

MEDICAID FORM RELEASE MEMO

TO: FRM Distribution
FROM: Publications Control
SUBJECT: **Authorization for the Use and Disclosure of Protected Health Information Form**

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The following is for your information and action. A facsimile of the new or revised form is shown; the actual form may vary in size, color, type of paper or printing method. Please update your FRM log and Forms Manual.

- NEW FORM/BULLETIN
- REVISED FORM: Destroy old version after new stock is received.
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- REVISED FORM: Use old version until supply is exhausted.
- Revised FORMS CONTROL INDEX
- SUPERSEDED: Form/date _____, FRM _____
- OBSOLETE: Form/date _____, FRM _____

PURPOSE:

This form is used by individuals to request their protected health information from the Division. It meets the requirements of the Health Insurance Portability and Accountability Act, 45 C.F.R. §164.508(c).

INSTRUCTIONS:

This form is completed and signed by the subject of the information or their legally designated representative and provided to Division personnel and/or the HIPAA Privacy Officer for fulfillment of the request.

DISTRIBUTION:

HIPAA Privacy Officer
DHCFP Website

**AUTHORIZATION FOR THE USE AND DISCLOSURE
OF
PROTECTED HEALTH INFORMATION**

Recipient's Name: _____

Medicaid/Nevada Check Up ID #: _____

Effective Date: _____

I hereby authorize the use or disclosure of my protected health information as described below. I understand that the information I authorize a person or entity to receive may be redisclosed and no longer protected by federal privacy regulations.

1. ~~Specific information that may be used/disclosed:~~

2. ~~Information will be used/disclosed for the following purpose(s):~~

3. ~~Persons/organizations authorized to use or disclose the information:~~

4. ~~Persons/organizations authorized to receive the information:~~

5. ~~The person/organization authorized to use/disclose the information will receive compensation for doing so. Yes _____ No _____~~

6. ~~I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment, payment for or coverage of services, or ability to obtain treatment, except as provided under numbers 7 on this form.~~

~~7. If the purpose of this authorization is for the Division of Health Care Financing and Policy (DHCFP) to determine eligibility before enrollment, the requested use or disclosure is not for psychotherapy notes, and I refuse to sign this authorization, DHCFP reserves the right to deny enrollment or eligibility for benefits.~~

~~8. I understand that I may inspect or copy the information used or disclosed.~~

~~9. I understand that I may revoke this authorization at any time by notifying DHCFP in writing, except to the extent that:~~

~~a) Action has already been taken as a result of this authorization; or~~

~~b) If this authorization is obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.~~

~~10. I understand that I have a right to request and receive a Notice of Privacy Practices from DHCFP.~~

This authorization expires on [upon] _____
[INSERT APPLICABLE DATE OR EVENT]

Signature of Recipient or Personal Representative _____ Date

Printed Name of Recipient or Personal Representative _____ Relationship to Recipient or Authority to Act on Their Behalf

Authorization for the Use and Disclosure of Protected Health Information

Recipient's Name: _____

Medicaid/Nevada Check Up ID #: _____

I hereby authorize the use of disclosure of my protected health information by the State of Nevada, Department of Health and Human Services, Division of Healthcare Financing & Policy (DHCFP) as described below. I understand the following:

- The information I authorize a person or entity to receive may be redisclosed and no longer protected by federal privacy regulations.
- This authorization is voluntary and I may refuse to sign it. My refusal to sign will not affect my eligibility for benefits or enrollment, payment for or coverage of services, or the ability to obtain treatment, except if the purpose of this authorization is for the DHCFP to determine eligibility before enrollment; the DHCFP reserves the right to deny enrollment or eligibility for benefits.
- I may inspect or copy the information used or disclosed.
- I may revoke this authorization at any time by notifying the DHCFP in writing, except to the extent that action has already been taken as a result of this authorization.

