TELEHEALTH COVERAGE POLICIES IN THE TIME OF COVID-19 TO DATE

Timestamp: March 19, 2020 – 5 pm PT (UPDATES: Additional OCR Guidance for HIPAA & State Actions)

As things rapidly develop regarding what we know about COVID-19, policies around telehealth have also been developing alongside of it. Below is a summary of what is covered by various public and private payers with the information that has been released. Keep in mind that events are evolving and to consider this a living document that could change frequently as new information and new policies become available/are enacted. CCHP will continue to make updates when they become available.

It was announced on March 17 that the telehealth waiver in Medicare under HR 6074 has been implemented. Below is how the Medicare fee-for-service telehealth policies now stand.

MEDICARE FEE FOR SERVICE TELEHEALTH COVERAGE	
SUBJECT AREA	**CURRENT POLICY UNDER COVID-19**
Location of the Patient	Rural and site limitations are removed. Telehealth services can now be provided regardless of where the enrollee is located geographically and type of site, which allows the home to be an eligible originating site. However, locations that are newly eligible will **not** receive a facility fee.
Eligible Services	All services that are currently eligible under the Medicare telehealth reimbursement policies are included in this waiver. The list of eligible codes is available HERE.
Eligible Providers	The waiver did **not** expand the list of eligible providers to provide services and be reimbursed. The eligible providers are: • Physicians • Nurse practitioners • Physician assistants • Nurse-midwives • Clinical nurse specialists • Certified registered nurse anesthetists • Clinical psychologists (CP) • Clinical social workers (CSWs) (NOTE: CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838). • Registered dietitians or nutrition professional
Modality	The waiver did **not** expand what modalities can be used to provide telehealth delivered services in this program, restricting the provision of services through live video (though Hawaii and Alaska telehealth demonstration programs can use store and forward). For other types of eligible services not considered "telehealth" that still use telehealth technologies, see "Other Technology-Enabled Services."
Out-of-pocket costs/co-pays	Still applies, but the OIG is providing health care providers flexibility to reduce or waive fees.

Prior existing relationship to provide care via telehealth	HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency

Resources:

- CMS Fact Sheet
- CMS FAQ

Other Medicare & Medicaid Policies

EXISTING TELEHEALTH POLICY PRE-COVID-19	POLICY CHANGE IN RESPONSE TO COVID-19	WHAT CAN BE COVERED
MEDICARE		
Licensing		
With the declaration by the President of a national of emergency, the Secretary issued a 1135 Waiver for "requirements that physicians or other health care professionals hold licenses in the state in which they provide services if they have an equivalent license from another state." Notice here. CMS has not issued guidance on how this will be implemented.		
Medicare Advantage		
Medicare Advantage (MA) plans have the flexibility to have more expansive telehealth policies related to types of services covered, where those services can take place (no geographic or site limitations), modality used. Still limits the types of providers reimbursed.	Medicare Advantage Organizations were informed by CMS that if they wish to expand coverage of telehealth services beyond what has already been approved by CMS, they will exercise its enforcement discretion until it is determined that it is no longer necessary in conjunction with the COVID-19 outbreak. (CMS Memo)	MA plans have some flexibility to expand their coverage of telehealth beyond what they currently do. What is covered will depend on what each plan decides to do. NOTE: MA plans do **NOT** have to provide these more expansive telehealth services. They are only required to provide what is covered by Fee-for-Service.
Other Technology-Enabled Services		
Virtual Check-In Codes G2010, G2012* Can be done synchronously and asynchronously and telephone can be used	No Change Made	Virtual check-in codes do not have geographic or site restrictions attached so they can be used to engage with patients, but the reimbursement amount for these codes is low and are only meant to act as quick check-ins with patients that do not last more than a few minutes. These codes are also only available for established patients, are patient initiated

		and cannot result from or lead to an E/M service.
Interprofessional Telephone/Internet/EHR Consultations (eConsult) * 99446, 99447, 99448, 99449, 99451, 99452	No Change Made	eConsult allows a provider-to-provider consultation. Pays both providers, but check definition for the time needed for each code.
Remote monitoring services: * Chronic Care Management Complex Chronic Care Management Transitional Care Management Remote Physiologic Monitoring Principle Care Management	No Change Made	These services are not considered "telehealth" services and were never subject to telehealth limitations. They do have other factors that limit how they can be used so make sure you check the definition for the codes.
Online Digital Evaluation (E-*Visit) – G2061-2063 Online medical Evaluations – 99421-99423	No Changes Made	These services are not considered "telehealth" services and were never subject to telehealth limitations.

