



# MONTANA HEALTHCARE PROGRAMS NOTICE

**April 7, 2020**

## **Nursing Facility Providers**

**Effective Immediately**

### **Requirements and Billing for Telehealth Services by Nursing Facilities**

The Medicaid Disaster Relief for the COVID-19 National Emergency allows Montana to authorize payments for Telehealth services that are not otherwise paid under the state Medicaid plan, differ from payments for the same service when provided face to face, or differ from current state plan provisions governing reimbursement for Telehealth. States may pay for covered services delivered via Telehealth using the Medicaid payment methodology established for the same services when delivered face to face.

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 clinically appropriate, medically necessary, Montana Medicaid covered services to Montana Medicaid members delivered via reimbursable telemedicine/telehealth originating sites (including telephone and live video).

**This bulletin shall remain effective for the duration of the state of emergency declared in 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 Originating Site**

Effective March 1, 2020 Montana Medicaid is allowing nursing facilities to bill for telehealth site origination. 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 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 procedure code Q3014 along a type of service of 9 (CMS-1500) form.

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:**

**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.

**Enrolling Originating Site Provider** is an enrolled provider operating a HIPAA compliant originating site with secure and appropriate equipment to ensure confidentiality, including camera(s), lighting, transmission and other needed electronics. Originating providers of the technology must assist the member using the equipment, they do not have to participate in the delivery of the health care service.

Reimbursement of 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.

## **Contact Information**

[Dee Burnham, Senior & Long Term Care Program Manager at email Dee.Burnham@mt.gov](mailto:Dee.Burnham@mt.gov) or telephone (406) 444-4129

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837](tel:(800)624-3958) or email [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com).

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)