



**TO:** All Providers Participating in Montana Medicaid

**FROM:** Marie Matthews, Montana Medicaid Director

**RE: Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth Services During the Montana State of Emergency**

To mitigate the spread of COVID-19, Montana Medicaid is committed to enabling members to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity for the duration of this public health emergency. To that end, and for as long as this bulletin remains effective, Montana Medicaid will permit qualified providers to deliver clinically appropriate, medically necessary Montana Medicaid covered services to Montana Medicaid members via reimbursable telemedicine/telehealth services (including telephone and live video).

**This bulletin shall remain effective for the duration of the state of emergency declared via Executive Order No. 2-2020.**

### **Covered Telemedicine/Telehealth Services**

All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable so long as a) such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth, b) comport with the guidelines set forth in the applicable Montana Medicaid provider manual, and c) are not a service specifically required to be face-to-face as defined in the applicable Montana Medicaid provider manual.

### **Allowable Telemedicine/Telehealth Methods and Technologies**

There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using: secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.

### **Payment Rates for Covered Services Delivered via Telemedicine/Telehealth**

Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.

Originating site providers are reimbursed \$26.65 per site use.

## **Requirements for telemedicine/telehealth encounters**

- To the extent possible, providers must ensure members have the same rights to confidentiality and security as provided during traditional office visits.
- Providers must follow consent and patient information protocol consistent with those followed during in person visits.
- Telemedicine/telehealth does not alter the scope of practice of any health care provider; or authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- Record keeping must comply with in Administrative Rules of Montana (ARM) 37.85.414.

## **Billing for Covered Services Delivered via Telehealth**

Enrolled providers delivering services via telemedicine/telehealth should submit claims using the appropriate CPT or HCPCS code for the professional service along a place of service code of 02 (CMS-1500 billers) or with the GT modifier (CMS-1500 billers).

Montana Medicaid has added additional CPT codes to reimburse for medically necessary telephone evaluations for the duration of the state of emergency. Billing must follow CPT guidelines and be within the scope of practice for the enrolled providers license. The available codes are:

- 99441
- 99442
- 99443
- 98966
- 98967
- 98968

Tele-dentistry services will be reimbursed under billing codes D9995 and D9996 for the duration of the state of emergency.

Enrolled originating site providers should submit claims using procedure code Q3014 (telemedicine originating site fee) for the use of a room and telecommunication equipment. Originating site provider claims must include a specific diagnosis code provided by the distance provider.

## Definitions

**Distant site** is a site where the enrolled provider providing the service is located at the time the service is provided. While all applicable licensure and programmatic requirements apply to the delivery of the service, there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth.

**Distance provider** is the enrolled provider delivering a medically necessary and clinically appropriate service from the distance site.

**Enrolled provider** is a practitioner enrolled in the Montana Healthcare Programs.

**Originating site** is the location of the member at the time the service is being provided. There are no geographic or facility restrictions on originating sites. A member's home is a valid originating site; but cannot be reimbursable as an enrolled originating site provider.

**Enrolled originating site provider** is an enrolled provider operating an HIPPA compliant originating site with secure and appropriate equipment to ensure confidentiality, including camera(s), lighting, transmission and other needed electronics. Originating providers must assist the member using the technology, they do not have to participate in the delivery of the health care service.

The following provider types may be enrolled originating providers and be reimbursed for procedure code Q3014:

- Outpatient Hospital;
- Critical Access Hospital\*;
- Federally Qualified Health Center\*;
- Rural Health Center\*;
- Indian Health Service\*;
- Physician;
- Psychiatrist;
- Mid-Levels;
- Dieticians;
- Psychologists;
- Licensed Clinical Social Worker;
- Licensed Professional Counselor;
- Mental Health Center:
- Chemical Dependency Clinic;
- Group/Clinic;
- Public Health Clinic; or
- Family Planning Clinic.

\*Reimbursement for Q3014 is a set fee and is paid outside of cost to charge ratio, facility specific PPS rates, or the IHS all-inclusive rate as applicable.

A member's home cannot be reimbursable as an enrolled originating site provider.