MEDICAID		
EXISTING TELEHEALTH POLICY PRE-COVID-19	**POLICY CHANGE IN RESPONSE TO COVID-19**	**WHAT WILL BE COVERED AT THIS TIME**
Telehealth reimbursement policies vary from state to state. If the State Medicaid program has managed care, telehealth reimbursement can vary from plan-to-plan. For Medicaid fee-for-service policies, check CCHP's website.	A Medicaid FAQ was issued stating that state Medicaid programs have broad authority to utilize telehealth within their Medicaid programs including using telehealth or telephonic consultations in place of typical face-to-face requirements when certain conditions are met. States would have to use the Appendix K process for this.	Still developing. Some states have encouraged providers and health plans to utilize telehealth more broadly to provide services but for many states the policies continue to be developing as they navigate this situation.

Other Federal Actions

DEA

The declaration of the national emergency enacted one of the exceptions to the Ryan Haight Act for telehealth (telemedicine as it is referred to in the Act).

For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- *The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice*

- *The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.*
- *The practitioner is acting in accordance with applicable Federal and State law.*

https://www.deadiversion.usdoj.gov/coronavirus.html

HIPAA

A change was made regarding the Health Insurance Portability and Accountability Act (HIPAA) "Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency." https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

OCR Guidance - **https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html**

It should be noted that many states do have laws and regulations regarding health information and what is required to protect and secure it. This will likely not impact those state laws and regulations. A separate state action will be necessary.

PRIVATE INSURERS		
EXISTING TELEHEALTH POLICY PRE-COVID-19	**POLICY CHANGE IN RESPONSE TO COVID-19**	**WHAT WILL BE COVERED AT THIS TIME**
Coverage varied from payer-to-payer, depending on the plan.	Several health plans have announced that they will make telehealth more widely available or offering telehealth services for free for a certain period of time. Some of the announcements have come from Aetna, Cigna and BlueShield BlueCross. Additionally, Vice President Pence had announced that he had secured a commitment from the health plans to cover telehealth services, but no details or which plans had agreed were given.	Still developing. Few details have been given and would require individuals to inquire with their insurer what is exactly covered. Some links to the announcements: Aetna Cigna BlueShield BlueCross

* See CCHP's Introductory Billing Guide to Medicare Fee-for-Service.

FQHCS/RHCS – How can I use telehealth?

MEDICARE	MEDICAID	PRIVATE PAYER

FQHCs and RHCs can only act as the originating site for telehealth delivered services. The geographic and site limitations will still apply with only certain exceptions that were in place prior to COVID-19. FQHCs and RHCs can utilize some of the technology-enabled services to treat patients such as the virtual check-in and some of the chronic care management codes but not others like eConsult. For these technology-enabled codes, FQHCs and RHCs will receive a fee-for-service rate, not the PPS rate.	This will vary from state-to-state, with some states allowing FQHCs and RHCs to act as distant site providers, and some allowing them to receive their PPS rate, and others not. Some states prohibit FQHCs and RHCs from acting as the distant site provider but may allow them to be originating sites. Other states are silent. Check [CCHP's 50 State Report](#) or your state Medicaid program.	Will vary from payer-to-payer and state-to-state.

State Actions (Newly Added Items in Red):

Licensure Waivers/Actions – Federation of State Medical Boards List - http://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensure-requirement-covid-19.pdf

Arizona – Licensing waiver - https://azgovernor.gov/governor/news/2020/03/governor-doug-ducey-issues-declaration-emergency-executive-order-combat

California –

- Guidance to Medi-Cal Manage Care Plans - https://www.dhcs.ca.gov/services/Documents/MMCD/COVID-19Memo.pdf
- Behavioral Health Bulletins - https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx
- Health Plans (Department of Managed Health Care) - http://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-009%20(OPL)%20-%20Reimbursement%20for%20Telehealth%20Services%20(3_18_20).pdf?ver=2020-03-18-105612-547
- Health Plans (Department of Insurance) - http://www.insurance.ca.gov/0250-insurers/0300-insurers/0200-bulletins/bulletin-notices-commiss-opinion/upload/CDI-Emergency-Notification-Filing-Requirements-COVID-19-3-18-2020.pdf
- Medicaid – Telehelath & Phones; FQHCs - https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth-Other-Virtual-Telephonic-Communications031820.pdf
- Medicaid Managed Care - https://www.dhcs.ca.gov/Documents/COVID-19/APL19-009-Supplement-Telehealth-031820.pdf

Connecticut-

- Temporary Coverage for Telehealth - https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=pb20_10.pdf&URI=Bulletins/pb20_10.pdf
- New Coverage of Specified Telemedicine Services - https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=pb20_09.pdf&URI=Bulletins/pb20_09.pdf

