Medicaid Services Manual
Transmittal Letter

November 28, 2023

To: Custodians of Medicaid Services Manual

From: Casey Angres
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Chapter 3400 – Telehealth Services

Background And Explanation

Revisions to Medicaid Services Manual (MSM) Chapter 3400 – Telehealth Services are being proposed to align with the passing of Senate Bill (SB) 119 of the 82nd (2023) Legislative Session. SB 119 provides authority for the state to pay the nonfederal share of expenses for services in the same amount as in person or by other means for counseling or treatment relating to a mental health condition or a substance use disorder, including, without limitation, when such counseling or treatment is provided through audio-only interaction. Revisions made will remove any limitations for the service delivery of behavioral health services and incorporate the need for service delivery to be medically necessary and clinically appropriate based on the individual's treatment needs.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering behavioral health services. Those provider types (PT) include but are not limited to: Behavioral Health Outpatient Treatment (PT 14), Behavioral Health Rehabilitative Treatment (PT 82), Psychologist (PT 26), Substance Use Agency Model (PT 17, Specialty 215), Certified Community Behavioral Health Center (PT 17, Specialty 188), and Specialized Foster Care (PT 86).

Financial Impact on Local Government: unknown at this time.

These changes are effective November 29, 2023.

Material Transmitted	Material Superseded
MTL OL MSM 3400 – Telehealth Services	MTL 22/16 MSM 3400 – Telehealth Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
3403.5D	**Coverage and Limitations**	Remove limitations for specific behavioral health services to be delivered through audio-only and added medical necessity and clinical appropriateness.
3403.6D	**Non-Covered Services**	Remove limitations for Basic Skills Training and Psychosocial Rehabilitation service delivery.

encounter sites, the originating site may only bill the telehealth facility fee, and the distant encounter site may bill the encounter code.

3403.2 TELEHEALTH DISTANT SITE

The distant site is defined as the location where a provider of health care is providing telehealth services to a patient located at an originating site. The distant site provider must be an enrolled Medicaid provider.

3403.3 SYNCHRONOUS TELEHEALTH SERVICES

Synchronous telehealth interactions are defined as real-time interactions between a recipient located at an originating site and a health care provider located at a distant site. A provider has direct visualization of the patient.

3403.4 ASYNCHRONOUS TELEHEALTH SERVICES

Asynchronous telehealth services, also known as Store-and-Forward, are defined as the transmission of a patient's medical information from an originating site to the health care provider distant site without the presence of the recipient. The DHCFP reimburses for services delivered via asynchronous telehealth, however, these services are not eligible for originating site facility fees.

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 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.

C. End Stage Renal Disease (ESRD)

1. ESRD visits must include at least one in-person visit to examine the vascular access site by a provider; however, an interactive audio/video telecommunications system may be used for providing additional visits.

2. Medical records must indicate that at least one of the visits was furnished in-person by a provider. Refer to MSM Chapter 600, Physician Services, for medical coverage requirements.

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D. Audio only telehealth must be delivered based on medical necessity and clinical appropriateness for the recipient as documented within the recipient's medical record.~~for behavioral health delivery is limited to:~~

~~1. Targeted Case Management~~

~~2. Crisis Intervention Services~~

3403.6 NON-COVERED SERVICES

A. Images transmitted via facsimile machines (faxes);

B. Text messages;

C. Electronic mail (email); and

D. The following services must be provided in-person and are not considered appropriate services to be provided via telehealth:

~~1. Basic Skills Training and Psychosocial Rehabilitation services, whether authorized, provided, and billed as stand-alone services or as components of Intensive Outpatient Program, Partial Hospitalization, and Day Treatment must be provided in person;~~

~~2.~~1. Personal care services provided by a Personal Care Attendant (PCA) as identified in provider qualifications found in MSM Chapter 2600, Intermediary Service Organization and MSM Chapter 3500, Personal Care Services;

~~3.~~2. Home Health Services provided by a Registered Nurse (RN), Physical Therapist (PT), Occupational Therapist, Speech Therapist, Respiratory Therapist, Dietician or Home Health Aide as identified in provider qualifications found in MSM Chapter 1400, Home Health Agency (HHA); and

~~4.~~3. Private Duty Nursing services provided by an RN as identified in provider qualifications found in MSM Chapter 900, Private Duty Nursing.3403.7

3403.7 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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