Persons/organizations authorized to receive the information: _____

Specific information that may be used/disclosed: Billing records
 My entire file
 Other: _____
Date range: _____

Information with be used/disclosed for the following purpose(s): Legal reasons
 Further medical care
 At my request

The person/organization authorized to use/disclose the information will receive compensation for doing so: Yes
 No

This authorization expires on [upon] _____
[insert applicable date or event]

Signature of Recipient or Personal Representative

Date

Printed Name of Recipient or Personal Representative

Relationship to Recipient or Authority to Act on Their Behalf

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

November 12, 2015

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL
FROM: TAMMY MOFFITT, CHIEF OF PROGRAM INTEGRITY
SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 3400 - TELEHEALTH SERVICES

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 3400 are being proposed to align with the Nevada’s 78th Legislative Session. Policy is being updated to include services that are clinically appropriate and within a health care professionals scope of practice. This establishes parity between face-to-face and telehealth services. All health care services provided via telehealth follow policy as outlined in the appropriate MSM chapter.

These changes are effective December 1, 2015.

MATERIAL TRANSMITTED

CL 29378
CHAPTER 3400 - TELEHEALTH
SERVICES

MATERIAL SUPERSEDED

MTL 19/14
CHAPTER 3400 - TELEHEALTH
SERVICES

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
3403.1	Telehealth Policy	Adds a definition of “telehealth.” Specifies that telehealth services must be clinically appropriate, within the health care professional’s scope of practice and must follow policy as outlined in appropriate MSM chapter. Throughout MSM 3400 “physician or provider” has been updated to say “health care professional.”
3403.2	Telehealth Services at Originating Site	Adds definition of “originating site.” Removed list of originating sites in order to expand what qualifies as an originating site.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
3403.3	Telehealth Service Providers at Distant Site	Adds definition of “distant site.” Clarified that telehealth services must be clinically appropriate. Removed list of providers who can provide telehealth services at a distant site as policy is being expanded to all qualified providers for all appropriate services.
3403.4	Covered Telehealth Services	Adds language to clarify that telehealth services must be appropriate and follow the standard of care for the provider. Services follow policy outlined in their specific MSM chapter. The list of services was deleted as services via telehealth are expanded to all clinically appropriate services.
3403.5	Coverage and Limitations	Deleted language related to Diabetes Self Management Training as it is unnecessary and outdated. It remains an allowable service via telehealth and coverage is outlined in MSM 600, Physician Services.
3403.8	Prior Authorization	Statement added to clarify that prior authorization for services provided via telehealth follow the same guidelines as services provided in person.

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MEDICAID SERVICES MANUAL	Subject: POLICY

3403 POLICY

3403.1 TELEHEALTH POLICY

The Division of Health Care Financing and Policy (DHCFP) reimburses for telehealth services. The originating site must be located in rural, suburban or urban locations with no geographical restrictions within the state of Nevada. "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. Services provided via telehealth have parity with face-to-face health care services. Health care professionals must follow the appropriate Medicaid Services Manual (MSM) policy for the specific service they are providing.

The distant site is the site where the provider delivering services is located at the time the service is provided via a telecommunications system.

Photographs must be specific to the patient's condition and adequate for rendering or confirming a diagnosis or a treatment plan. Dermatologic photographs (e.g., photographs of a skin lesion) may be considered to meet the requirement of a single media format under this instruction.

Reimbursement for the DHCFP covered telehealth services must satisfy federal requirements of efficiency, economy and quality of care.

All participating providers must adhere to requirements of the Health Insurance Portability and Accountability Act (HIPAA). The DHCFP may not participate in any medium not deemed appropriate for protected health information by the DHCFP's HIPAA Security Officer.

3403.2 TELEHEALTH SERVICES AT ORIGINATING SITE

The originating site is the location where an eligible Medicaid/Nevada Check Up (NCU) recipient is at the time the service is being furnished (via a telecommunications system).

a. Telehealth services may substitute for an in-person encounter at ~~the following~~ originating sites: "Originating site" is defined as the location of the site where a patient is receiving telehealth services from a provider of health care located at a distant site. To be reimbursed a facility fee as an originating site, the originating site must be a qualified Medicaid provider that is appropriate for the scope of practice being provided via telehealth.

