State Notices on Telehealth Policy in Response to COVID-19
(as of April 3, 2020)

As the US health care system responds to the COVID-19 crisis, the need for expanded use of appropriate telehealth care has become critically important. States are responding to the crisis by reducing barriers to telehealth care use in Medicaid, the Children’s Health Insurance Program (CHIP), and with private insurers. Below you will find state notices on telehealth care policy released in response to the COVID-19 crisis. For guidance on advocating with Medicaid, CHIP, and private payers to ensure pediatricians can deliver telehealth care services and be paid appropriately, please see AAP Guidance: Telehealth Payer Policy in Response to COVID-19.

**Alabama** – The state is extending access to telehealth services for established Medicaid patients. The extension allows clinicians to provide medically necessary services that can be appropriately delivered via telecommunication services including telephone consultations. The extension also allows some behavioral health services to be appropriately delivered via telecommunication services including telephone consultations. The notice includes information on codes, modifiers, and place of service codes.

**Alaska** – There are no restrictions on the location of the patient or the provider, and modes of technology such as Zoom, Skype and Facetime are permitted. The notice includes information on how to bill for Evaluation and Management Services provided via telephone and online digital services. The notice also includes information on coding and payment. Information on case management services, therapy services, medication management, and behavioral health aide services is also provided.

**Arizona** – An Executive Order requires that all insurers regulated by the state cover telehealth care visits at a lower cost-sharing rate than in-person visits.

A subsequent Executive Order requires, in part, that all insurance plans regulated by the state provide coverage for all services that are provided through telemedicine if the service would be covered if provided in-person. Insurers can impose certain requirements, such as documentation and recordkeeping, but they may not be more restrictive or less favorable than for services provided in-person. Insurers must pay providers at the same level of payment for a telemedicine visit as for an in-person visit. All electronic means, including telephone and video calls must be permitted and the patient’s home must be an approved location to receive telemedicine services. The EO further requires that the Arizona Health Care Cost Containment System (AHCCCS) require Medicaid plans to cover all services that are covered benefits to be accessible via telemedicine and to prohibit Medicaid plans for discounting rates for telemedicine services.

**Arkansas** – The state is lifting the requirement for Medicaid that there must be an established relationship before using telemedicine under certain conditions: the providing physician must have access to the patient’s medical record; the service must be provided by any technology deemed appropriate, including the telephone, but must be provided in real time; physicians may use telemedicine to diagnose, treat, and when clinically appropriate, prescribe non-controlled drugs. Medicaid is also allowing for the patient’s home to be the originating site. Medicaid is also opening the “virtual check-in” code for existing patients under certain circumstances listed in the guidance.
**California** — Medi-Cal providers can use existing telehealth rules to as an alternative modality for delivering covered services when medically appropriate to limit patients’ exposure to others. Medi-Cal providers can be paid for brief virtual communications, which includes communications with other providers or patients who can not or should not be seen face-to-face. This page includes HCPCS codes that can be paid for virtual communications.

**Colorado** — The state’s Medicaid program is making 3 temporary changes to its existing telemedicine policy: no longer restricting services allowed to be provided via telemmedicine to only audiovisual modality, and now allows the use of telephone or live chat; allowing telemedicine visits to qualify as billable encounters for FQHCs, RHCs, and IHS; the list of providers has been expanded to include pediatric behavioral health providers, PTs, OTs, hospice, and home health providers. The payment rates for telehealth services are, as a minimum, the same rate as in-person services. Coding and billing information is included in the guidance.

**Connecticut** — CT Department of Social Services announced Medicaid is now paying for telehealth services.

  Provider Bulletin - the state is implementing full coverage of specified synchronized telemedicine, defined as an audio or video telecommunication system with real-time communication between a patient and practitioner. Will be covered under both the state’s Medicaid and CHIP programs. See the bulletin for detail on specific covered services.

