

Managed Care Operations Memorandum
General Operations
MCOPS Memo # 03/2020-003

Date: March 17, 2020

Subject: Telemedicine Guidelines Related to COVID-19

To: All Physical Health (PH) HealthChoices Managed Care Organizations (MCOs) – Statewide

From: Laurie Rock, Director, Bureau of Managed Care Operations

Purpose:

The Office of Medical Assistance Programs (OMAP) is issuing this Operations Memorandum to offer clarification regarding the ability of providers to render telemedicine services to Physical HealthChoices members.

Background:

On March 6, 2020, Governor Wolf issued an emergency [disaster declaration](#) in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Because COVID-19 is a communicable disease, some members may prefer to receive health care services using telemedicine instead of in-person. Telemedicine is two-way, real time interactive communication between the patient and the doctor or other practitioner. There is no requirement for a physician or other healthcare professional to be physically present at the originating site, where the member is located.

On May 23, 2012, OMAP issued MA Bulletin 09-12-31 *et al*, *Consultations Performed Using Telemedicine*, which expressed the OMAP's preference for face-to-face consultations whenever possible but did provide instructions regarding the situations in which telemedicine services may be rendered to a fee-for-service beneficiary. The ability to provide telemedicine services, which were defined as two-way, real-time interactive communication, was limited to specific provider types and required that the originating site for a telemedicine consultation be an enrolled office location in the Medical Assistance program. No such limitations to the payment for telemedicine services were applied to the HealthChoices program.

Coverage of Telemedicine Services Related to COVID-19

Given Governor's emergency disaster declaration and the Centers for Disease Control and Prevention's (CDC's) [recommendations](#) related to quarantine and isolation, both self-imposed and mandatory, OMAP is announcing a preference for use of telemedicine as a delivery method for medically necessary healthcare services as

ordered, referred, or prescribed by a provider or practitioner, that can be delivered effectively through a passive means such as telemedicine when the patient is quarantined, self-quarantined, or self-isolated due to exposure or possible risk of exposure to the COVID-19 virus.

Telemedicine services may be provided by any means that allows for two-way, real-time interactive communication, such as through audio-video conferencing hosted by a secure mobile application. During this state of emergency, telephone only services may be utilized in situations where video technology is not available. Please note that services rendered for the purposes of diagnosing or treating COVID-19 should be coded using the appropriate [ICD-10 codes](#) identified by the CDC.

Effective immediately, OMAP's fee-for-service program will cover telemedicine services rendered under the following circumstances:

- The service is rendered by one of the following provider types:
 - 01: Inpatient Facility – **ONLY** for Specialty Code 183 (Hospital Based Medical Clinic)
 - 08: Clinic
 - 09: Certified Registered Nurse – **ONLY** for Specialty Code 093 (Nurse Practitioner (Primary Care))
 - 17: Therapist – **ONLY** for Specialty Codes 176 (Physical Therapy/Early Intervention), 177 (Occupational Therapy/Early Intervention), and 178 (Speech/Hearing Therapy/Early Intervention). Guidance issued by the Office of Child Development and Early Learning applies to these provider specialty types and may include requirements in addition to those included in this Ops Memo.
 - 31: Physician (Physician's Assistants may provide services under the usual direction of their supervising physician)
 - 33: Certified Nurse Midwife
- The service is rendered in conformance with the full description of the procedure code and to the extent that it would have been rendered if the visit had occurred in-person at an enrolled site.

The recipient does not need to be physically present at an enrolled office site. Services rendered for the purposes of diagnosing or treating COVID-19 should be coded using the appropriate [ICD-10 codes](#) identified by the CDC.

Next Steps:

MCOs should bring their telemedicine coverage into alignment with the coverage being offered in the fee-for-service program if the MCO's current coverage of telemedicine services does not already meet or exceed the coverage now being provided in fee-for-service. MCOs should work proactively with providers to arrange for payment for appropriate services rendered via telemedicine. MCOs should disseminate information to their members about existing coverage of telemedicine services and work to ensure that members are aware of the ways in which they may access these services.

Obsolete:

This MC OPS Memo will remain in effect for 90 days or while a valid disaster declaration by the Governor related to the COVID-19 virus remains in effect, whichever is earlier. OMAP may re-issue this Ops Memo as appropriate.