

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03

To: All Providers Participating in Nebraska Medicaid Program
From: Kevin Bagley, Director *KB*
Date: March 23, 2023
Re: Guidance on Telehealth

This health plan advisory is being issued to provide updated guidance about telehealth coverage. Telehealth is an important way for many members to access needed services. During the federal public health emergency (PHE), Nebraska Medicaid implemented many temporary flexibilities which expanded available telehealth services.

The federal government has said the PHE will end on May 11, 2023. Therefore, this advisory provides updated guidance about telehealth coverage once the PHE ends.

To stay up to date about new guidance regarding the public health emergency, subscribe to Nebraska Medicaid’s new page <https://dhhs.ne.gov/Pages/Medicaid-PHE.aspx>.

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Guiding Principles for Telehealth

Though Nebraska Medicaid has been a leader in the availability of telehealth coverage for many years, the PHE expanded the actual use of telehealth significantly. The knowledge and experience gained throughout the pandemic informs the principles of this updated telehealth guidance. Ensuring patient safety, accessibility of services, and clinically appropriate care are the key priorities.

The member may decline telehealth service(s) at any time without affecting their access to future care or treatment. If a member declines telehealth service(s), providers are expected to advise them of their other options and assist them in finding treatment.

Follow Applicable Laws

- Health care practitioners providing telehealth services must follow all applicable laws.
- Providers must be enrolled with Nebraska Medicaid and must be licensed (when required).
- Providers must deliver telehealth services safely and effectively.
- All treatments or services must be delivered according to current Medicaid service definitions.
- All treatments and services must be rendered in a clinically appropriate manner and be medically necessary or related to a treatment plan.

Keep Required Documentation

- The medical record for telehealth services must follow all applicable laws regarding documentation. The use of telehealth technology must be documented in the medical record. Providers are also required to document the reason for the delivery of treatment or services through telehealth.
- Providers are required to have mitigation plans in place and to provide an active and ongoing assessment of their ability to meet patients' most immediate and critical treatment needs.
- Claims for services provided via telehealth must include the specific telehealth modifiers and place-of-service codes outlined in the fee schedules.

Location of Services

- The location of the telehealth service is the physical location of the member. Out-of-state telehealth services are covered if the telehealth services otherwise meet not only the telehealth requirements but also the requirements for payment for services provided outside Nebraska.

What Services will No Longer be Available through Telehealth?

Flexibilities were granted during the pandemic to ensure continued access during that extraordinary time. Once the PHE ends on May 11, 2023:

- Telehealth coverage will no longer be available for services whose service definitions require hands-on care.
- Informed consent prior to providing treatments or services will again be required, and this consent must be kept in the member's medical record.
- Home health and hospice assessments made for an initial contact or recertification must be performed in person.
- Pediatric feeding disorder outpatient therapy must be performed in person.
- Telephonic codes added during the peak of the PHE will no longer be available. Those codes are: 99441, 99442, 99443, 98966, 98967, 98968, G0071, and G2012.
- Certain evaluation and management services will continue to be covered through telehealth, and others must be performed in person. Learn more about [services available via telehealth on our website](#).
- Certain behavioral health services will continue to be covered through telehealth. Other behavioral health services will be available through audio-only communication, while others must be performed in person. Learn more about [services available via telehealth on our website](#).

What Services will Continue to be Covered through Telehealth?

Following the end of the PHE, [the complete list of telehealth codes available on our website](#) indicate which services are available via telehealth. Starting July 1, 2023, codes for services that can be provided via telehealth will instead be listed in the following fee schedules:

- Health Check Services
- Mental Health and Substance Use
- Physical Therapy and Occupational Therapy Services
- Physicians Services
- Speech Pathology and Audiology Services
- Visual Care Services
- Chiropractic Services

Further Guidance for FQHCs, RHCs, IHS, and Tribal 638 facilities

IHS and Tribal 638 facilities can bill the encounter rate for telehealth services as long as these services meet the definition of an encounter. The facility must stay in accordance with the four walls rule to bill for telehealth. Federally qualified health centers and rural health centers may bill the encounter rate for core services that are allowed via telehealth. Learn more about the [list of allowable telehealth codes on our website](#).

Services Temporarily Allowed via Telehealth

Certain services are being monitored and will be temporarily continued until December 31, 2023. During this time Nebraska Medicaid will review the utilization of these codes. Any changes to services covered via telehealth will be reflected in Nebraska Medicaid's fee schedules starting January 1, 2024.

Billing Telehealth

To bill for services administered through telehealth, please use the following place of service codes and modifiers. Failure to use the place of service codes and modifiers for services provided via telehealth may lead to refunds or further sanctions.

Place of Service codes:

- Place of Service 02 – use when telehealth is administered while the patient is in a location besides their home.
- Place of Service 10 – use when telehealth is administered while the patient is in their home.

Modifiers:

- Multiple modifiers can be added to a single CPT code. The payment modifier goes first, followed by any informational modifiers. The telehealth modifier is an informational modifier and should be placed after any payment modifier.
 - 93 - synchronous telemedicine service rendered via telephone or other real-time interactive audio-only.
 - 95 - telehealth services are provided in real-time with an audio-visual component.

Starting in July 2023, up-to-date information on telehealth codes will be included in our fee schedules. For more information on Medicaid rates and fee schedules please visit our website:

<https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>

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Health Plan Advisories, such as this one, are posted on the DHHS website at <https://dhhs.ne.gov/pages/Heritage-Health-Plan-Advisories.aspx> . Please subscribe to the page to help you stay up to date about new Health Plan Advisories.