  Provider Bulletin – temporary rule change to allow for the coverage of certain E/M services via telemedicine. Certain originating site requirements are waived for psychiatric diagnostic evaluations.

**Delaware** — Delaware Medicaid is in the process of revising guidance to remove a requirement that patients present in-person before telehealth care can be provided (more guidance forthcoming).

**District of Columbia** — DC Department of Health Care Finance announced that Medicaid is adding the home as an eligible site for Medicaid payment for telehealth care. The District also released general guidance on the use of telehealth care in regards to licensing, standard of care, and payment.

**Florida** — In a Medicaid Health Care Alert, the state is postponing face-to-face provider-site visit requirements until further notice. When possible, these requirements will be met telephonically or through audio/visual technology.

**Georgia** — Georgia Medicaid and PeachCare for Kids are expanding the use of telehealth by waiving existing originating site requirements, adding telehealth care modalities covered, and allowing initial and annual assessments for home and community-based care services to be conducted via telehealth.

**Hawaii** — The Department of Human Services announced that Med-QUEST Division (MQD) will be covering additional codes that may be used to deliver services through telehealth technology. This applies to QUEST Integration (QI) Health Plans and FQHCs. Providers are required to follow existing telehealth rules for the development of a patient relationship via telehealth. The memo includes a list of codes that will be covered by Medicaid for established patients. It also includes codes that will be covered for brief virtual check-ins and e-visits. Telehealth services shall be provided using telehealth or everyday communication technologies (ie: Skype, FaceTime). See additional state notices on telehealth services here.

**Idaho** — Idaho Medicaid is expanding the number of codes that are payable via telehealth beyond the code set in a previous Information Release (which is now temporarily rescinded). Any procedure provided via telehealth may be covered when: the service can be safely and effectively delivered via telehealth; the service fully meets
the code definition when delivered via telehealth; the service is billed with a GT modifier; and all other existing criteria are met. These changes apply to all services billed through fee-for-service Medicaid (DXC, formerly Molina Medical Solutions), all claims paid through the Idaho Behavioral Health Plan (Optum), and Idaho Smiles (MCNA). Services that can be provided effectively telephonically without real-time video may also be covered via telehealth. Services that cannot be effectively completed without visual interaction are not included and continue to require a video component. Claims for services delivered via telehealth will be paid at the same rate as face-to-face services. Please see the notice for additional information.

**Additional guidance** allows for the use of any non-public facing remote communication product that is available to communicate with participants. While **this guidance** includes information regarding occupational, physical, and speech therapy.

**Illinois** - These changes are for both Medicaid fee-for-service plans and a HealthChoice Illinois managed care plan. The state will pay for medically necessary and clinically appropriate telehealth services with dates of March 9 or later if they meet certain criteria. Services must be delivered using an “interactive telecommunication system” or “telecommunication system” as currently defined or a communication system where information exchanged between a provider and patient is of an amount or nature that would be sufficient to meet requirements of the same service via face-to-face interaction. Originating site may be the patient’s home, while the distant site provider is any enrolled provider operating within their scope of practice and has the appropriate license or certification. Payment for telehealth services will continue to be in parity to in-person services. See guidance for additional information on virtual check-ins and online patient portal or “e-visits”.

**Indiana** – An [Executive Order](#) indicates that the Family and Social Services Administration will suspend in-person requirements for telehealth care. An [Indiana Health Coverage Programs bulletin](#) provides billing details, including that the state is expanding the list of acceptable platforms and code sets.

**Iowa** – A Department of Human Services Medicaid letter indicates the Medicaid program will cover all Medicaid benefits via telehealth care if clinically feasible and appropriate, regardless of the patient’s location.

**Kansas** – The [Governor’s Executive Order](#), in part, encourages all physicians to utilize telemedicine services when appropriate to avoid unnecessary patient travel; directs the Kansas State Board of Healing Arts (Board) to stop enforcing statutes, rules, and regulations that require physicians to conduct in-person exams of people prior to issuing a prescription or the administration of medication, including controlled substances; allows out-of-state physicians to practice in Kansas without a state license in certain circumstances. See the EO for more information and additional provisions.

