



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

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Provider Telehealth or Telephonic Health Services FAQs

The March 17, 2020 Behavioral Health Provider letter addressed multiple medical and behavioral health issues relating to telehealth. In addition, future executive orders and administrative regulations to expand telehealth services are expected. As additional guidance, DMS is offering this FAQ document for providers and recipients.

1. What behavioral health services are now allowable via telehealth that were not before?

Within 907 KAR Chapter 15, these services are restricted to face-to-face only. However, for the duration of this declared emergency, the following services are permissible as synchronous telehealth or as a telecommunication mediated health service:

- Peer support services
- Intensive outpatient program services
- Group outpatient therapy
- Service planning
- Partial hospitalization
- Targeted case management
- Mobile crisis services
- Applied Behavioral Analysis
- Comprehensive Community Support Services

2. What services are now available via telehealth or via a telehealth-like service throughout the entire Medicaid program?

DMS is making system changes to allow for all provider types to bill for telehealth services. To the extent possible, providers should provide all services via telehealth. If a service could have been provided via telehealth, but the individual or provider does not have the capability to deliver or participate in the service via telehealth, the service may be delivered via telephone as a "telecommunication or other electronically mediated health service". If service delivery is audio-only but the service would normally be dependent on the exchange of visual information, the provider should facilitate appropriate electronic or other data exchanges to support any treatment delivered.

3. How should I comply with HIPAA in delivering telehealth?

For the duration of this current COVID-19 nationwide public health emergency, the Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) has relaxed its enforcement of HIPAA for certain non-public facing applications. This means that OCR will not enforce penalties for the *good faith provision* of telehealth. Specifically included popular applications that are *currently exempted* include, but are not limited to, these services:

- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video
- Skype

For current or future reference, these services advertise as being currently HIPAA-compliant video communication (providers may need to conduct additional verification with these services). DMS and CHFS are not endorsing any of these products and only include them for informational purposes:

- Skype for Business
- Zoom for Healthcare
- BlueJeans
- Vidyo
- VSee
- Doxy.me
- thera-Link
- Updox
- Google G Suite Hangouts Meet

Public facing services are specifically not allowed by OCR and should *not* be used for the provision of telehealth. These include, but are not limited to:

- Facebook Live
- Twitch
- TikTok

You may wish to further review this communication from the OCR here: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

4. How can I utilize the telephone or other audio-only technology during this emergency?

DMS has filed an emergency regulation to allow for “telecommunication or other electronically mediated health services” to be used throughout the Medicaid program. DMS envisions that these services will be utilized as a “telehealth-like” service wherever appropriate.

If they are real-time conversations, telephonic services - where it is not appropriate or possible for a visual video connection to be utilized - will be treated as synchronous telehealth. DMS will also provide an updated fee schedule to include the new codes and guidance about documentation for services that can now be provided via telehealth.

If a service could have been provided via telehealth, but the individual or provider does not have the capability to deliver or participate in the service via telehealth, the service may be delivered via telephone as a “telecommunication or other electronically mediated health service”. If service delivery is audio-only but the service would normally be dependent on the exchange of visual information, the provider should facilitate appropriate electronic or other data exchanges to support any treatment delivered.

5. Can some telehealth services be delivered by behavioral health associates under the supervision of a licensed behavioral health provider?

Yes. This will also be dependent on if the licensure board allows the practice or if the licensure board is overruled by an executive order. DMS will construe any emergency order, and the March 17 Behavioral Health letter as broadly as possible in allowing for telehealth to be provided by all behavioral health and medical providers.

6. Will payers be required to honor all telehealth or telecommunication codes and modifiers?

Yes. The Medicaid MCOs will be expected to follow Medicaid policy during the state and national health emergency. Providers should report problems to DMSIssues@ky.gov if MCOs are not complying with this direction.

7. Are BHSOs and CMHCs included in the March 17 Behavioral Health Provider letter?

This phrase from the notification modifies all current Chapter 15 Behavioral Health telehealth restrictions: “Therefore, licensed behavioral health providers can deliver services via telehealth, with the exception of residential substance use disorder treatment services and residential crisis services.”

The department is interpreting this letter to include the CMHC itself as a licensed behavioral health provider that can – through its licensed behavioral health providers or provider equivalents – perform any behavioral health service via telehealth, with the exception of the letter’s limitation of residential SUD or RCSU services.

The department is assuming that BHSOs and CMHCs are hiring and utilizing licensed behavioral health providers to the extent possible.

8. How should the G2012 and G2010 Services be used in relation to the ability to provide a telehealth or telecommunication service with a place of service modifier?

DMS recommends utilizing the description within the G2012 and G2012 service when providing that service. If the health service being provided is more expansive than the definition in the G2012 or G2010 code, then DMS recommends still providing the service via synchronous telehealth or via a telecommunications or electronically mediated health service but noting that how that service was delivered.

DMS expects that the G code rate will be less than the appropriate service code rate, and would recommend using the appropriate service code with place of service modifier instead of the G code in most circumstances.

9. Can DocuSign or similar programs be used to get e-signatures or consent releases for telehealth services?

Yes. DMS will accept electronic signatures for all purposes, and will require MCOs to comply.

10. My licensing board allows *more* telehealth than currently allowed via DMS administrative regulation, how should I proceed?

The department will construe any administrative regulations, executive orders, and provider letters as broadly as possible to allow for the most telehealth to be delivered as safely as possible to our members.

11. An MCO or several MCOs will not allow a covered service for telehealth that is currently allowable via telehealth, how should I proceed?

DMS is requiring all Medicaid MCOs to cover all current services that are covered via telehealth during this time. In addition, DMS will require the MCOs to cover all services that are determined to be allowable via telehealth during this declared emergency. Providers should report problems to DMSIssues@ky.gov if MCOs are not complying with this direction.

12. What about 1915(c) waiver services and waiver providers and EPSDT Special Services?

DMS is completing changes to the 1915(c) waiver documents that will greatly expand telehealth within these services and waivers.

Pursuant to HHS' guidance, DMS will allow home health and waiver providers to provide services via telehealth as long as the provider continues to operate within their scope of practice and in compliance with licensure regulations – unless otherwise waived by state law.

13. What about Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit services and telehealth?

To the extent that a service can be provided via telehealth via this benefit and to this population, DMS will allow for and facilitate that service via telehealth or telecommunications.

14. What about initial in-person meetings required for services such as occupational therapy, physical therapy, and speech and language pathology or PT 76 services?

If appropriate consistent with the guidance in these FAQs, the March 17, 2020 Provider letter, or executive orders, PT 76 can use telehealth. To the extent allowed or not restricted by executive order or licensing board action, DMS will allow for these facilities and providers to provide services via telehealth or other telecommunication method.

15. What about a MSW under billing supervision for DMS purposes?

A CSW under billing supervision can conduct their customary services – as appropriate – via telehealth if under the clinical supervision of an LCSW.

16. What about dentistry services?

DMS will expand teledentistry – when using the POS 02 code to include: screenings (CDT code D0190), assessments (D0191), and/or examinations (CDT codes D0120, D0140, D0145, and D0150) via teledentistry.

17. Will these changes be permanent?

Currently, DMS plans to restrict telehealth to previous requirements after this current emergency has ended. However, DMS will carefully consider any new developments and innovations in service delivery that occur during this time and may expand current regulations or interpretations to encourage any new efficiencies that are discovered. When possible, DMS encourages providers to carefully document new approaches and efficiencies that improve outcomes and health of our members for future study.