrast to established patients)</td>
<td>Yes</td>
<td>Yes</td>
<td>No reference found</td>
<td>Yes</td>
</tr>
<tr>
<td>Modifiers in Addition to Normal Codes</td>
<td>POS (02), GT</td>
<td>GT</td>
<td>GT</td>
<td>GT for previously accepted telehealth services only; newly accepted services should not use GT</td>
</tr>
<tr>
<td>Patient Consent</td>
<td>No reference found</td>
<td>No reference found for update regarding COVID-19</td>
<td>Direct or indirect consent necessary</td>
<td>No reference found for update regarding COVID-19</td>
</tr>
<tr>
<td>Reimbursement</td>
<td>Same as in-person encounters</td>
<td>Same as in-person encounters, but telehealth services prior to emergency follow pre-existing guidelines</td>
<td>Parity in coverage; FQHC’s, RHC’s, and THC’s may receive more reimbursement than normal</td>
<td>Varied; see Paragraph (E) of Rule 5160-1-21</td>
</tr>
<tr>
<td>Facility Fee Allowed to Be Claimed</td>
<td>Yes for FFS or Health Choice Illinois</td>
<td>Yes, if conditions are met</td>
<td>Effective June 1, 2020, certain services eligible for facility rate</td>
<td>Yes, see more details regarding hospitals</td>
</tr>
</tbody>
</table>
**Medicaid summary by state**

**Illinois:**

- Following guidelines are only effective for no more than 30 days following the conclusion of the Governor’s Declaration of a State Emergency Order.
- All codes within the telemedicine database may use audio only services as a when both visual and audio is unavailable.
- See MDHHS bulletin [MSA 20-13](https://example.com) for many telemedicine services codes and fees.
- Both provider and patient must have HIPAA compliant communication technology that must be synchronous and have both audio and visual components. All services must remain HIPAA compliant.
- Patients may be in their home, and providers may be wherever they deem as an appropriate site.
- Telepractice services will be submitted using the same codes as if the encounter occurred in-person. Additionally, providers must use the GT – interactive telecommunication modifier to label the service as telepractice. If the service is audio only, providers must note, “services provided via telephone” in the remarks section.
- Like all telemedicine, telepractice must be provided by a licensed provider acting within the scope of their practice.
- Behavioral health telepractice services may be provided to beneficiaries of Medicaid or Healthy Michigan Plan using interactive and synchronous audio and/or video.
- Dentists also have temporary, limited permission for oral evaluations using telemedicine when using both audio and visual technology is unavailable. Dentists must still adhere to the specific requirements presented in bulletin [MSA 20-13](https://example.com). See [MSA 20-21](https://example.com) for more details.
- CPT/HCPCS codes for physical, occupational, and speech therapy services via telemedicine can be found on page 3 of bulletin [MSA 20-22](https://example.com).
- FQHC’s and RHC’s may receive the Prospective Payment System rate and THC’s may receive the All-Inclusive Rate for specified telemedicine visits. See bulletin [MSA 20-34](https://example.com) for details.
- Certain telemedicine services will be eligible for a facility rate beginning June 1, 2020.

**See utilized sources for more details:** MDHHS bulletins [MSA 20-13](https://example.com); [MSA 20-15](https://example.com); [MSA 20-21](https://example.com); [MSA 20-34](https://example.com); [MSA 20-22](https://example.com)

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Updated June 26, 2020
Indiana:

- Through the duration of Indiana’s Public Health Emergency due to COVID-19, telemedicine services are to be practiced as if they were in-person. This applies to all IHCP-covered services (with some exceptions regarding services necessitating physical interaction) and applies to Traditional Medicaid and all managed care benefit programs.
- Appropriate consent and documentation remain imperative, including documentation that telemedicine was used and consented to. Providers must also disclose the locations of provider and patient.
- Technology that enables real-time, interactive patient-provider engagement is necessary. Technology must include voice communication at minimum. For example, the use of phones is permitted but use of email/text messages is not. The permitted technologies for telemedicine depends on federal policy regarding HIPPA requirements that are subject to change. Certain practitioners services necessitate video components. See Bulletin 202071 Question 13 for details.
- Coverage of telemedicine is not limited to typical Telemedicine Services Codes. When a service is not listed on Telemedicine Service Codes, the claim must include valid procedure code(s) for the IHCP covered service. The modifier GT to indicate telemedicine communication was utilized is not required, but it is strongly suggested as of June 11. The IHCP may request documentation that the service was via telemedicine during the pandemic. After the pandemic, additional documentation regarding telemedicine is not required and is only for internal records.
- Services under IHCP telemedicine policy prior to the public health emergency should still follow pre-existing guidelines for billing and reimbursement.
- Controlled substances may be prescribed to a patient previously not examined via telemedicine, but opioids cannot, except when the opioid is a partial agonist.
- A facility fee may be billed by the provider if (1) the service previously allowed for billing facility fees and (2) the service can be provided via telemedicine as decided upon by the provider’s professional discretion.
- Any service that can be reasonably provided using telemedicine is permitted by the IHCP. Evaluation and management codes should be billed a
- For COVID-19 testing, FFS Traditional Medicaid will accept but not require condition code DR and modifier CR. The same is true for MCEs.
- There is no reduction in reimbursed payment for services provided via telemedicine.
- Telemedicine can be used to establish patient/provider relationships.
- See IHCP Bulletin 202049 for more details.
- Beginning on July 15, 2020, the timely filing limit on claims for services for members enrolled in managed care by in-network providers returns to 90 days instead of the 180 days that began on March 1.
- The timely filing limit on fee-for-service delivery system claims remains at 180 days.
- See Bulletin 202071 Questions 9 and 12 regarding for telephone codes and evaluation and management codes covered and POS/modifiers that need to be included in the claim.
- For details regarding managed care entities (MCEs) billing and codes, see Bulletin 202071 Question 16.

See utilized sources for details: IHCP Bulletins 202022, 202049, 202034, 202072, 202071

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Updated June 26, 2020
Michigan:

**UPDATE:** On June 24, “telemedicine and remote patient monitoring services will be covered by insurers and by Medicaid,” according to a letter from Gov. Whitmer. This permanently solidified some of the expansions and relaxations of the provision of telehealth care initially created during the pandemic. Permanent expansions include Medicaid reimbursement for asynchronous care, remote patient monitoring services, and expanded sites of origin to include basically anything deemed appropriate by the provider.

On June 24, Gov. Whitmer also indicated that “certain aspects of Executive Order 2026-86 are no longer required, including parts of section 1 and all of section 2.” This EO will be rescinded shortly and be replaced by a new EO that includes only necessary provisions.

See the utilized sources of House Bills 5412, 5413, 5414, 5415, and 5416 for details.

Following guidelines are only effective for no more than 30 days following the conclusion of the Governor’s Declaration of a State Emergency Order.

- All codes within the telemedicine database may use audio only services as a when both visual and audio is unavailable.
- See MDHHS bulletin MSA 20-13 for many telemedicine services codes and fees.
- Both provider and patient must have HIPAA compliant communication technology that must be synchronous and have both audio and visual components. All services must remain HIPAA compliant.
- Patients may be in their home, and providers may be wherever they deem as an appropriate site.
- Telepractice services will be submitted using the same codes as if the encounter occurred in-person. Additionally, providers must use the GT – interactive telecommunication modifier to label the service as telepractice. If the service is audio only, providers must note, “services provided via telephone” in the remarks section.
- Like all telemedicine, telepractice must be provided by a licensed provider acting within the scope of their practice.
- Behavioral health telepractice services may be provided to beneficiaries of Medicaid or Healthy Michigan Plan using interactive and synchronous audio and/or video.
- Dentists also have temporary, limited permission for oral evaluations using telemedicine when using both audio and visual technology is unavailable. Dentists must still adhere to the specific requirements presented in bulletin MSA 20-13. See MSA 20-21 for more details.
- CPT/HCPCS codes for physical, occupational, and speech therapy services via telemedicine can be found on page 3 of bulletin MSA 20-22.
- FQHC’s and RHC’s may receive the Prospective Payment System rate and THC’s may receive the All-Inclusive Rate for specified telemedicine visits. See bulletin MSA 20-34 for details.
- Certain telemedicine services will be eligible for a facility rate beginning June 1,
2020.

See utilized sources for more details: MDHHS bulletins MSA 20-13; MSA 20-15; MSA 20-21; MSA 20-34; MSA 20-22
Ohio:

- **Note: effective July 1:** Telehealth is defined as the following: “is the direct delivery of health care services to a patient via secure, synchronous, interactive, real-time electronic communication comprised of both audio and video elements in accordance with rule 5160-1-18 of the Administrative Code. Practitioners must act within their scope of practice and in accordance with their licensure agreements.” This definition was established on 7/4/19; it seems that telehealth guidelines will revert to before COVID-19 state of emergency.