1. ~~Office of physician, Physician Assistant, Nurse Practitioner (NP) or nurse midwife;~~

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- ~~2. Critical Access Hospital (CAH);~~
- ~~3. Rural Health Clinic (RHC);~~
- ~~4. Federally Qualified Health Center (FQHC);~~
- ~~5. Hospital;~~
- ~~6. Hospital-based or CAH-based renal dialysis center (including satellites);~~
- ~~7. Skilled Nursing Facility (SNF);~~
- ~~8. Office of Clinical Psychologist (CP);~~
- ~~9. Office of Clinical Social Worker (CSW);~~
- ~~10. Community Mental Health Centers (CMHC); or~~
- ~~11. Indian Health Services/Tribal Organization/Urban Indian Organization (I/T/U) Indian Health Programs.~~

3403.3 TELEHEALTH SERVICE PROVIDERS AT DISTANT SITE

The reimbursement amount for the professional service provided (via a telecommunications system) by the physician or provider at the distant site is equal to the current physician fee schedule amount for the service. Reimbursement for telehealth services should be made at the same amount as when these services are furnished without the use of a telecommunications system. The service must be within a provider's scope of practice under state law, **must be clinically appropriate and follow standard of practice.** When the **health care physician or provider professional** at the distant site is licensed or otherwise authorized under state law to provide a covered telehealth service, then he or she may bill for and receive reimbursement for this service when delivered via a telecommunications system.

The "distant site" is defined as the location of the site where a telehealth provider of health care is providing telehealth services to a patient located at an originating site. The behavioral health provider at the distant site must be licensed to furnish the service under Nevada state law. The behavioral health provider at the distant site who is licensed or otherwise authorized under Nevada state law to furnish a covered telehealth service may bill and receive reimbursement for the service when it is delivered (via a telecommunications system).

~~The following medical/behavioral health providers may bill for a covered telehealth service at a distant site:~~

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- ~~a. Physician;~~
- ~~b. Advanced Practitioner of Nursing (APN);~~
- ~~c. Physician Assistant;~~
- ~~d. Nurse-midwife;~~
- ~~e. Licensed Clinical Psychologist (LCP);~~
- ~~f. Licensed Clinical Social Worker (LCSW); or~~
- ~~g. Clinical staff employed and determined by a state mental health agency to meet established class specification qualifications of a Mental Health Counselor, Clinical Social Worker or Psychological Assistant.~~

3403.4 COVERED TELEHEALTH SERVICES

~~The following telehealth services are considered covered by the DHCFP:~~ Telehealth services must be appropriate and provided within a manner that maintains the standard of care required of the provider of health care. All services provided via telehealth must follow policy outlined in the appropriate Medicaid Services Manual (MSM) Chapter.

- ~~a. Consultations;~~
- ~~b. Follow up inpatient telehealth consultations;~~
- ~~c. Office of other outpatient visits;~~
- ~~d. Subsequent hospital care services;~~
- ~~e. Subsequent nursing facility care services;~~
- ~~f. Individual psychotherapy;~~
- ~~g. Pharmacologic management;~~
- ~~h. Psychiatric diagnostic interview examination;~~
- ~~i. End Stage Renal Disease (ESRD) related services;~~
- ~~j. Neurobehavioral status exam;~~

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- ~~k. Individual health and behavior assessment and interventions;~~
- ~~l. Individual and group Diabetes Self Management Training (DSMT) services; or~~
- ~~m. Smoking cessation counseling for pregnant women only.~~

3403.5 COVERAGE AND LIMITATIONS

The following coverage and limitations pertain to telehealth services:

- a. The medical examination of the patient is under the control of the ~~physician or provider~~ **health care professional** at the distant site.
- b. While the distant physician or provider may request a telepresenter, a telepresenter is not required as a condition of reimbursement.
 - 1. Subsequent Hospital Care
 - a. Subsequent hospital care is limited to one telehealth visit every three calendar days.
 - b. The frequency limit of the benefit is not intended to apply to consulting physicians or providers, who should continue to report initial or follow-up inpatient telehealth consultations.
 - 2. Subsequent Nursing Facility Care
 - a. Subsequent nursing facility care is limited to one telehealth visit every 30 calendar days.
 - b. Subsequent nursing facility care services reported for a federally-mandated periodic visit under 42 Code of Federal Regulations (CFR) 483.40(c) may not be furnished through telehealth.
 - c. The frequency limit of the benefit is not intended to apply to consulting physicians or providers who should continue to report initial or follow-up inpatient telehealth consultations.
 - 3. Inpatient Telehealth Consultations
 - a. Inpatient telehealth consultations are furnished to beneficiaries in hospitals or SNF (via telehealth) at the request of the physician of record, the attending physician, or another provider.

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- b. The ~~physician or provider~~ health care professional who furnishes the initial inpatient consultation (via telehealth) cannot be the ~~physician or provider~~ health care professional of record or the attending ~~physician or provider~~ health care professional.
- c. Counseling and coordination of care with other ~~providers~~ health care professionals or agencies is included as well, consistent with the nature of the problem(s) and the patient's needs.

4. ~~Diabetes Self Management Training (DSMT) Individual and Group~~

- ~~a. DSMT must include at least one hour of the ten hour benefit in the year following the initial DSMT service and must be furnished in-person to allow for effective injection training.~~
- ~~b. Injection training may be furnished through either individual or group DSMT services.~~
- ~~c. By reporting DSMT services, the distant site provider certifies that the beneficiary has received or will receive one hour of in-person DSMT services for the purpose of injection training during the year following initial DSMT service.~~
- ~~d. Individual DSMT services may be furnished by a physician, individual, or entity that furnishes other services for which direct reimbursement may be made and that submits necessary documentation to and is accredited by, an accreditation organization approved by the Centers for Medicare and Medicaid Services (CMS).~~
- ~~e. Consistent with statutory requirements, individual DSMT services furnished as a telehealth service can only be furnished by a licensed Physician Assistant, NP, certified registered nurse midwife (CRNM), clinical psychologist, or CSW. Refer to Medicaid Services Manual (MSM) Chapter 600 for medical coverage requirements.~~

5.4. Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW) and clinical staff employed and determined by a state mental health agency to meet established class specification qualifications of a Mental Health Counselor, Clinical Social Worker or Psychological Assistant-

- a. LCPs, LCSWs and clinical staff employed and determined by a state mental health agency to meet established class specification qualifications of a Mental Health Counselor, Clinical Social Worker or Psychological

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Assistant may bill and receive reimbursement for individual psychotherapy (via a telecommunications system), but may not seek reimbursement for medical evaluation and management services. Refer to MSM Chapter 400 for medical coverage requirements.

6.5. End Stage Renal Disease (ESRD)

- a. ESRD visits must include at least one face-to-face visit to examine the vascular access site by a provider; however an interactive audio/video telecommunications system may be used for providing additional visits.
- b. Medical records must indicate that at least one of the visits was furnished face-to-face by a provider. Refer to MSM Chapter 600 for medical coverage requirements.

7.6. Smoking Cessation

- a. Smoking cessation counseling services are covered only for pregnant women. Refer to MSM Chapter 600 for medical coverage requirements.

3403.6 NON COVERED SERVICES

- A. Services delivered using telecommunications, but not requiring the recipient to be present during the consultant's evaluation.
- B. Interpretation and report of radiology and diagnostic testing.
- C. Asynchronous telecommunications in single media format, such as:
 - 1. telephone calls;
 - 2. images transmitted via facsimile machines (faxes); and
 - 3. text messages (electronic mail).

3403.7 RECIPIENT RESPONSIBILITY

To be eligible for telehealth services, recipients must present from a qualifying originating site as defined in Section 3403.2(a).

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3403.8 PRIOR AUTHORIZATION

Telehealth services follow the same prior authorization requirements as services provided in person. Utilization of telehealth services does not require prior authorization. However, individual services delivered (via telehealth) may require prior authorization. It is the provider's responsibility to refer to the individual medical coverage policies through the MSM for coverage requirements.

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