

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE August 2, 2023	EFFECTIVE DATE August 2, 2023	NUMBER 99-23-08
SUBJECT Updates to Guidelines for the Delivery of Physical Health Services via Telehealth		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to update the guidelines for the delivery of services provided via telehealth.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program who render physical health services in the MA Fee-for-Service (FFS) delivery system. Providers rendering services under the managed care delivery system should address any coverage or payment questions for the delivery of services via telehealth to the appropriate managed care organization.

BACKGROUND:

On November 30, 2007, the Department of Human Services (Department) issued MA Bulletin 09-07-15, et al, "Medical Assistance Program Fee Schedule: Addition of Telehealth Technology Code and Informational Modifier for Consultations Performed Using Telecommunication Technology", to announce that MA payment would be made for consultations rendered to MA beneficiaries using telecommunication technology, including video conferencing and telephone, by enrolled maternal fetal medicine specialists, related to high risk obstetrical care, and psychiatrists, related to psychopharmacology.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

On May 23, 2012, the Department issued MA Bulletin 09-12-31 et al, “Consultations Performed Using Telemedicine”, to expand the scope of physician specialists who could render consultations to MA beneficiaries using interactive telecommunication technology to include all physician specialists and remove the requirement of the referring provider to participate in the visit.

On September 30, 2021, in response to the changes in technology and requests from providers and beneficiaries, the Department issued MA Bulletin 99-21-06, “Guidelines for the Delivery of Physical Health Services via Telemedicine”, to expand the scope of services for which telemedicine may be used, to expand the scope of providers who may render MA covered services to beneficiaries using interactive telecommunication technology, and to establish ongoing guidelines for services rendered via telemedicine.

On May 6, 2022, the Department issued MA Bulletin 99-22-02, “Updates to Guidelines for the Delivery of Physical Health Services via Telemedicine,” to clarify the reference in the guidelines to a provider’s scope of practice, licensure, or certification.

Historically, “telemedicine” for purposes of Medicaid payment was the use of two-way, real time interactive telecommunication equipment that included, at a minimum, audio and video equipment, as a mode of delivering healthcare services. However, the term “telehealth” has emerged as the umbrella term that encompasses the full range of services furnished remotely. In response to this shift, the Department will now refer to the remote delivery of services as telehealth. Additionally, based on the 2023 updates published by Center of Medicare & Medicaid Services (CMS) to the Healthcare Common Procedure Coding System, the MA Program will now utilize two Place of Service (POS) codes to identify when services are rendered via telehealth – POS 02 when telehealth is delivered in a setting other than the individual’s home and POS 10 when telehealth is delivered in the individual’s home. This bulletin is otherwise restating the policies set forth in MA Bulletin 99-22-02.

DISCUSSION:

CMS considers telehealth to be “two-way, real-time interactive communication between the patient and the physician or practitioner at the distant site. This communication often requires the use of interactive telecommunications equipment that can include both audio and video components, but can also be conducted via audio-only, as states deem appropriate”. <https://www.medicaid.gov/medicaid/benefits/telehealth/index.html>.

The Department will continue to allow providers to utilize audio-only telecommunication when the beneficiary does not have access to video capability or for an urgent medical situation. The use of audio-only telecommunication technology is to be consistent with state and federal requirements, including guidance by CMS with respect to Medicaid payment and to compliance with Health Insurance Portability and Accountability Act (HIPAA). Telehealth, for purposes of MA Program payment, does not include asynchronous or store and forward technology or facsimile machines, electronic mail systems or remote patient monitoring

devices. However, these technologies may be utilized as a part of the provision of a MA-covered service.

Services rendered via telehealth, including those delivered using audio-only telecommunication technology, must use technology that is two-way, real-time, and interactive between beneficiary and provider.

MA services in the FFS delivery system rendered via telehealth will be paid the same rate as if the services were rendered in person.

MA managed care organizations (MCO) may, but are not required to, allow for the use of telehealth. MA MCOs may negotiate payment for services rendered via telehealth.

PROCEDURE:

The MA Program will continue to pay for MA covered services rendered to beneficiaries via telehealth when clinically appropriate. Services rendered via telehealth must be provided according to the same standard of care as if delivered in-person. MA coverage and payment for services provided via telehealth is separate and apart from authorization to engage in telehealth from a professional licensing standpoint. Providers using telehealth must remain informed on federal and state statutes, regulations, and guidance regarding telehealth.