The Kansas Medical Assistance Program (KMAP) issued a [bulletin to providers](#) which includes a list of codes for services that can be provided via telehealth or telephone. The updates do not modify current coverage but allows for a different delivery method. Payment for these services will be the same as an in-person visit. (See this [additional notice](#) regarding payment for more information.) The state is allowing for the patient’s home to be the originating site (POS code 12). “Virtual check-in” code G2012 is not being permitted due to the allowance of E/M codes being provided via telephone.

For Medicaid MCOs, services provided by out-of-network providers will be allowed, but all existing prior authorizations out-of-network requirements remain in place.

These Medicaid provisions are effective for dates of service on or after March 23.
Kentucky – A Medicaid provider letter indicates the state is encouraging the use of telehealth care and adding payment for telephone calls and remote evaluation.

Louisiana – The state issued a bulletin to all Medicaid providers which, in part addressed issues related to telehealth. The Medicaid program, including all Medicaid MCOs, allows for the telemedicine/telehealth mode of delivery for many common services. When otherwise covered by Medicaid, telemedicine/telehealth is allowed for all CPT codes located in Appendix P of the CPT manual, including, but not limited to new and established outpatient office visit codes (see bulletin for list of codes). All services eligible for telemedicine/telehealth may be delivered via an interactive audio/visual telecommunications system. HIPAA compliant platforms are preferred, but if not immediately available everyday communication technologies (such as cell phones with audio/visual capabilities) can be used. Audio only systems may also be used if audio/visual technology is not available. The same standard of care must be met and the need and rationale for the use of audio only technology must be documented. There is no limitation on the originating site. The preferred distant site is a health care facility, however if there is a disruption to a facility or a risk to the provider, there is no formal limitation on the distant site. Payment for services provided through telehealth/telemedicine is the same level as in-person visits. MCOs with contracts that exclude providers from delivering services via telehealth/telemedicine have been instructed to amend those contracts to allow it when clinically appropriate. The notice also includes guidance on the use of telemedicine for physical, occupational, and speech therapy as well as applied behavioral analysis (ABA). See guidance for additional details and information regarding coding.

The state also subsequent information on telehealth facilitation of mental health rehabilitation services, telehealth by licensed mental health practitioners, telehealth for outpatient substance use disorder treatment services.

Maine - This guidance is extensive and includes information on using telehealth to satisfy face-to-face requirements, delivery of telehealth via telephone, information on originating and distant sites, telephone only E/M, billing and payment, and telehealth and behavioral health services. The state has also released separate guidance on telehealth payment.

Maryland – A Department of Health memo indicates Medicaid fee-for-service and managed care will now recognize the home or any other secure location as an originating site.

Massachusetts – MassHealth released a Managed Care Entity Bulletin, which, in part, outlines changes to coverage and payment policies for Medicaid MCOs. All MCOs must cover testing, treatment, and prevention of COVID-19 in at least the same amount, duration, and scope as covered by MassHealth FFS plans. Coverage must include telehealth and certain telephonic services as means by which beneficiaries may access clinically appropriate, medically necessary covered services. MCOs must not impose any referral requirements for testing or treatment related to COVID-19.

In this MassHealth bulletin, the state indicates that telehealth services will be paid at the same rate for in-person services. Providers must use site of service code 02. Billing MassHealth for telehealth services can start on April 1, 2020 for dates of service beginning March 12.

Michigan – The state has issued 3 bulletins on telehealth. The first bulletin, in part, allows for the patient’s home to be considered an originating site and also includes billing information. The second bulletin allows for flexibility in the face-to-face requirement and allows for the use of telephonic, telemedicine, and video technology available on smart phones as long as they meet HIPAA compliance standards and the beneficiary...
consents to the method. Plans included in these bulletins include Medicaid, Healthy Michigan Plan, and Children's Special Health Care Services.

