



Update to Telehealth Services

March 27, 2020

The Division of Health Care Financing and Policy has been developing memos to address provider concerns regarding telehealth services amid the COVID-19 crisis in the state. As information is updated from federal guidelines, the following information applies to telehealth services provided to Nevada Medicaid recipients:

- Telehealth is allowable for physical therapy/occupational therapy/speech therapy (PT/OT/ST). Services must be within scope of practice and be appropriate to be delivered via a telehealth platform. Additionally, providers must maintain visual site of recipients when prompting specific care/services.
- Telephonic physician's office visits will not be accepted when prescribing any Durable Medical Equipment (DME) item that require a face-to-face visit per CMS. Physician's ordering or prescribing DME must follow their scope of practice for the items they are prescribing to ensure proper item, fit, and functionality reducing risk of harm to the recipient.
- Telephonic and video contact is not allowable for DME providers as a means to assess or set-up equipment that is multifaceted or complex, which requires intricate assessment, measurements, or safety evaluation. As always, working within their scope of practice utilizing all options available while ensuring accurate and safe equipment for the recipient is required. In situations that are not multifaceted or complex, video contact for evaluation, set-up, and use training can be utilized while ensuring damage, warranty negation, and safety is not a risk.
- For Applied Behavior Analysis (ABA) Nevada Medicaid will cover supervision, assessments and parent training via telehealth. Direct one-on-one services by a Registered Behavior Technician (RBT), Board Certified Assistant Behavior Analyst (BCaBA), or Board Certified Behavior Analyst (BCBA) will not be covered at this time.
- Personal Care Services (PCS) and Hospice care are not allowed to be delivered via telehealth.

*This memo does not supersede the previous memos. It is a supplement to the memos released on 3/17/2020 and 3/19/2020.

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Care Financing and Policy
Helping people. It's who we are and what we do.



Suzanne Bierman, JD, MPH
Administrator

Update to Telehealth Memo Issued March 17, 2020

As policy staff continue to review state policy and federal regulations the following update applies:

- Now effective, there are no restrictions on the use of telehealth for group therapy. Providers must continue to work within the scope of practice and apply appropriateness of group therapy services via telehealth modalities.
- Restrictions are still in effect for Private Duty Nursing (PDN), Day and Residential Habilitation, Adult Day Health and Home Health. These services cannot be performed via telehealth and must be performed in-person with recipients.



March 17, 2020

MEMORANDUM

To: Nevada Medicaid Providers

From: Suzanne Bierman, JD, Administrator

Subject: Telehealth Services

During such a critical time to provide continuity of care, the Division of Health Care Financing and Policy is providing informational support and direction when delivering services to Medicaid recipients.

The majority of Medical services can be delivered via telehealth with the exception of Psychosocial Rehabilitation (PSR), Basic Skills Training (BST), Group therapy, Occupational Therapy and Physical Therapy and medical services which require direct contact with the patient. Telehealth should be utilized when possible to minimize the risk of both patients and providers. While existing policy excluded standard telephone due to Federal Regulations, Centers for Medicare and Medicaid Services (CMS) has released the following guidance: *Medicaid already provides a great deal of flexibility to states that wish to use telehealth services in their programs. States can cover telehealth using various methods of communication such as telephonic, video technology commonly available on smart phones and other devices. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.*

Medicaid Services Manual Chapter 3400

http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Resources/AdminSupport/Manuals/MSM/C3400/MSM_3400_17_07_27.pdf and the billing guide https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_Telehealth.pdf state:

The DHCFP reimburses for telehealth services. The originating site must be located within the state. "Telehealth" is defined as the delivery of service from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail. Services provided via telehealth must be clinically appropriate and within the health care professional's scope of practice as established by its licensing agency. Services provided via telehealth have parity with in-person health care services. Health care professionals must follow the appropriate Medicaid Services Manual (MSM) policy for the specific service they are providing. If the originating site is enrolled as a Nevada Medicaid provider, they may bill HCPCS code Q3014 (Telehealth originating site facility fee).

Please note due to today's federal guidance the telephonic restriction will be lifted temporarily. The Divisions desire is for providers to continue to provide services to meet the client's level of need and if there are follow up questions regarding billing, DHCFP staff is happy to help with technical assistance dhcfp@dhcfp.nv.gov. Please title your email telehealth technical assistance.