March 17, 2020
UPDATED April 7, 2020

MEDICAID INFORMATION RELEASE MA20-07

To: All Medicaid Providers
From: Matt Wimmer, Administrator

Subject: Medicaid Provider Information Regarding Telehealth

The Idaho Department of Health and Welfare continues to monitor and prepare for impacts resulting from the 2019 Novel Coronavirus (COVID-19). We are working with the Governor’s Office and other state agencies including the Idaho Office of Emergency Management, local public health districts, and healthcare providers around the state, as well as the Centers for Disease Control Prevention and other state governments.

Slowing the progression of the virus will help ensure the healthcare system does not get overwhelmed. During this time, it is vitally important that Medicaid participants receive services and get their needs met. To inhibit the spread of the virus, and to respond to the societal disruptions taking place, Idaho Medicaid is immediately moving to reimburse for a wide array of services under a telehealth option, and expand providers authorized under our telehealth policy. Information Release MA18-007 on Medicaid telehealth policy is temporarily rescinded.

Telehealth means providing healthcare services without actual physical contact. The participant and the provider are interacting in real-time or “live” from two physically different locations, by video-chat or by telephone.

Any procedure delivered via telehealth may be covered when:
- The service can be safely and effectively delivered via telehealth, and
- The service fully meets the code definition when provided via telehealth, and
- The service is billed with a GT modifier, and
- All other existing coverage criteria are met.

Typically, the standard for provision of telehealth is an electronic real-time (synchronized), or uninterrupted, audio-visual contact between a qualified professional and a participant for the purpose of treatment. The professional and participant interact as if they were having a face-to-face service. Services that can be provided effectively telephonically without real-time video may also be covered via telehealth. Services that cannot be effectively completed without visual interaction are not included in this modification and continue to require a video component.
These changes are effective as of the date of this notice and apply to all services billed through fee for service Medicaid (claims processed by DXC Technology, formerly Molina Medicaid Solutions) and to all claims paid through the Idaho Behavioral Health Plan (Optum) and Idaho Smiles (MCNA). This guidance does not apply to services paid through managed care plans for individuals eligible for both Medicare and Medicaid administered by Blue Cross of Idaho or Molina Healthcare of Idaho. Because of the need to coordinate with Medicare policy changes, please contact the plan administrator directly with questions. This guidance does not apply to non-emergency medical transportation services paid through Medical Transportation Management, Inc. (MTM).

Because of the need to respond quickly, there may be a delay on configuration of the claims processing system as changes occur. Some services billed as telehealth may not pay immediately. Our systems team is working on necessary changes to implement this policy and will reprocess claims to ensure appropriate payment as soon as possible.

Claims for services delivered via telehealth will be reimbursed at the same rate as face-to-face services. As is generally standard for the provision of Medicaid services, administrative services from the provider, such as scheduling, registration, etc. are not covered as.

When providing Telehealth, the participant and the provider are in two physically different locations. These two locations can be nearly anywhere, with the critical location being that of the participant. This combination of locations can be the participant’s home and the provider’s facility. The combination can also be the participant’s home and the provider’s home.

As has been standard for Medicaid billing, providers still need to identify the location of the participant at the time of service as the Place of Service (POS) on all claims.

Telehealth is not itself a Medicaid service but rather a delivery method for existing Medicaid services. Medicaid policy is not subject to Medicare restrictions for telehealth and all Medicaid providers, including federally qualified health centers (FQHC’s), rural health centers (RHC’s), and Indian health clinics (IHC’s) may bill for telehealth services according to these guidelines. FQHC/RHC/IHC providers are not limited by Medicare distant site/originating site requirements for Medicaid billing, and will be paid at their encounter or prospective payment system (PPS) rate for telehealth services. FQHC, RHC, and IHC providers billing the T1015 encounter code should not add the GT modifier to the encounter code but should add the GT modifier to the supporting codes.

