TO: All Providers Participating in Montana Medicaid

FROM: Marie Matthews, Montana Medicaid Director

DATE: 03/19/2020

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 (UB-04).

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