The **third bulletin** allows for additional flexibility regarding telemedicine audio/video requirements. Effective retroactively to March 1 all codes on the telemedicine database will be allowed to be delivered via telephone only. The telemedicine database is attached to the bulletin. All other telemedicine policy requirements, including scope of practice requirements, are to continue to be followed. See the bulleting for coding information. The bulletin also addresses telephone only services for Prepaid Inpatient Health Plans and Community Mental Health Providers.

**Minnesota** – The Departments of Health and Commerce sent a letter to all health carriers in the state requesting that the fully insured market take all necessary steps to expand the availability of telemedicine services for enrollees and eliminate all barriers to its use. See letter for additional information.

The state just passed legislation which, in part, includes the patient's home in the definition of "originating site" and includes services or consultations provided to a patient in their home in the definition of "telemedicine"; and requires that a health carrier not exclude or reduce coverage for a health care service or consultation only because the service is provided via telemedicine directly to the patient's residence. These provisions expire on February 1, 2021.

**Mississippi** – The Division of Medicaid is expanding coverage of telemedicine services during the emergency. During the state of emergency, a beneficiary’s home is approved as an originating site and patients may use their own personal devices, such as phones or tablets or other web camera-enabled device to receive medical care in a synchronous format with a DOM approved distant-site provider. Telehealth services do not include service delivery through text message, e-mail, or other formats that do not include audio and/or visual components. See the emergency policy for information regarding billing and payment.

The MS Insurance Commissioner also issued a bulletin regarding the use of telemedicine which directed insurers to adopt procedures that will encourage the use of telemedicine and suspended any existing rules that limit accessibility of telehealth.

**Missouri** – The MO HealthNet Division (MHD) has put out a notice to providers allowing for telehealth services to be provided to patients in their homes via their telephones. When the originating site is the patient's home, the originating site fee cannot be billed. There is no separate fee schedule to telehealth as payment to providers delivering the service is equal to the current fee schedule. Please find billing and payment information [here](#). The state is also: waiving the requirement that providers have an established relationship with patient prior to providing telehealth services; waiving co-pays for telehealth services; allowing telephone services; allowing quarantined providers or providers working from alternate sites to provide and bill for telehealth services; and waiving the requirement that providers be licensed in MO in order to treat patients in the state via telehealth (providers must be licensed in the state they are in and be enrolled as MHD providers).

**Montana** – There are no specific requirements for technologies to deliver telehealth services. Payment rates will be in parity with in-person service rates. The patient's home can be an originating site but is not payable as an enrolled originating site provider. The notice also includes coding guidance.

**Nebraska** – Nebraska Medicaid is temporarily allowing payment for telephonic evaluation and management for certain beneficiaries who are also existing patients: those experiencing mild COVID-19 symptoms prior to visiting an ED, urgent care, or other health care facility; those who need routine follow up care and are
experiencing no symptoms; those requiring behavioral health assessment and management. The notice includes coding guidance.

**Nevada** – The state is lifting the restriction on telephone only care. Telehealth services are paid at parity with in-person services.

**New Hampshire** – There is no restriction on the originating site and may include private residences. Medicaid pays for telehealth services on parity with in-person services. Providers should bill in the same manner they do for in-person visits but include a modifier GT and indicate a place of service 02. There is no additional payment to the originating site. Documentation is the same as for in-person services.

**New Jersey** – Medicaid fee-for-service and Medicaid managed care plans are required to: provide payment to physicians at the same rate as in-person encounters for telehealth and tele-mental health services as long as the same standard of care is applied; waive site of service requirements and allow NJ licensed clinicians to provide telehealth services from anywhere and beneficiaries to receive them from anywhere; and permit alternative technologies such as telephonic and video technology available on smart phones and other devices.