Providers must continue to maintain appropriate documentation of all services provided and related to medical necessity. Unless otherwise explicitly noted, licensure requirements and prescribing authorities continue to exist and should be followed. Other considerations include:

- Place of Service (POS) 02 for telehealth is not used by Idaho Medicaid.
- Claims must be billed with the GT modifier on the CPT®, HCPCS, or revenue code.
- Site fees are not reimbursable.
- Due to the need for social distancing, self-quarantine and other unique situations, Idaho Medicaid understands providers may be accessing their Electronic Health Records (EHRs) and providing telehealth services at locations other than their normal clinics and facilities.
Providers should make all reasonable and prudent efforts to protect Personally Identifiable Information (PII) and Protected Health Information (PHI).

Reporting of test results only is not covered as a telehealth service.

See Medicaid Information Release MA20-14 for COVID-19 Telehealth Guidance for Therapy Providers for more information specific to Occupational, Physical and Speech-Language Therapy. For clarification, Occupational, Physical and Speech-Language Therapy providers are exempted from the requirement for initial evaluations to be completed in person. This exemption is also true for Early Intervention Service providers (i.e. the Infant Toddler Program), who are providing services in accordance with IDEA, Part C.

During the COVID-19 public health emergency, Idaho Medicaid Providers subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Rules may seek to communicate with participants, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used, may not fully comply with the requirements of the HIPAA Rules.

United States Health and Human Services (HHS) Secretary Alex Azar has issued a waiver of certain regulatory requirements under the HIPAA Rules during the COVID-19 public health emergency. This was followed by a notification from the HHS Office for Civil Rights (OCR) that it will exercise its enforcement discretion around telehealth during this time. The HHS Office for Civil Rights (OCR) will not impose penalties for noncompliance with the regulatory requirements under the HIPAA rules in connection with the good faith provision of telehealth during the COVID-19 public health emergency. (Medicaid Information Release MA20-13 for COVID-19 Telehealth HIPAA Guidance)

An Idaho Medicaid provider that wants to use audio or video communication technology to provide telehealth to participants during the COVID-19 public health emergency can use any non-public facing remote communication product that is available to communicate with participants. This applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

The Department is also adding the codes below to support telehealth services. Services not represented by the codes below can still be provided via telehealth. These are additional service options for providers when provided in accordance with the Idaho Medicaid Provider Handbook and information releases.
**Covered Codes**

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<tr>
<th>Codes</th>
<th>Description</th>
<th>Effective Date</th>
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<tr>
<td>99441</td>
<td>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.</td>
<td>3/17/2020</td>
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<tr>
<td>99442</td>
<td>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.</td>
<td>3/17/2020</td>
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<tr>
<td>99443</td>
<td>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.</td>
<td>3/17/2020</td>
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<td>99457</td>
<td>Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.</td>
<td>3/17/2020</td>
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<tr>
<td>99458</td>
<td>Remote physiologic monitoring treatment management services, health care professional time in a calendar month requiring interactive communication with the patient/caregiver; each additional 20 minute.</td>
<td>3/17/2020</td>
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**Idaho Medicaid will not sanction providers for using telehealth technology that would otherwise be noncompliant with the HIPAA rules around telehealth technology.**

While the goal is to facilitate the provision of necessary services to Medicaid participants, we remind all providers to be mindful of actions that could carry fraud, waste, and/or abuse implications.

In addition to expanding telehealth options and encouraging their use, Idaho Medicaid also urges all providers to **defer wellness visits** (except for vaccinations), routine dental visits, and elective surgeries until such time as the Governor’s emergency declaration is lifted. Doing so will allow fewer face-to-face interactions between needed providers and patients and will free up much needed Personal Protective Equipment (PPE) and medical devices (**such as**
ventilators) that may be needed to serve critical patients in the coming days. Providers may want to consider other models or options for immunizations, such as vaccination clinics with one access point, to allow for appropriate social distancing.

These temporary changes take effect immediately and will continue through at least the end of the declared state of emergency. These changes may be rescinded or modified in the future to respond to changing pandemic conditions. To the extent practical, we strongly encourage the use of telehealth to provide services to Medicaid participants. Further guidance will be forthcoming as the situation develops.

We thank you for your service to Idaho Medicaid participants and appreciate your work to address this public health threat.

MW/cab