

COVID PHE Fact Sheet: Telehealth Allowances

Updated: 05.08.2023

Overview

Since the onset of the COVID-19 pandemic in early 2020, Medicare, Medicaid and Commercial payers have allowed for the expansion of services provided through telehealth in order to meet community needs. Over the last three years services have transitioned multiple times changing provider allowances, services that can be provided via telehealth, temporary vs. permanent allowances, how long after the Public Health Emergency (PHE) services can be provided and more. As the PHE comes to an end (May 11, 2023), health centers should plan for changes that will impact telehealth allowances and prepare patients for any transitions to audio/video care or in-person care.

What Health Centers Need to Know

Medicare

- **Medicare Permanent**
 - In January 2022, mental health services provided via telecommunications became a permanent allowance thanks to changes in the description of these services
 - Medicare beneficiaries must have an in-person mental health service 6 months before the telecommunication visits and there must be an in-person mental health services provided every 12 months while the patient is in treatment (please note: in-person requirements are delayed during the PHE, please see details below)
 - Medicare beneficiaries can utilize audio-only for mental health services as long as the patient is not capable or doesn't consent to using video technology
 - Health centers can be paid the same as an in-person visit
 - Billing should differ from billing for other telehealth services (please see SE22001, linked below, for details)
 - Health centers can continue to provide Virtual Communication Services (VCS)
 - Services can be provided to established patients
- **Medicare Temporary**
 - Mental health in-person requirement for mental health services provided through telecommunications has been delayed until December 31, 2024
 - VCS have been expanded to include both online digital evaluation and management (99421-99423) as well as virtual communication services (G2012 and G2010)
 - While VCS will continue post PHE, online digital evaluation and management services will no longer be included
 - Currently, health center can provide VCS to new patients (this allowance will end with the PHE)
 - Health centers have the allowance to provide distant site telehealth services to Medicare beneficiaries for medical services that can be found on the CMS List of Telehealth Services (LOTS)
 - Some services on the LOTS have been identified as meeting the requirements for the codes utilizing audio-only technology (indicated with a 'YES' in column C of the current LOTS)

Medicaid

MDHHS recently released a final policy to update allowances and services provided through telecommunication. This policy was released in early March 2023 but does not go into effect until the end of the PHE on May 11, 2023 (policy would be effective May 12, 2023). In this new policy MDHHS stresses that telemedicine services should be used to compliment in person care and be provided at the benefit along with request of the patient (please see policy MMP 23-10 for more information and recommendations for providing care via telemedicine). Please check back regularly as we are updating resources to reflect changes associated with this final policy.

- **Medicaid Permanent**
 - MDHHS allows for certain services to be provided by telehealth utilizing both audio and video technology
 - Allowable telemedicine services include those that can be found on the MDHHS Telemedicine Services Database
 - Health centers can expect to be paid at the health center Prospective Payment Rate for services that are listed on the Telemedicine Services Database and have a qualifying visit count of one on the FQHC Reimbursement List
 - Effective May 12, 2023, MDHHS will expand the list of services that can be provided using simultaneous audio and video technology
 - This expansion includes Limited Oral Evaluations for Dental Providers, Audiology, Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), Vision, and School Services Programs
 - Most of these expanded services require services to be provided via audio and video telecommunication however, some may be provided via audio only telecommunication, please see details below
 - Health centers can expect to be paid at the health center Prospective Payment Rate for services that are listed on the Telemedicine Services Database and have a qualifying visit count of one on the FQHC Reimbursement List
 - Effective May 12, 2023, MDHHS will allow health centers to provide audio only telemedicine services for a specific set of codes
 - The current list of codes can be found in the Post-COVID-19 PHE Telemedicine policy (MMP 23-10) but will be maintained in a separate audio only database (not yet available)
 - The audio only telemedicine database will be updated regularly and services may be added or removed as needed
 - Please be sure to check out the policy (MMP 23-10) for details on requirements of services being provided via audio only telemedicine
 - Health centers can expect to be paid at the health center Prospective Payment Rate for code listed in the Post-COVID-19 PHE Telemedicine policy (and database, once available) and have a qualifying visit count of one on the FQHC Reimbursement List
 - There are no prior authorization requirements (PA) to provide telemedicine services, however services that currently require PA will continue to have requirements in place regardless of the mode in which services are provided
 - In the Post-COVID-19 policy release, MDHHS clarified that face-to-face refers to either an in-person visit or visits provided via simultaneous audio and video technology
 - Health centers should collect consent for telemedicine services and ensure all privacy and security measures have been met and documented
 - Originating sites (patient location) can include FQHCs, hospitals, skilled nursing facilities, patient home, or other established site considered appropriate by the provider
 - MPCA is seeking clarification on the language in the Post-COVID-19 PHE Telemedicine policy (MMP 23-10) regarding location of the beneficiary at the time services are rendered
 - Distant site (provider location) can include any location deemed appropriate by the provider, pending privacy and security measures can be met
 - This definition is provided in the General Telemedicine Policy Changes (MSA 20-09) and reiterated in the Post-COVID-19 PHE Telemedicine policy (MMP 23-10)
 - The Post-COVID-19 PHE Telemedicine policy states that the temporary policy that states FQHCs can be paid at the PPS rate for telemedicine services performed when a provider is not physically at the FQHC (for example, when they are working from their home) will be terminated with the PHE (policy confirming allowance is MSA 20-34)
 - MPCA is seeking clarification on the expectation of PPS reimbursement for providers working from a location other than within the four walls of the FQHC

