



NH Department of Health and Human Services New Hampshire Medicaid Program

To: All NH Medicaid Enrolled Providers

From: NH Medicaid's Fee-for-Service Program and Managed Care Organizations

Date: April 1, 2020

Subject: NH Medicaid Telehealth Informational Bulletin
COVID-19 Preparedness and Response

This informational bulletin is being issued in response to questions received from providers as of March 27, 2020, around implementation of telehealth services for the Medicaid population.

Background:

In order to protect the public's health and mitigate the spread of COVID-19, Governor Sununu signed an Emergency Order Number 8 effective March 18th that expanded the coverage of telehealth services for commercial insurance, and NH Medicaid, including its Managed Care Organizations (MCOs). Telehealth is a critical tool for safely addressing patients' needs in their homes as part of the solution to COVID-19's specific barriers to care.

Eligible Provider Types:

The following provider types are eligible to provide telehealth services within their scope of practice, as applicable:

- Physicians, Physician Assistants, APRNs, Clinical Nurse Specialists, Nurse Midwives
- Certified Registered Nurse Anesthetists
- Clinical Psychologists, Clinical Social Workers, Master's Level Psychiatric Nurses
- School Psychologists licensed by the Board of Psychologists
- Pastoral Psychotherapists, Marriage and Family Therapists, Clinical Mental Health Counselors
- LADCs, MLADCs, and Certified Recovery Support Workers
- Applied Behavior Analyst
- Providers licensed by the Board of Mental Health Practice
- Community Mental Health Programs designated by the Department of Health and Human Services
- Dietitians or Nutritional Professionals credentialed and enrolled as network providers with the MCOs
- Federally Qualified Health Centers/Rural Health Centers
- Occupational Therapists
- Physical Therapists
- Speech and Language Pathologists
- Home Health Providers
- Hospice Providers



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Eligible Provider Types, Continued:

- Licensed Out-of-State Medical Providers in good standing per Emergency Order Number #15 pursuant to Executive Order 2020-04. Further guidance on enrollment will be forthcoming.

Additionally the providers listed below enrolled with NH Medicaid whose services may be delivered by non-medical non-licensed personnel may provide services remotely in response to the state of emergency:

- Language Bank Interpreters
- Home Visiting Programs under contract with the Bureau of Maternal & Child Health and Economic & Housing Stability
- Early Supports and Services (FCESS) Providers
- CFI Waiver Providers

Providers who are not enrolled with NH Medicaid and are not recognized as a qualified Medicaid treatment provider are not eligible to receive Medicaid reimbursement for telehealth services provided to Medicaid members (i.e., naturopathic doctors) but may perform telehealth services in accordance with their scope of practice.

Eligible Services:

Any service that would have previously been rendered and Medicaid covered as face-to-face may now be rendered via telehealth. This includes both medical services, as well as behavioral health services. Notification to NH Medicaid to transition a member from face-to-face treatment to telehealth visits is not required. All prior authorization requirements remain in effect, including applied behavior analysis and therapy service limit overrides. Annual physical exams cannot be performed via telehealth because the required elements of weight, blood pressure and vitals cannot be completed via telehealth. However if the distant site is a facility with a telehealth cart with these capabilities, this e-visit would be covered. The delivery of personal care services falls into this non-covered category, however verbal cueing to assist persons to perform their own personal care would be covered.

Non-medical home health services' personnel, such as personal care attendants and homemakers performing welfare checks, are not billable Medicaid services under the State Plan, but would be covered under all Long Term (LTSS) Care waivers.

Originating Sites:

An originating site is where the patient is located during the telehealth service. There are no restrictions. No Medicaid payment is made to the originating site.



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Distant Sites:

A distant site is where the practitioner is located during the time of the telehealth service. Providers may render telehealth services from their private residence (distant remote site) instead of a medical office. Confidentiality and privacy protections, however, still apply. The address on the claim should reflect the address of the billing provider and not the address of the performing provider conducting the telehealth service. With passage of the Stimulus Bill, FQHCs and RHCs may be distant sites.

E-visits:

DHHS is committed to relieving the burden on primary care offices during this state of emergency. The Governor's Executive Order #8 pursuant to Executive Order 2020-04 waived the requirement that the clinician must establish an initial in-person, face-to-face patient relationship before telehealth services can be utilized for diagnosis, consultation or treatment. In all types of locations, including the member's home, Medicaid members with an established relationship may have non-face-to-face patient- initiated communications with their doctors without going to the doctor's office.

Reimbursement will be made for the following procedure codes:

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes ; Rate: \$9.45
- 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes; Rate \$18.89
- 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes; Rate \$30.53

Clinicians who may not independently bill for evaluation and management (E & M procedure codes) visits will not be reimbursed for E-visits (procedure codes G2061-G2063). These are Medicaid non-covered services currently. Calls from members and/or a member's family for problem solving which would normally have generated a face-to-face encounter, should be billed as a therapy direct treatment service.

Consent for Treatment via Telehealth and Documentation Requirements:

Per guidance released by CMS for Medicare, verbal consent to a telehealth visit should be documented in the provider's medical note. Consent may also be obtained via email or text. All other documentation requirements remain in effect. Providers should review the administrative rule that pertains to Medicaid coverage of their particular service for details of documentation requirements (He-W 500).



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Reimbursement and Billing:

NH Medicaid pays the same rate as if the service was provided face-to-face. Billing for the service delivered should identify the CPT code(s) typically used for in-person visits with the addition of the GT modifier and place of service 02 (telehealth) to the claim form. Medicaid is not adopting a different set of procedure codes specific to telehealth.

Examples: An office visit procedure code 99213 performed via telehealth would require the claim to have the GT modifier and place of service 02 (telehealth) when billed. A nursing home visit would be billed using either procedure codes 99304-99306 for initial care and 99307-99310 for subsequent care with the GT modifier and place of service 02 (telehealth).

Key Takeaways:

- DHHS has expanded the list of eligible providers who may conduct telehealth/remote visits.
- Applicable State practice acts for non-physician practitioners remain in effect relative to provision of telehealth services.
- The expansion of telehealth services is not intended to expand the scope of services provided by Medicaid. Services not paid for by Medicaid currently will not be paid for under telehealth. This includes supervisory and recertification visits for home health services as well, as welfare checks to keep members and their families connected and engaged in home care. Providers are encouraged to perform these services via telehealth communications, but need to understand Medicaid reimbursement will not be available for this activity.
- Per guidance issue by the Office of Civil Rights (OCR), OCR is waiving any potential penalties against health care providers for noncompliance with HIPAA regulations in connection with the good faith provision of telehealth during the COVID-19 national public health emergency. Under that guidance, healthcare providers may use popular applications that allow video chats including Apple FaceTime, Facebook Messenger Video chat, Google Handouts video, Zoom, or Skype.
- Providers are prohibited from using public facing applications such as Facebook Live, Twitch, TickTok, or other similar video communication applications.
- Video chat is the preferred method of providing telehealth services as there may be services that a provider determines are not appropriate for audio. Audio/telephonic delivery of services should be limited to families without video access.
- Managed Care Organizations (MCOs) will be allowing telehealth visits in lieu of face-to-face visits in accordance with this Informational Bulletin.
- DHHS will continue to monitor the COVID-19 situation and assess options for additional relief to providers focusing on assuring the care of our most vulnerable Medicaid members.



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Resources:

OCR has published a bulletin advising covered entities of further flexibilities available to them as well as obligations that remain in effect under HIPAA as they respond to crises or emergencies at <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf> - PDF