Molina Complete Care COVID-19 Telehealth Provider Q&A

Question	Answer
What is telehealth?	**The traditional CMS definition of telehealth is:** "…the transmission of a patient's medical information from an originating site to the physician or practitioner at the distant site. The physician or practitioner at the distant site can review the medical case without the patient being present. An asynchronous telecommunications system in single media format does not include telephone calls, images transmitted via facsimile machines and text messages without visualization of the patient. For more information, visit 42 CFR 410.78 at: https://www.law.cornell.edu/cfr/text/42/410.78. **The traditional Federal Medicaid definition of telemedicine is:** "permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment. Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient) that states can choose to cover under Medicaid. This definition is modeled on Medicare's definition of telehealth services (42 CFR 410.78). Note that the federal Medicaid statute does not recognize telemedicine as a distinct service." For more information, visit: https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html.

What has changed for telehealth?	In order to maximize access to medically necessary services during the current public health emergency, DMAS is expanding coverage of telehealth as a method of service delivery. During the COVID-19 national emergency and effective immediately, the Office of Civil Rights at the Department of Health and Human Services, "will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency." This applies to telehealth provided for any reason and does not have to be related to diagnosis and treatment of COVID-19. For more information, see the [March 27 DMAS Memo Provider Flexibilities Related to COVID-19](#). Additional guidance published by the Substance Abuse and Mental Health Services Administration (SAMHSA), entitled, "COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance" should be consulted regarding substance use treatment related guidance, "to ensure that substance use disorder treatment services are uninterrupted during this public health emergency." https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf
Where can I find updated provider communications regarding COVID-19?	Visit our provider website at https://www.mccofva.com/providers/for-providers/provider-tools/communications/ to find copies of provider communications. We will also be posting COVID-19 related content to our coronavirus resource page at: https://www.mccofva.com/coronavirus-alert/.
When do the special telehealth exceptions and measures outlined in this document take effect and how long will they remain in effect?	They became effective March 27, 2020, and we plan to keep them in place while the federal emergency is in effect or until state guidance changes. We will share any updates via fax or email blast and our website.
Due to COVID-19, many of my patients are sick/quarantined/at high risk or simply don't want to come in for a session…	

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Can I conduct outpatient sessions with MCC members **virtually/via computer using a HIPAA-compliant platform**? How should I bill this?	Yes, we encourage you to use telehealth and strongly suggest that you use a HIPAA-compliant telehealth platform (real-time, interactive audio and video). However, considering the COVID-19 crisis and member access issues, you may have to utilize other methods such as FaceTime or Skype in order to ensure the member gets the help they need (see question directly below for guidance on NON-HIPAA-compliant methods).
	Telehealth delivery of targeted services
	In order to maximize access to medically necessary services during the current public health emergency, DMAS is expanding coverage of telehealth as a method of service delivery. This was communicated via an initial policy memo; the agency is working as quickly as possible to leverage additional needed flexibilities in this area; for example, in the area of remote patient monitoring.
	During the COVID-19 national emergency and effective immediately, the Office of Civil Rights at the Department of Health and Human Services "will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency." This applies to telehealth provided for any reason and does not have to be related to diagnosis and treatment of COVID-19.
	Telehealth delivery of behavioral health services
	DMAS will allow for telehealth (including telephonic) delivery of all **behavioral health** services with several exceptions. Services that will be allowable via telehealth include:
	• Care coordination, case management, and peer services • Service needs assessments (including the Comprehensive Needs Assessment and the IACCT assessment in mental health and the Multidimensional Assessment in ARTS) and all treatment planning activities • Outpatient psychiatric services • Community mental health and rehabilitation services • Addiction Recovery and Treatment Services
	Providers shall submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service delivered. In some cases, there are existing codes available for certain specifically telehealth-focused services.
	During the initial phase of the emergency, DMAS will permit providers who have not previously billed for telehealth delivery to bill for covered services delivered via telehealth (including audio-only and audio-visual) using their usual place of service code as the delivery location, but must document in the member's record the alternative location used and that the service was delivered via telehealth.

