

Medicaid Services Manual  
Transmittal Letter

November 28, 2023

To: Custodians of Medicaid Services Manual

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Casey Angres (Dec 12, 2023 16:08 PST)  
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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.

<b>Material Transmitted</b>
MTL 20/23 MSM 3400 – Telehealth Services

<b>Material Superseded</b>
MTL 22/16 MSM 3400 – Telehealth Services

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

DIVISION OF HEALTH CARE FINANCING AND POLICY

MEDICAID SERVICES MANUAL  
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3400 INTRODUCTION

Telehealth is the use of a telecommunications system to substitute for an in-person encounter for professional consultations, office visits, office psychiatry services and a limited number of other medical services.

All providers participating in the Medicaid and Nevada Check Up (NCU) programs must offer services in accordance with the rules and regulations of the Division of Health Care Financing and Policy (DHCFP).

Telehealth services are an optional benefit within DHCFP.

All Medicaid policies and requirements (such as prior authorization, etc.) are the same for NCU. For further clarification, please refer to the NCU Manual, Chapter 1000.

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3401 AUTHORITY

The State Legislature grants authority to the relevant professional licensure boards to set the standard of practice for licensed professionals in the Nevada Revised Statutes (NRS) for the following specialists:

- A. NRS – Chapter 449-Hospitals;
- B. NRS – Chapter 629-Healing Arts Generally;
- C. NRS – Chapter 630-Physicians and Physician Assistants;
- D. NRS – Chapter 632-Nursing;
- E. NRS – Chapter 633-Osteopathic Medicine; and
- F. NRS – Chapter 641-Psychologists, Social Workers.

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3402            RESERVED

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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 3403
MEDICAID SERVICES MANUAL	Subject: POLICY

3403 TELEHEALTH POLICY

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 telecommunication technologies, not including 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.

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

3403.1 TELEHEALTH ORIGINATING SITE

The originating site is defined as the location where a patient is receiving telehealth services from a provider of health care located at a distant site (via a HIPAA-compliant telecommunications system).

- A. In order to receive coverage for a telehealth facility fee, the originating site must be an enrolled Medicaid provider.
- B. A provider is not eligible for payment as both the originating and distant site for the same patient, same date of service.
- C. If a patient is receiving telehealth services at an originating site not enrolled in Medicaid, the originating site is not eligible for a facility fee from the DHCFP. Examples of this include, but are not limited to, cellular devices, home computers, kiosks and tablets.
- D. Facilities that are eligible for encounter reimbursement (e.g., Indian Health (IH) programs, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs)) may bill for an encounter in lieu of an originating site facility fee, if the distant site is for ancillary services (i.e. consult with specialist). If the originating site and distant site are two different

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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.**

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. 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;
  - 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
  - 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.

3403.8 HEARINGS

Please reference MSM Chapter 3100, Hearings, for Medicaid recipient hearing procedure.