Colorado – Plans were directed to conduct outreach and education campaigns to remind enrollees of their telehealth options and to provide telehealth services to cover COVID-19-related in-network telehealth services at no cost share. https://drive.google.com/file/d/1_9Z6CVhzAxNNxUWBKeAfVHgfr3mXQB_T/view?inf_contact_key=28252f60b0e45481d432c387e674dd83

Delaware – Medicaid - https://dhss.delaware.gov/dhss/dmma/files/dmma_covid19_guidance.pdf

District of Columbia –

- Medicaid Program Update https://coronavirus.dc.gov/sites/default/files/dc/sites/dhcf/release_content/attachments/DHCF-PRINT-UFL_UF_DHCF-PRT-06_1038_001.pdf
- Guidance on the use of telehealth - https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/Memo%20-%20Guidance%20on%20the%20Use%20of%20Telehealth.pdf
- Medicaid: https://coronavirus.dc.gov/release/medicaid-expands-home-telemedicine-services-medicaid-beneficiaries-response-covid-19

Indiana -

- Executive Order - https://www.in.gov/gov/files/EO_20-05.pdf
- IHCP Bulletin - http://provider.indianamedicaid.com/ihcp/Bulletins/BT202022.pdf

Iowa – Medicaid – https://www.cchpca.org/sites/default/files/2020-03/IOWA%202119-MC-FFS-CVD_Telehealth_and_Pharmacy_Billing_COVID19.pdf

Kentucky - Medicaid
- https://chfs.ky.gov/agencies/dms/ProviderLetters/dmsproviderletterCOVID19.pdf

Maryland – Medicaid - https://www.mhaonline.org/docs/default-source/resources/coronavirus/covid-19-temporary-expansion-of-medicaid-regulations-to-permit-delivery-of-telehealth-services-to-the-home-to-mitigate-possible-spread-of-novel-coronavirus.pdf

Massachusetts –

- Medicaid Managed Care Plans required to cover telehealth and certain telephonic services as a means by which members may access all clinically appropriate, medically necessary covered

services - https://www.mass.gov/doc/managed-care-entity-bulletin-20-coverage-and-reimbursement-for-services-related-to-coronavirus/download

- Health plans to cover telehealth - https://www.mass.gov/doc/march-15-2020-telehealth-order/download

Michigan – Medicaid will allow homes to be an eligible originating site. https://www.michigan.gov/whitmer/0,9309,7-387-90499_90640-521549--,00.html

Missouri –

- Medicaid will waive requirement of pre-existing relationship prior to providing services via telehealth and allow services to be provided to enrollee while at home via telephone. https://dss.mo.gov/mhd/providers/pdf/bulletin41-20-2018.pdf
- Medicaid - https://dss.mo.gov/mhd/providers/pages/provtips.htm

Montana - Medicaid - https://www.cchpca.org/sites/default/files/2020-03/MONTANA%20-%20All%20Provider%20Memo%20-%20Telemedicine%20%203.19.20.pdf

New York –

- Providers who submit a "self-attestation" form will be able to provide telemental health for people affected by disaster emergency for a time-limited period.
- Reimbursement for phone services - https://www.health.ny.gov/health_care/medicaid/program/update/2020/docs/2020-03-13_covid-19_telephonic.pdf

North Carolina –

- Medicaid - https://medicaid.ncdhhs.gov/blog/2020/03/13/special-bulletin-covid-19-2-general-guidance-and-policy-modifications

Pennsylvania – Medicaid - https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/COVID-19%20Telemedicine%20Guidance%20Quick%20Tip%20.pdf

Texas – Allowing phone consults and easing some regulations - http://www.tmb.state.tx.us/dl/920E0677-1BAF-C306-781B-A570AD6795A1

Virginia – Medicaid – https://www.cchpca.org//sites/default/files/2020-03/VIRGINIA%20MSR%202020-077-001-W%20Attachment%20COVID%2019%20MEMO%20V1.0%20dtd%20031920_0.pdf

West Virginia –

- Allowing non-emergent E&M services via telehealth in Medicaid. - https://www.cchpca.org/sites/default/files/2020-03/State%20Action%20COVID-19%20West%20Virginia.pdf
- Medicaid E&M Guidance - https://dhhr.wv.gov/bms/News/Documents/EM%20telehealth%20COVID19%203.13.2020.pdf

- Medicaid Guidance Non-emergent E&F for FQHCs/RHCs - https://dhhr.wv.gov/bms/News/Documents/EM%20telehealth%20COVID19%203.13.2020.pdf
- Medicaid Guidance Psychological Testing and Evaluation Services - https://dhhr.wv.gov/bms/News/Documents/Psychological%20Testing%20Telehealth%20Waiver%20COVID%203.12.2020.pdf