- All of these guidelines are for individuals covered by Medicaid FFS, Medicaid MCPs and MCOPs.

- Practitioner may utilize telehealth for established and new patients without previous face-to-face visits. (This may be ending soon. **Rule 4731-11-01** indicates that patients must be established prior to providing telemedicine services to them. However, no effective date is posted for this rule.)

- Patients may receive care at any location and practitioners may provide care at any location.

- Many types of practitioners are eligible to provide services such as physicians, nurse practitioner, and occupational therapists, among several others. See **Rule 5160-1-21 paragraph (B)(1)** for more providers that are eligible. However, some dependent practitioners are ineligible to bill for these services. See paragraph (B)(2). More eligible providers are also included in **Rule 5160-1-21.1**.

- Both synchronous and asynchronous communication mediums are permitted. This includes telephone calls and e-mail. (Only through July 1).

- Generally, HIPPA requirements have been relaxed for mediums to communicate with patients. However, practitioners must not use public facing communication such as Facebook Live. Practitioners should utilize privacy modes of communication mediums. (Only through July 1).

- Documentation should remain extensive to the best of the practitioner’s ability.

- Many services may be delivered via telehealth. See the **Appendix to Rule 5160-1-21** and the **Appendix to Rule 5160-1-21.1** for lists of reimbursed services and their procedure codes.

- Details on quantity of reimbursement for telehealth services can be found in **Paragraph (E) of Rule 5160-1-21**.

- Billing codes for both previously accepted and newly accepted telehealth services can be found [here](#). Previous telehealth services will use the code GT, but newly accepted services must not have the GT modifier within the claim.

- A list of the many community behavioral health services deliverable utilizing telehealth can be found on Q7 of the emergency relating Medicaid telehealth FAQ’s.

- Select hospice services are permitted to occur via telehealth. See **Rule 5160-56-06** for details.

- Hospice providers utilizing telehealth will add the GT modifier to select claims and will add other appropriate procedure code(s) as detailed in **Rule 5160-56-06**.

- For home health services “place of service” code “02” must be used to indicate the services was provided via telehealth. See **Rule 5160-12-05** for details.

- It seems that select intensive home based treatment (IHBT) types may now be practiced using telehealth. See **Rule 5160-27-05** for details.

- Effective July 1, Medicaid school program providers can utilize telehealth services. See Section C of **Rule 5160-35-05** for details.

**Sources:** Rule 5160-1-21; billing codes; Medicaid telehealth FAQ’s; Rule 5160-56-06; Rule 5160-12-05; Rule 5160-27-05; Rule 5160-1-21.1; Rule 5160-35-01; Rule 5160-35-05; Rule 4731-11-01

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Guidelines from DEA for duration of the public health emergency:

- DEA providing some flexibility for controlled substances prescribing/dispensing.
- “DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation” if certain conditions are met (DEA telemedicine policies webpage).
- Said conditions include:
  - The prescription is issued for a legitimate purpose by an authorized practitioner under normal scope of practice.
  - The utilized telemedicine service is a synchronous, audio-visual, two-way interactive medium of communication.
  - The practitioner follows applicable Federal and State laws.
- Practitioners may prescribe buprenorphine to new/existing patients with OUD via telephone and are not required to conduct an in-person or telemedicine examination. See DEA068 for specific guidelines and qualifications.
- An OTP with buprenorphine need not have an in-person evaluation if an authorized professional deems that telemedicine can serve as an adequate evaluation.

See utilized sources for more details: DEA068; DEA Telemedicine Policies

Medicare COVID-19 Related Updates for RHCs and FQHCs

- RHC/FQHC temporarily eligible for telehealth services.
- There are no location restrictions for either the patient or provider.
- Select few services are audio-only permissible. Most necessitate live video.
- Reimbursement is $92.03.
- For RHCs through 6/30/2020, use G2025 with CG modifier. 95 modifier not necessary.
- For FQHQs through 6/20/20, must report the following three HCPCS/CPT codes: (1) PPS specific payment code, (2) HCPCS/CPT code that describes the service with the 95 modifier, and (3) G2025 with modifier 95.
- For both RHCs and FQHCs beginning 7/1/2020, submit G2025 only.

See the utilized source for more information: COVID-19 Telehealth Coverage Policies

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Updated June 26, 2020