Federal COVID-19 Public Health Emergency (PHE) Update Frequently Asked

Behavioral Health Questions

Q: When do the Telehealth flexibilities related to the federal COVID-19 PHE expire?

A: Telehealth flexibilities not included in the Telehealth Services Supplement or the "Telehealth Updates to Outpatient Psychiatric and Addiction and Recovery Treatment (ARTS) Services" bulletin expired at midnight on May 11th, 2023. A chart on the status of COVID-19 flexibilities is available on the DMAS website at: www.dmas.virginia.gov/covid-19-response/

Q: Do providers have a 60 day grace period from May 11th, 2023?

A: No. Providers were notified through a Medicaid bulletin dated February 16, 2023 that the Federal PHE, and related provider flexibilities would end at midnight on May 11, 2023. A copy of this bulletin is located at the following link: https://www.dmas.virginia.gov/media/5595/public-health-emergency-ends-on-may-11-2023.pdf

Q: Where can I find the Telehealth Services Supplement?

A: The Telehealth Services Supplement is a supplement to the ARTS, Mental Health Services, Psychiatric Services and Physician/ Practitioner manuals. Medicaid Manuals are located at the following link: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library

Q: Is DMAS planning to allow some Behavioral Health services to continue being provided through audio-only telehealth?

A: Yes, please refer to CPT codes listed in the 4/20/2023 Medicaid Bulletin "Telehealth Updates to Outpatient Psychiatric and Addiction and Recovery Treatment (ARTS) Services located at the following link: https://vamedicaid.dmas.virginia.gov/bulletin/telehealth-updates-outpatient-psychiatric-and-addiction-recovery-and-treatment-services

There are additional codes already covered in Table 6 of the Telehealth Services Supplement.

Q: Where can I learn more about obtaining consent for Telehealth Services?

A: Providers should follow all the guidelines related to patient consent as described in the Telehealth Services Supplement. Providers with additional questions after reviewing the guidance in the Telehealth Services Supplement should email VATelemedicine@dmas.virginia.gov.

Q: I've reviewed the Telehealth Supplement but still have questions about originating site fees.

A: Questions related to billing originating site fees should be sent to VATelemedicine@dmas.virginia.gov.

Q: What telehealth modifier should I use when billing for audio-only telehealth?

A: For now, bill audio-only telehealth for those CPT codes listed in the 4/20/2023 bulletin as you normally would if the service was provided in-person. Further guidance on the required use of a

telehealth modifier for audio-only telehealth will be included in an update to the Telehealth Services Supplement.

Q: Is there a requirement that providers first see an individual either in-person or through telemedicine before providing an allowed service through audio-only telehealth?

A: There is currently no general DMAS policy that first requires a face-to-face visit prior to providing an audio-only telehealth service. Providers are advised to check with the CPT manual and any other state and federal policies for additional requirements when providing services via audio-only telehealth. Future policy surrounding audio-only telehealth will also be included in updates to the Telehealth Services Supplement.

Q: In special circumstances, can I continue providing services through audio-only telehealth even if the code I'm billing isn't listed as allowed through audio-only telehealth?

A: Services must be provided as described by the ARTS, Mental Health Services and Psychiatric Services Manuals including all Appendices and Supplements. Generally, most Behavioral Health services are required to be provided in-person or face-to-face through Telemedicine. Refer to service specific sections of the ARTS, Mental Health Services and Psychiatric Services Manuals for additional information on service components, such as care coordination, that may be allowed through audio-only technology. Some services such as Peer Recovery Support Services allow limited audio-only delivery of services.

Q: Can care coordination in ABA be provided audio-only and billed under 97155?

A: Care coordination in ABA is allowed to be provided through audio-only technology. At this time, there is no special billing consideration for 97155 when care coordination is provided through audio-only technology.

Q: When should we start using the GT modifier for Telemedicine?

Providers were notified in the 7/27/2021 DMAS Memorandum "Updates to Telehealth Policy" that they were required within 60 days from 7/27/2021 to comply with all requirements listed in the Telehealth Services Supplement section "Reimbursement and Billing for Telehealth Services". This section of the Telehealth Services Supplement includes the requirement to use the GT modifier on Telemedicine claims. A copy of the memo is located here: https://vamedicaid.dmas.virginia.gov/memo/updates-telehealth-policy

Q: Medicare requires the use of either the 02 or 10 place of service code instead of using the place of service where the service would have been provided if it was in-person. Can Medicaid be consistent?