Private payers in the individual, small and large group markets are directed to: review their telehealth networks to ensure adequacy and grant any requested in-plan exceptions to access out-of-network providers if in-network providers are not available; cover, without cost sharing, any services or supplies delivered or obtained via telehealth; encourage providers to utilize telehealth to minimize COVID-19 exposure to their staffs; ensure that payment to in-network providers for telehealth services is not lower than the rates for in-person services; notify providers of what is needed to bill for telehealth services; allow for telephonic services and flexibility in technology; eliminate prior authorization requirements for medically necessary services via telehealth; and notify beneficiaries of these changes.

See guidance for additional state actions.

**New Mexico** – The state’s Department of Human Services released a [letter to Medicaid managed care organizations](#), which includes language on telehealth care. The state is directing MCOs to allow telehealth services to be provided in all settings, including a patient's home until the end of the emergency declaration. They have also added new codes to encourage the use of telephonic visits and e-visits. The new codes and payment rates will be in effect for all provider types through the end of the emergency. See [letter](#) for specific codes and payment rates. The letter also have information regarding FQHCs, RHCs, and IHCs as well as information on behavioral telehealth.

**New York** – [Medicaid will pay for telephonic E/M services](#) when face-to-face visits are not recommended and it is appropriate for the patient to be evaluated via telephone. This is in effect starting on March 12, 2020 until the State of Emergency is lifted. Notice includes allowed codes.

**North Carolina** – NC Medicaid is offering payment for virtual patient communication and telephonic evaluation and management for certain beneficiaries who are established patients: those experiencing COVID-19 symptoms prior to visiting an ED, urgent care, or other facility; those who need routine follow-up and not experiencing symptoms, and those requiring behavioral health assessment and management. The bulletin also includes coding information.

North Carolina Medicaid has also released [webinar slides](#) that includes information on coding for telephonic visits as well as a list with links to [private insurer actions](#) related to telehealth.
NC Medicaid issued a subsequent bulletin which addresses the issue of payment parity for telemedicine and telepsychiatry with in-person services. Payment for these services will be in parity with in-person services as long as the standard of care is met and they are conducted via a secure HIPAA compliant technology with live video and audio capabilities, including smart phones, tablets, and computers. The state is also lifting any restrictions to originating and distant sites. This bulletin also has additional coding information for the earlier bulletin on virtual patient communication and telephonic E/M services, discussed above.

North Dakota – ND Medicaid covers telemedicine services and the patient's home can be an originating site. If the home is an originating site, no originating site fee can be billed. General information on telemedicine for Medicaid providers can be found here.

Ohio – Governor DeWine signed an Executive Order which expanded telehealth options for Medicaid recipients. A subsequent emergency rule was released which, in part, provides a definition for telehealth and includes a list of provider types that are eligible to be provide services via telehealth and a list of providers who are eligible to bill for those services. The rule also removes any existing limitations to what can be considered an originating site, which allows for the patient's home to be an originating site. It also removes limitations as to what can be considered the practitioner or distant site. The rule also outlines which specific technologies can be utilize to provide telehealth services. There is also a section which describes the types of services that will be paid for when provided via telehealth and includes E/M services for new and established patients, inpatient or office consultation for new and established patients, virtual check-in, and remote patient monitoring. Please see the full rule for a complete list of services. The rule also includes information on the submission of claims for services provided via telehealth. Please see the full emergency rule for more details. The state also published an appendix which includes specific codes for services that will be paid through telehealth during the emergency.

The state also released an FAQ document.

Oklahoma - The state has temporarily waived the preexisting patient relationship requirement for the provision of telehealth services.

Oregon – The state has issued new guidance expanding coverage of telehealth services. Fee-for-service Medicaid is opening additional codes to payment: telephone service evaluation/assessment and management codes for behavioral health providers and synchronous audio and video visits, online services and provider to provider consultations for physical health providers. Coordinated Care Organizations (CCOs) will cover telehealth services effective March 13 but are encouraged by the state to make this retroactive to January 1. Changes to existing rules to remove barriers to telehealth can be found here.