Consent

Providers are to obtain consent prior to rendering a service via telehealth from the beneficiary receiving services or their legal guardian. Providers must also allow beneficiaries to elect to return to in-person services at any time. Services rendered via telehealth may not be recorded without the beneficiary's consent. Beneficiaries may elect not to receive services via telehealth at any time. Providers cannot use a beneficiary's refusal to receive services via telehealth as a basis to limit the beneficiary's access to services.

Documentation

Providers should fully document the services rendered and the telecommunication technology used to render the service in the MA beneficiary's medical record. If the service was rendered using audio-only technology, providers are to document that the services were rendered using audio-only technology and the reason audio/video technology could not be used.

Limited English Proficiency

All recipients of federal funding, including the MA Program, must offer and make available interpretation services to beneficiaries with limited English proficiency, visual limitations, and/or auditory limitations. Providers who elect to render services through telehealth must have policies in place to make language assistance services, such as oral

interpretation, including sign language interpretation, and written translation, available to beneficiaries being served via telehealth.

Originating Sites

The originating site is where the beneficiary is located at the time the MA covered service is rendered to them via telehealth. The originating site can be, but is not limited to, the beneficiary's home, a provider's office, clinic, nursing facility, or other medical facility site. When the originating site is a provider's office, clinic, nursing facility or other medical facility, staff at the originating site should be trained to assist beneficiaries with the use of the telehealth equipment and available to provide in-person clinical intervention, if needed.

Providers should obtain the location of the beneficiary at the time each service is rendered via telehealth should there be a need for emergency medical services.

Technology Guidelines

Technology used for telehealth, whether fixed or mobile, should be capable of presenting sound and image in real-time and without delay. The telehealth equipment should clearly display the rendering practitioner's and participant's face to facilitate clinical interactions and must meet all state and federal requirements for the transmission and security of health information, including HIPAA.

Audio-only telecommunications technology may be used when the beneficiary does not have video capability or for an urgent medical situation, if consistent with state and federal law.

Providers must assure the privacy of the beneficiary receiving services and comply with HIPAA and all other federal and state laws governing confidentiality, privacy, and consent. Public facing video communication applications should not be used to render services via telehealth.

Telehealth does not include asynchronous or store and forward technology such as facsimile machines, electronic mail systems, or remote patient monitoring devices. While asynchronous applications are not considered telehealth in the MA Program, they may be utilized as part of a MA covered service, such as a laboratory service, x-ray service or physician service. Telehealth also does not include text messages, although text messages and telephone may continue to be utilized for non-service activities, such as scheduling appointments.

Billing and Payment

MA covered services rendered via telehealth in the FFS delivery system will be paid at the same rate as if they were rendered in-person. Providers are to use POS 02 when billing for services provided via telehealth technology to beneficiaries located in a location other than their home. Providers are to use POS 10 to identify when services via telehealth technology

are provided in the home of the individual being served. Providers are to indicate in the beneficiary's medical record when telehealth services are rendered via audio-only.

When the beneficiary accesses services at an enrolled originating site, the provider serving as the originating site may bill for the technology service using the telehealth originating site procedure code Q3014 only. The MA fee for Q3014 is \$15.72. MA Providers may not bill procedure code Q3014 if another MA covered service is provided at the originating site. Providers may access the online version of the MA Program Fee Schedule at the Department's website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

Out-of-State Practitioners Rendering Services to Individuals in Pennsylvania

Out-of-state licensed practitioners who render services via telehealth to individuals in Pennsylvania through the MA Program must meet the licensing requirements established by the Pennsylvania Department of State. In order to receive payment for services to beneficiaries in the FFS delivery system, practitioners must be enrolled in the MA Program.

Pennsylvania Residents Temporarily Out-of-State

Services may be provided using telehealth to Pennsylvania residents who are temporarily out of the state as long as the individual continues to meet eligibility for the Pennsylvania MA Program, and the provider or licensed practitioner has received authorization to practice in the state or territory where the individual will be temporarily located.

OBSOLETE BULLETIN:

This bulletin obsoletes MA Bulletin 99-22-02 *"Updates to Guidelines for the Delivery of Physical Health Services via Telemedicine"*, issued May 6, 2022.

RESOURCES:

Information regarding CMS' telehealth policy is available at:
<https://www.medicaid.gov/medicaid/benefits/telehealth/index.html>.

The Office of Mental Health and Substance Abuse Services Bulletin, *Revised Guidelines for the Delivery of Behavioral Health Services Through Telehealth*, is available at:
<https://www.dhs.pa.gov/docs/Documents/OMHSAS/Bulletin%20OMHSAS-22-02%20-%20Revised%20Guidelines%20for%20Delivery%20of%20BH%20Services%20Through%20Telehealth%207.1.22.pdf>.