A: DMAS is currently exploring this option and will notify providers as soon as possible of any changes to this policy.

Q: Can we keep providing telemedicine services to children at school or at their MD office?

A: During the PHE, allowed originating sites (the location where the member is located) was expanded to allow most settings where the member is located including school and office locations.

Q: Can a provider provide telemedicine out of their home?

A: DBHDS licensed providers must make sure they are following the requirements of their DBHDS license. Providers licensed by a health regulatory board at the Virginia Department of Health Professions must follow all guidance from the applicable health regulatory board. Providers should also refer to the applicable health regulatory board for guidance on providing telemedicine to an individual who is currently located in a state that is different from the state the provider is located in.

Q: What about waiver services, are there waiver services allowed through audio-only Telehealth?

A: Providers should direct questions related to waivers to ddwaiver@dmas.virginia.gov or cccplus@dmas.virginia.gov.

Q: How do we handle a Comprehensive Needs Assessment for two services if one of them is required in-person and the other is not?

A: If a provider plans to conduct one assessment for two services and one requires an in-person assessment, an in-person assessment is required for that service. If a provider has a valid comprehensive needs assessment that was conducted through telemedicine and later wants to use the assessment as a comprehensive needs assessment for another service that requires an in-person assessment, the assessment update completed to recommend the service must be conducted in-person.

Q: Can an assessment for Mental Health Skill Building, Intensive In-home and Therapeutic Day Treatment be conducted through Telemedicine?

A: No, after 5/11/2023, all of these services require that the assessment be conducted in-person.

Q: Can I conduct an assessment through telemedicine for a service that requires an in-person assessment if I just don't bill for it?

A: Services based on an invalid assessment are subject to retraction.

Q: Do I need to complete a new Comprehensive Needs Assessment if I conducted one through telemedicine during the PHE and the service now requires an in-person assessment?

A: No, assessments were allowed to be conducted through telemedicine during the PHE.

Q: If I provide services through telemedicine, can I get verbal consent for ISPs?

A: The requirements for signatures on ISPs for services provided through telemedicine is the same as if the service was provided in-person. Providers should refer to the applicable manual and DBHDS licensing regulations.

Q: What about the crisis services and Community Stabilization?

A: Most components of Mobile Crisis, 23-Hour Crisis Stabilization, Residential Crisis Stabilization Utilization (RCSU) and Community Stabilization are required to be provided in-person. Providers should refer to Appendix G of the Mental Health Services Manual which includes limited exceptions to this in-person requirement by service component within each service.

Q: Are there special medical necessity requirements for a service to be provided through Telemedicine?

A: No, the medical necessity for a service covered through telemedicine as allowed in the Telehealth Services Supplement is the same as the if the service was provided in-person.

Q: The CPT code I typically bill was not included in the list of CPT codes that DMAS plans to allow through audio-only telehealth. Can I bill one of those codes instead?

A: Providers are required to use the most appropriate CPT code for the actual service provided and are at risk of retraction if they use another code to get around face to face requirements.

Q: What about other Evaluation and Management codes not included in the list of allowed CPT codes through audio-only telehealth?

A: Providers can refer to Table 6 of the Telehealth Supplement for evaluation and management codes that are allowed through audio-only telehealth. Questions about evaluation and management codes can also be sent to VATelemedicine@dmas.virginia.gov

Table 6. Audio Only Services*

Service	Code
Telephone evaluation and management service provided by a physician; 5-10 minutes of medical discussion	99441
Telephone evaluation and management service provided by a physician; 11-20 minutes of medical discussion	99442
Telephone evaluation and management service provided by a physician; 21-30 minutes of medical discussion	99443
Telephone assessment and management service provided by a qualified nonphysician health care professional; 5-10 minutes of medical discussion	98966
Telephone assessment and management service provided by a qualified nonphysician health care professional; 11-20 minutes of medical discussion	98967
Telephone assessment and management service provided by a qualified nonphysician health care professional; 21-30 minutes of medical discussion	98968

* All fee-for-service claims for audio only codes should be billed directly to DMAS, including those delivered in the context of mental health and substance use disorder services. See Chapter V of the Physician/Practitioner Manual for detailed billing instructions.