## Questions?

Please call:

- Health Resources Division 406-444-4455
- Addictive and Mental Disorders Division 406-444-3964
- Developmental Disabilities Division 406-444-2995
- Children's Mental Health Bureau 406-444-4545

## Frequently Asked Questions on Telemedicine / Telehealth

### 1. Who can be an originating site?

The originating site is the physical location of the member receiving services, including a member's home. If the originating site is at an enrolled Montana Healthcare Provider's location, the enrolled provider is the originating site. There are no limitations on which enrolled provider can be an originating site.

When the member's home is the originating site the provider who renders service to the member in their home is the distance provider.

For example, a nursing home can be an originating site for a member and is able to bill the Q3014 code.

### 2. How and when is Q3014 billed?

Q3014 is the CPT code billed by the originating site for reimbursement related to the use of a room and telecommunication equipment. The provider who is supplying the room and telecommunication equipment would bill Q3014. Only enrolled Montana Healthcare Program providers are eligible for reimbursement related to Q3014.

Claims for Q3014 **must** include the diagnosis provided by the distance provider.

**NOTE** - When the members home is the originating site, no one can bill Q3014.

### 3. If I am the originating site can I bill for the other services provided during the visit?

Yes. Any service you provide can be billed. The services provided by the distance provider are billed separately by the distance provider.

### 4. Who can be a distance provider?

Any enrolled Montana Healthcare Programs provider can be a distance site, if telemedicine is appropriate within their license and scope of practice.

It is important to verify the service(s) provided are covered by Montana Healthcare Programs. Coverage requirements are the same for telemedicine as they are for traditional (e.g., in-person) methods. Telemedicine is not allowed when face-to-face encounters are required by individual provider type or service requirements.

### 5. How are distance services reimbursed?

Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.

### 6. How do I bill for distance services?

If you are a provider billing on a CMS-1500, the Place of Service on your distance service claim must be 02. If you are a provider billing on a UB-04, modifier GT must be appended to the services provided via the telemedicine/telehealth encounter.

7. My clinic is in Billings. Can I be a distance provider for an originating site also in Billings?

Yes. There are no geographical limitations for telemedicine/telehealth services.

8. We have a satellite clinic in a different city, are we eligible for reimbursement of both the originating site fee and the distance service reimbursement?

Yes, providers who have the same tax identification number are eligible for reimbursement as the originating site and the distance provider. If you do not have separate provider enrollments for your clinics, medical records must reflect where the member was located, and which clinic provided the distance service.

The distance service and originating site claims **must** be billed on different claims.

9. What are the reimbursement rates for the medically necessary telephone evaluation codes?

Prior to billing ensure you are billing for the most appropriate CPT code for your license and all CPT guidelines are satisfied.

99441 – 99443 is priced at the physician conversion factor multiplied by the CMS established RVUs. The 10% reduction for mid-levels providing services to adults does apply.

98966 – 98968 is priced at the allied health services conversion factor multiplied by the CMS established RVUs.

99441 - \$14.08

99442 - \$28.42

99443 - \$42.50

98966 - \$ 8.77

98967 - \$17.71

98968 - \$26.47

Provider types reimbursed under non-fee schedule reimbursement (e.g., FQHC, RHC, IHS/Tribal 638, and Critical Access Hospitals) will continue to be reimbursed under their existing reimbursement methodology.

10. D9995 D9996 codes rate and who can do it.

Tele-dentistry codes are reimbursed at \$26.65 for all provider types who can provide this service within their license and scope of practice.

Provider types reimbursed under non-fee schedule reimbursement (e.g., FQHC, RHC, IHS/Tribal 638, and Critical Access Hospitals) will continue to be reimbursed under their existing reimbursement methodology.

11. Are there maximum units allowed on the telephone codes?

Yes, CMS requires a Medicare unlikely edit of 1 on these codes.

## 12. Is Passport required for telemedicine services?

Yes, all Passport requirements are still in effect.<sup>[HK1]</sup>

The medically necessary telephone evaluation codes **do not** require Passport provider authorization.