	Providers are asked to update their systems and procedures as soon as possible to enable the use of modifiers (GT or GQ) or telehealth POS (02) when billing for services delivered via telehealth.
DMAS will require the use of these codes after the initial phase of the emergency is over.
Providers using telehealth POS (02) or modifiers for telehealth services covered under the prior policy shall continue to use the modifier GT (via interactive audio and video telecommunications system) or GQ (via synchronous telecommunications system), or POS code (02) when billing for services delivered via telehealth.
Medicare coverage:
- CMS will pay clinicians to provide telehealth services for Medicare beneficiaries across the country.
- Telehealth services for common office visits, mental health counseling, and preventive health screenings will be covered.
- Telehealth services can be conducted from the beneficiaries' home.
- Telehealth methods include phone, video chat, and online patient portals.
- Doctors, nurse practitioners, clinical psychologists and licensed clinical social workers will be able to offer telehealth to Medicare beneficiaries.
Can I conduct outpatient sessions with MCC members via telephone or a non-HIPAA-compliant method (e.g., Skype or FaceTime)?
How should I bill this?	We strongly suggest that you use a HIPAA-compliant telehealth platform, which includes both audio and video. (See below for further instruction on telehealth platforms.) However, if this is impossible due to the COVID-19 crisis or member need, you may use telephone or a non-public method such as Skype or FaceTime for sessions. Note: Public-facing sites such as Facebook Live, TikTok, Twitch, YouTube, etc., should NEVER be used for telehealth.
Bill using the GQ modifier and place of service 02.
Can I conduct outpatient sessions with MCC members via text?	No, sessions via text message are not permissible.
Will you support outpatient sessions via telephone under all plans/products?	Yes, during this crisis, we are waiving our normal protocols to allow providers to provide and bill sessions by telephone.
Do I need an addendum in place to bill telephone sessions?	No, a contract addendum is not necessary to bill during this COVID-19 crisis.
Are there specific telephonic codes I should use?	Bill the appropriate covered CPT code (listed on your reimbursement schedule) using the GQ modifier and place of service 02.

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I'm sick and/or quarantined and can't see patients at all. What should I do to ensure my patients get the care they need?	If you are unavailable and don't have coverage for your MCC patients who need care, you should coordinate care with MCC by calling provider services. ARTS members should be referred to the ARTS Care Coordinators to facilitate identification of alternate provider(s).
Can I provide applied behavior analysis (ABA) services via telehealth?	See ABA Q&A in separate section below.
Can I conduct medication management/prescribing via telehealth or telephone?	If you are an MD contracted to provide these services, yes you may. If you provide the service using a HIPAA-compliant telehealth platform, bill using the GT or 95 modifier and place of service 02. If you use a NON-HIPAA-compliant platform due to the crisis situation or member access issues, bill using the GQ modifier and place of service 02. Note: Public-facing sites such as Facebook Live, TikTok, Twitch, YouTube, etc., should NEVER be used for telehealth.
How do I become a telehealth provider?	During this crisis, you can begin to deliver telehealth services immediately. We encourage you to use a HIPAA-compliant telehealth platform. Bill with the GT or 95 modifier and place of service 02. Visit www.MCCofVA.com for more information.
Do you require that I use a specific telehealth platform?	While federal and state guidance has relaxed rules around telehealth methods, Molina Complete Care encourages providers to use HIPAA-compliant 2-way audio/video platforms. Telephone-only telehealth should be used only if audio/video communication is not available.
Can I use Skype or FaceTime for telehealth sessions?	We highly suggest using a telehealth platform that is HIPAA-compliant. However, during this crisis we want members to receive the help they need, so you may use these methods – only on a temporary basis – to ensure patient needs are met. Bill using the GQ modifier and place of service 02. Note: Public-facing sites such as Facebook Live, TikTok, Twitch, YouTube, etc., should NEVER be used for telehealth.
Are there any changes to the telehealth codes or extension of codes?	No (with the exception of temporarily permitting telehealth for special services, see the facility and ABA sections below). For telehealth billing information visit www.MCCofVA.com.
During this crisis, do I still need to obtain preauthorization for services (inpatient or outpatient) that normally require it?	We are following the DMAS guidelines listed in the MCO Services Delivery Flexibilities related to COVID-19 memo: https://www.dmas.virginia.gov/files/links/5258/COVID%2019%20ARTS%20and%20BH%20Memo%203.27.20_FINAL.pdf

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Do all existing documentation, licensing and requirements to provide services remain in effect?	Yes.
During this crisis, are you relaxing your site visit requirements or timelines for recredentialing?	We are following State and National Accreditation standards as it relates to extensions on recredentialing. If you are due for recredentialing soon, please contact your provider contact for further details.
During this crisis, will you broaden the provider types who can submit certain services?	No, providers must continue to practice within their scope of services.
Whom can I contact for more information or specific questions about my concerns or patients' needs?	Please visit the provider section of our website at https://www.mccofva.com/magellan-complete-care-of-virginia/providers/ or call provider services at 1-800-424-4524.
How do you intend to update providers on your approach to COVID-19?	We will post information on our website at https://www.mccofva.com/coronavirus-alert/. We also may send periodic updates via email or fax. Please ensure your contact information is up to date. For Large practices, please submit staff rosters to MCCVAProviderRoster@MagellanHealth.com. For smaller provider groups, please submit a provider information form to MCCVAProvider@MagellanHealth.com. The roster template and provider information form can be found on the Forms section of MCC.com under Provider Tools.