- MDHHS has updated billing requirements in the Post-COVID-19 PHE Telemedicine policy (MMP 23-10)
 - Providers billing claims on a professional claim form should utilize the place of service that would be reported in the services were provided in person
 - Providers billing on an institutional claim form should utilize the appropriate revenue code for services provided
 - Providers should utilize a 95 modifier for services provided via real-time interactive audio and video telecommunication systems
 - Providers should utilize a 93 modifier for services provided via telephone or other real-time interactive audio only telecommunication systems
- Please refer to the General Telemedicine Policy Changes (MSA 20-09) and the Telemedicine Policy Post-COVID-19 PHE (MMP 23-10) for additional details including, billing requirements, provider requirements for reimbursement, audio only codes and more
- **Medicaid Temporary**
 - The policy that allows flexibility to health centers to offer audio only telemedicine for all codes on the telemedicine services database to be provided by telephone (MSA 20-13) will end on May 11, 2023
 - The Post-COVID-19 Telemedicine policy will replace this allowance with a specific list of codes that can be provided via audio only telecommunication (policy effective May 12, 2023)
 - The temporary policy that allowed for Limited Oral Evaluations services to be provided via telemedicine (MSA 20-21) will be terminated on May 11, 2023
 - The expanded Post-COVID-19 Telemedicine policy will take the place of allowing Limited Oral Evaluation services to be provided via telemedicine (policy effective May 12, 2023)
 - The temporary policy that allows for expansion of PT, OT, and ST services to be provided via telemedicine (MSA 20-22) will be terminated on May 11, 2023
 - The expanded Post-COVID-19 Telemedicine policy will take the place of allowing these services to be provided via telemedicine (policy effective May 12, 2023)
 - Temporary policy that allows for audiology services to be provided via telemedicine (MSA 20-53) will be terminated on May 11, 2023
 - The expanded Post-COVID-19 Telemedicine policy will take the place of allowing these services to be provided via telemedicine (policy effective May 12, 2023)
 - Clarification from MDHHS that services performed by health center provider staff from their home and services provided via telephone (audio) only are eligible for Prospective Payment System rate reimbursement (MSA 20-34) is expected to be terminated on May 11, 2023
 - MDHHS alludes to health centers having this allowance in the Post-COVID-19 PHE Telemedicine policy, however it is not explicitly stated
 - MPCA is seeking clarification on the expectation of PPS reimbursement for providers working from a location other than within the four walls of the FQHC

Summary or additional info

Please note the information above is a high-level overview of the Medicare and Medicaid allowances both permanent and temporary. MPCA would encourage health centers to read thoroughly any documentation for services they are providing.

What Health Centers Can Do

Right Now:

- Determine what services can continue to be provided via telehealth (both audio/video and audio only) after allowances have ended
 - Be sure to understand the financial implication for the health center and the impact to the patient once allowances have ended
- Educate staff on upcoming telehealth changes and what services/allowances patients will have access to at the health center
 - This includes what services can be provided via audio/video vs. audio only, what service lines can continue to be provided via telehealth, etc.
 - Don't forget to include dates upon which changes should occur
- Assign staff to update policies and procedures to reflect any changes made at the health center
- Notify patients of changes to services being offered
- Consider updating website, social media, signage, and any other patient notification to reflect changes
- Review schedule for any patient appointments that will need to transition to audio/video or in-person
 - Consider providing educational tools for patients who have not participated or are unsure how to connect using audio/video technology
- Be sure you are connected to the appropriate resources at MPCA (Operations, Finance, Billing Managers listservs), MDHHS, CMS and other industry leaders

