



PROVIDER QUICK TIPS

#229

Telemedicine Guidelines Related to COVID-19

On March 6, 2020, Governor Wolf issued an emergency [disaster declaration](#) in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Medical Assistance Programs (OMAP) is issuing this guidance to advise providers that telemedicine may be used to provide services to Medicaid fee-for-service beneficiaries and Physical HealthChoices members. For questions related to a Physical HealthChoices Managed Care Organization's (MCO) coverage of telemedicine services, contact the MCO's provider services hotline directly.

COVID-19 is a communicable disease and some beneficiaries may prefer to receive health care services using telehealth instead of in-person. Telehealth is two-way, real time interactive communication between the patient and the doctor or other practitioner. There is no requirement for a physician or other healthcare professional to be physically present at the originating site, where the member is located. Telemedicine services may be provided by any means that allows for two-way, real-time interactive communication, such as through audio-video conferencing hosted by a secure mobile application.

On May 23, 2012, OMAP issued MA Bulletin 09-12-31 *et al*, *Consultations Performed Using Telemedicine*, which expressed the OMAP's preference for face-to-face consultations whenever possible but did provide instructions regarding the situations in which telemedicine services may be rendered to a fee-for-service beneficiary. The ability to provide telemedicine services, which were defined as two-way, real-time interactive communication, was limited to specific provider types and required that the originating site for a telemedicine consultation be an enrolled office location in the Medical Assistance program. No such limitations to the payment for telemedicine services were applied to the HealthChoices program.

Given the Governor's emergency disaster declaration and the Centers for Disease Control and Prevention's (CDC's) [recommendations](#) related to quarantine and isolation, both self-imposed and mandatory, OMAP is announcing a preference for use of telemedicine as a delivery method for medically necessary healthcare services beyond physician consultations and will pay for MA covered services as described below when rendered via telemedicine when the provider or practitioner determines it is medically necessary because the patient is quarantined, self-quarantined, or self-isolated due to exposure or possible risk of exposure to the COVID-19 virus. The Department recognizes a medical professional may not be available at the same location as the beneficiary. During this state of emergency, telephone only services may be utilized in situations where video technology is not available. Please note that Services rendered for the purposes of diagnosing or treating COVID-19 should be coded using the appropriate [ICD-10 codes](#) identified by the CDC. Providers should bill for the service as if they were provided face-to-face and in accordance with the MA [fee schedule](#). Services rendered through telemedicine will be paid at the same rate as if they were rendered in-person at an enrolled location. Providers are not to use place of service (02). No additional payment will be made for the technology. Providers are to document in the beneficiary's record the service was rendered via telemedicine.

Telemedicine will continue to be available in the Physical Health HealthChoices program. In order to provide MA covered services using telemedicine to an individual enrolled in an MCO, a provider should contact the individual's MCO directly to negotiate payment for these services. Please refer to the [Frequently Asked Questions](#) document related to COVID-19 for the provider services phone numbers for each MCO. The Physical HealthChoices MCOs are able to pay for telemedicine services where the MCO's member is remotely located from the rendering provider. OMAP has instructed the MCOs to pay for telemedicine services wherever appropriate in a manner that meets or exceeds the fee-for-service coverage for telemedicine.





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Effective immediately, Pennsylvania's MA fee-for-service program will cover telemedicine services rendered under the following circumstances:

- The service is rendered by one of the following provider types:
 - 01: Inpatient Facility – **ONLY** for Specialty Code 183 (Hospital Based Medical Clinic)
 - 08: Clinic
 - 09: Certified Registered Nurse – **ONLY** for Specialty Code 093 (Nurse Practitioner (Primary Care))
 - 17: Therapist – **ONLY** for Specialty Codes 176 (Physical Therapy/Early Intervention), 177 (Occupational Therapy/Early Intervention), and 178 (Speech/Hearing Therapy/Early Intervention). Guidance issued by the Office of Child Development and Early Learning applies to these provider specialty types and may include requirements in addition to those included in this Quick Tip.
 - 31: Physician (Physician's Assistants may provide services under the usual direction of their supervising physician)
 - 33: Certified Nurse Midwife
- The service is rendered in conformance with the full description of the procedure code, in a clinically appropriate manner, and to the extent that it would have been rendered if the visit had occurred in-person.

This guidance will remain in effect while a valid disaster declaration by the Governor related to the COVID-19 virus remains in effect. OMAP may re-issue these guidelines as appropriate.

Additional information is also available on the [CDC website](#) and through [CMS](#).

Information on MA Program coverage related to COVID-19, to include an FAQ document, can be found on the Department of Human Services website [here](#).

The Pennsylvania Department of Health has a dedicated page for COVID-19 that provides regular updates. Click [here](#) for the most up to date information regarding COVID-19.

**Thank you for your service to our MA recipients.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov.**