The state issued subsequent guidance which address both private plans regulated by Department of Consumer and Business Services (DCBS) as well as Medicaid plans regulated by the Oregon Health Authority (OHA). Plans will cover telehealth services delivered by in-network providers to replace in-person visits whenever possible and medically appropriate; providers will be allowed to use all modes of telehealth delivery, including telephone based service delivery; health plans are required to examine payment rates to ensure they are adequate to enable providers to increase capacity to serve patients via telemedicine (the state “encourages” payment for telehealth services that mirror rates for the equivalent office visit or that providers and plans quickly agree to payment rates); and health plans will ensure that cost-sharing for telehealth services are not greater than for in-person visits. See the guidance for more details.
Pennsylvania – This guidance is for Medicaid fee-for-service and Physical HealthChoices members only. Providers should contact the individual MCO with questions about managed care coverage. The state announced a preference for telemedicine as a delivery method for medically necessary services. Services should be billed as though performed face-to-face and will be paid as listed on the current fee schedule. Telemedicine may be provided by any means that allows for two-way, real-time interactive communication. Telephone only services are allowable if video technology is not available.

There is a separate notice for the provision of telehealth services for behavioral health.

Additionally, any health care professional licensed by one of the Department of State’s Bureau of Professional and Occupational Affairs licensing boards can provide services to patients via telemedicine.

Rhode Island – The state’s Health Insurance Commissioner and Medicaid program notified all insurers in the state to update all telemedicine policies to include telephone-only services within the definition of telemedicine for primary care and behavioral health providers. Includes information on coding. The state also requires that any out-of-state telemedicine providers contracted by an insurance plan follow all CDC and RI Department of Health instructions in relation to COVID-19.

South Carolina – The state is expanding coverage for telephone and telehealth services for dates of service of March 15 forward. SCDHHS will begin accepting claims on these policy changes beginning on April 1. Video interactions can also be billed, but not other forms of electronic messaging such as e-mail or text messaging. Services are only allowable to existing patients. The notice includes specific billing and coding requirements.

Tennessee – TennCare (the state’s Medicaid program) has developed a resource for providers with information from each of the state’s Medicaid managed care organizations. Please review the document to see new guidance related to telehealth, including billing and coverage procedures. All MCOs will allow the patient’s home to be the originating site.

There is separate guidance from TennCare regarding telehealth services for behavioral health.

Texas – The Governor has issued emergency rules regarding payment for telehealth visits in the state. The rules require payment for telehealth services, including mental health, at the same rate for in-person visits for an in-network provider, allows the use of any platform permitted by law, and does not require any additional documentation than for in-person visits. Applies to fully funded health plans regulated by the state. FAQ on emergency rules.

Governor Abbott also approved the TX Medial Board’s request to temporarily suspended portions the Texas Occupation Code until the Governor rescinds it or the state’s Emergency Declaration is lifted. As a result of this action, telemedicine, including phone only consultation, can be used to establish the physician patient relationship. This expansion can be used for diagnosis, treatment, ordering of testing, and prescribing for all conditions. The rules around standard of care remain intact.

Utah – The Governor issued an Executive Order which suspended enforcement of rules that were deemed to interfere with providers’ ability to provide telehealth services and allows them to offer telehealth services that do not comply with security and privacy standards required by state law. Providers are required to inform patients that the service does not comply with state law, provide patients the opportunity to decline the service, and take reasonable care to ensure privacy and security.
Vermont – Vermont Medicaid has provided updated guidance to providers in regard to the provision of telehealth and telephone care. The Department of Health Access also released a memo to Medicaid providers which: allows for payment for 3 triage codes for both FQHC and RHC providers and non-FQHC and RHC providers to allow for payment for brief virtual communication services to determine if an office visit is needed; and provides for the same payment rate for medically necessary, clinically appropriate services delivered by telephone at the same rate as covered services provided through telemedicine or in-person encounters. See this memo for specific coding information.