Be Prepared For:

- Ending of Medicare allowances related to telehealth for medical services (December 2024)
- Be on the lookout for MDHHS clarification from MPCA
- Updates to telehealth allowance lists (CMS, List of Telehealth Services or MDHHS, Telemedicine Services database - both linked below) and the addition of the MDHHS audio only telehealth list
- Other policy changes and updates from both CMS and MDHHS

What MPCA Is Doing

Right Now:

- Reviewing and providing highlights for the changes of the MDHHS Telemedicine Services Database and the audio only database MDHHS is expected to be released
 - Providing health centers a review of services found on the Telemedicine Services Database with a qualifying visit count of one or more (MPCA is currently working on this review)
- Continuing to monitor sources (CMS, MDHHS, etc.) for updates and changes that apply to health centers
- Advocating for continuing Medicaid reimbursement for telehealth, including audio only services, beyond the end of the PHE via legislative advocacy

FAQ

Medicare and Medicaid

Can health centers continue to provide telehealth services once the PHE ends? (Added 02.28.2023)

Medicare - for mental health services, yes. Medical services can continue to be provided through December 31, 2024, so long as they are on the CMS LOTS.

Medicaid - yes, there will be changes to services that can be provided via telemedicine. Services must be provided via audio and video communication (as of 02.27.2023) and must be found on the Telemedicine Services Database.

Can health centers provide audio-only telehealth services once the PHE ends? (Added 02.28.2023)

Medicare - for Behavioral Health Services, yes. For medical services, you can continue to provide services via telehealth as long as they can be found on the CMS LOTS (both audio/video and audio only - as indicated on the LOTS) through December 31, 2024.

Medicaid - yes, as long as codes can be found in the audio only section of the Post-COVID-19 PHE Telemedicine policy (MMP 23-10).

Will FQHCs be reimbursed at their Prospective Payment System (PPS) rate for telehealth services when a provider is working from a location other than within the four walls of the FQHC post PHE? (Added 03.13.2023)

Medicare - CMS has clarified that health center providers can deliver telehealth services from other locations (including the providers home, as long as privacy and security can be maintained) until December 31, 2024. At this point, health centers will continue to be able to provide Mental Health services via telecommunications but providers will need to be located within the FQHC.

Medicaid - As stated above, MDHHS alludes to health centers having this allowance in the Post-COVID-19 PHE Telemedicine policy, however it is not explicitly stated. MDHHS did confirm in writing that health centers providers can continue to deliver telehealth services from locations other than the FQHC as long as privacy and security of the patient can be maintained.

The Telemedicine Policy Post-COVID-19 PHE (MMP 23-10) does not have a 60-minute audio only Psychotherapy service for Medicaid beneficiaries. What should health centers do if they are currently providing Psychotherapy services in this way? (Added 03.13.2023)

Based on the way the policy is written there is no allowance to continue providing these via audio only. It is suggested that health centers either reduced in time (to 45 minutes or less is allowable via audio only), or transition the patient to audio/video or in-person psychotherapy. That being said, it could change in the future. MDHHS indicated in the policy that they would be creating an audio-only database and updating it regularly.

Resources & Links

Medicare Resources

- CMS MLN Matters: Mental Health Visits via Telecommunications for Rural Health Clinics and Federally Qualified Health Centers ([SE22001](#))
- CMS MLN Matters: New and Expanded Flexibilities for Rural Health Clinics and Federally Qualified Health Centers During the COVID-19 PHE ([SE20016](#))
- [CMS List of Telehealth Services](#)
- [Rural Health Clinics and Federally Qualified Health Centers: CMS Flexibilities to Fight COVID-19](#)

Medicaid Resources

- General Telemedicine Policy Changes ([MSA 20-09](#))
- Telemedicine Policy Post-COVID-19 Public Health Emergency ([MMP 23-10](#))
- MDHHS Fee Schedule: [Clinic Institutional Billing page](#), FQHC Reimbursement List (first drop down)
- MDHHS Fee Schedule: [Physician/Practitioner/Medical Clinics](#), Telemedicine (last drop down)
- COVID-19 Response: Telemedicine Policy Expansion ([MSA 20-13](#))
- COVID-19 Response: Limited Oral Evaluation via Telemedicine ([MSA 20-21](#))
- COVID-19 Response: Telemedicine Policy Changes, Updates to Coverage for Physical Therapy, Occupational Therapy and Speech Therapy ([MSA 20-22](#))
- COVID-19 Response: Telemedicine Reimbursement for FQHCs, RHCs, and THC ([MSA 20-34](#))