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Facility-specific Q&As

Question	Answer
Can I provide attending physician services to members in inpatient settings via telehealth or telephone?	Yes, during this crisis we will allow provision and billing of attending physician services via telehealth, if you are delivering the same service via a telehealth platform – i.e., the same frequency and intensity of service, using the same attending codes. If you provide the service using a HIPAA-compliant telehealth platform, bill using the GT or 95 modifier and place of service 02. If you use a NON-HIPAA-compliant platform due to the crisis situation or member access issues, bill using the GQ modifier and place of service 02. Note: Public-facing sites such as Facebook Live, TikTok, Twitch, YouTube, etc., should NEVER be used for telehealth. DMAS is waiving the requirement that provider staff must be with the patient at the originating site in order to bill DMAS for the originating site facility fee. During the current emergency, DMAS will allow the home as the originating site.
Can I provide IOP or PHP via telehealth?	Yes, during this crisis you may, if you are delivering the same service via a telehealth platform – i.e., the same frequency and intensity of service, using the same IOP and PHP codes. If you provide the service using a HIPAA-compliant telehealth platform, bill using the GT or 95 modifier and place of service 02. If you use a NON-HIPAA-compliant platform due to the crisis situation or member access issues, bill using the GQ modifier and on the CMS-1500 also use place of service 02. Note: Public-facing sites such as Facebook, TikTok, Twitch, YouTube, etc., should NEVER be used for telehealth. HOWEVER, if you aren't delivering IOP or PHP, and you are not contracted as an outpatient provider but the member requires outpatient care, contact provider services at 1-800-424-4524 so we can refer them to an outpatient provider. If you are contracted for outpatient care, you may bill the outpatient service using the GT or 95 modifier and place of service 02 (HIPAA-compliant platform). If you use a NON-HIPAA-compliant platform due to the crisis situation or member access issues, bill using the GQ modifier and place of service 02. Note: Public-facing sites such as Facebook Live, TikTok, Twitch, YouTube, etc., should NEVER be used for telehealth.
Can I bill for services performed by telephone, related to IOP or PHP?	No, IOP and PHP services are not permitted via telephone. However, member check-in and counseling by telephone is permitted, but should be billed with the outpatient visit code, along with using the GQ modifier and place of service 02.

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Applied behavior analysis (ABA)-specific Q&As

Question	Answer
Is MCC allowing the delivery of ABA therapy using telehealth methods?	We are following the DMAS guidelines listed in the MCO Services Delivery Flexibilities related to COVID-19 memo: https://www.dmas.virginia.gov/files/links/5258/COVID%2019%20ARTS%20and%20BH%20Memo%203.27.20_FINAL.pdf
Is MCC allowing delivery of ABA supervision, caregiver training and support, and FBA via telephone?	We strongly suggest that you use a telehealth platform – which includes both audio and video. (See Q&As above for further instruction on telehealth platforms.) However, if this is impossible due to the COVID-19 crisis, you may use telephone. If you use a NON-HIPAA-compliant platform due to the crisis situation or member access issues, bill using the GQ modifier and place of service 02. Note: Public-facing sites such as Facebook Live, TikTok, Twitch, YouTube, etc., should NEVER be used for telehealth.
Are ABA providers allowed to use the hours approved in a current authorization for telehealth?	You must submit a request to add telehealth services to the MCC ABA care manager, to provide the POS and modifiers available on your authorization. Please resubmit your most current approved treatment plan with a request regarding telehealth. During this crisis, you may conduct the FBA, provide supervision and caregiver training services via telehealth even if you are not currently in MCC's network for telehealth services.
Do I need to submit a request or forms for the services utilizing telehealth for each client?	Yes. Submit forms as you normally do.
How can we increase our requested hours for parent training due to this crisis and use them as telehealth visits?	Submit your request for additional caregiver training hours and the ABA department will review. At this time, we are looking to providers to provide additional hours of caregiver training as parents/members are home and quarantined.
Are the GT or 95 modifiers required for billing telehealth?	Yes, bill using the GT modifier with 02 as the place of service.

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During this crisis, what is MCC's current position/process pertaining to ABA services?	MCC will approve FBA, supervision and caregiver training for telehealth ABA services until further notice, due to the COVID-19 outbreak. If you need additional hours or a change to telehealth during this time, please fax this request to the same number to which you faxed the initial authorization request. Submit the member name, date of birth, date range of change, and service code changes that you are requesting, and we will process your request ASAP. Please note that only ABA FBA, supervision, and caregiver training will be authorized for telehealth (direct service and social skills group will NOT be authorized for telehealth). During this crisis, you may provide these services via telehealth even if you are not currently in MCC's network for telehealth services.

Additional Information:

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency:

> https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Centers for Medicare and Medicaid Services:

> CMS Guidance for Clinicians:
> https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

> CMS Provider factsheet for Telehealth:
> https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

> Telehealth Toolkit for General Practitioners: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

> End-Stage Renal Disease Providers Toolkit Here: https://www.cms.gov/files/document/esrd-provider-telehealth-telemedicine-toolkit.pdf

DMAS Provider Flexibilities Related to COVID-19:

> https://www.dmas.virginia.gov/files/links/5258/COVID%2019%20ARTS%20and%20BH%20Memo%203.27.20_FINAL.pdf

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