The state also issued an emergency rule to expand patients’ access to and providers’ payment for health care services, including preventive services, delivered through telehealth, audio only telephone, store-and-forward, and brief telecommunications services. Specifically, the emergency rule directs insurers to pay the same rate for services billed using equivalent procedure codes and modifiers, subject to the terms of the insurer/provider contract, regardless of whether the service was provided through an in-person visit or through telehealth or audio-only telephone. Please see the emergency rule for additional information.

Virginia – DMAS has issued an initial policy memo indicating the state will add audio only, waive the telepresenter requirement for a facility fee, add the home as an originating site, allow behavioral health and early intervention to be conducted via telehealth, and pay at parity with analogous in-person services.

Washington – The Washington Health Care Authority (HCA) put out an FAQ on Medicaid policy and billing during COVID-19, which includes information regarding the provision of telemedicine. Fee-for-service Medicaid and Managed Care Organizations (MCOs) cover telemedicine when delivered via interactive, real-time audio and video conference (including web-based applications), and when the provider works within their scope of practice to provide a covered services to an Apple Health eligible beneficiary. FFS and MCOs with pay for telemedicine services in the following settings: Inpatient hospitals, including ICU and CCU; outpatient hospitals, including the ER and hospital-based clinics, free standing clinic and office services. Providers are allowed to use telemedicine to provide patient care even when it within the same facility. If within the same facility, providers do not submit a claim for the originating site.

This FAQ also includes a list of codes outside of telemedicine (telephone care and online digital evaluation) that Apple Care will pay for on a temporary basis if telemedicine services are not available and “extraordinary circumstances are involved”.

The FAQ includes a link to the COVID-19 fee schedule. Providers should check with their individual MCOs regarding specific billing requirements.

The Governor subsequently signed a proclamation that would increase parity between providers who provide in-person care and those who provide it via telemedicine and requiring telemedicine claims to be paid at the same level as face-to-face care. Telemedicine claims cannot be denied by insurers.

West Virginia – The state issued a memo to Medicaid providers allowing for the use of telemedicine for non-emergent E/M visits. The expansion is for the use of live video conferencing in a member's home, with a Medicaid enrolled provider in the originating site. Currently, all other telemedicine rules should be followed, but the state is continuing to monitor the situation. CPT codes 99211 and 99212, billed with place of service 02 will be allowed.

The state’s CHIP program is allowing for patient's homes to be the originating site for telehealth screening visits. Providers must be able to visually see and examine patients. Text messaging and e-mail are not payable services. This letter includes coding information.
Wisconsin – The Wisconsin Department of Public Health issued guidance for Medicaid and BadgerCare Plus plans. The guidance allows for payment for all originating sites, but originating sites not listed in existing telehealth policy will not be eligible for a facility fee; certain providers may be paid for services listed in existing guidance (Topic #510) and additional inpatient, nursing facility, e-visit, and telephone E/M services listed in the DPH guidance. This guidance also includes new telehealth policy for FQHCs. These changes are for dates of service on or after March 1.

Subsequent guidance was released to change additional policy requirements for services delivered via telehealth. MCOs were advised by the state to align with these changes for benefits not solely administered under FFS. Providers should check with MCOs for information on their implementation of these changes. The state will allow remote services using interactive real-time technology, including audio-only phone communication, for services that can be delivered with functional equivalency to the face-to-face service. This applies to all services included in existing guidance (Topic #510). Providers must keep accurate and complete documentation according to existing requirements. The guidance also includes changes to the face-to-face mental health requirement, comprehensive community services, the community support program, community recovery services, behavioral treatment, and targeted case management. Coding information is also included in this guidance. These changes began on March 12 and until the end of the state's emergency declaration.