



# Montana Medicaid's Commitment

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**This guidance shall remain effective for the duration of the state of emergency declared via Executive Order No. 2-2020.**

To mitigate the spread of COVID-19, Montana Medicaid is committed to enabling members to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity for the duration of this public health emergency. To that end, and for as long as this Governor's bulletin remains effective, Montana Medicaid will permit qualified providers to deliver clinically appropriate, medically necessary Montana Medicaid covered services to Montana Medicaid members via reimbursable telemedicine/telehealth services (including telephone and live video).

This notice was posted on March 19, 2020 and went into effect March 20, 2020. The link for the notice is below.

<https://dphhs.mt.gov/Portals/85/Documents/Coronavirus/AllProviderMemo-Telemedicine03192020.pdf>



# Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth

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# Pre-Covid-19 Telehealth Services

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All Montana Medicaid covered services delivered via telehealth are reimbursable so long as:

- Such services are medically necessary and clinically appropriate for delivery via telehealth,
- Comport with the guidelines set forth in the applicable Montana Medicaid provider manual, and;
- Are not a service specifically required to be face-to-face as defined in the applicable Montana Medicaid provider manual

# Telehealth Response to Covid-19

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Montana Medicaid expanded telehealth delivery methods in response to Covid-19 to allow:

- Phone-to-phone services

Montana Medicaid's continued telehealth policy guidelines:

- Services are medically necessary and clinically appropriate for delivery via telehealth,
- Comport with the guidelines set forth in the applicable Montana Medicaid provider manual, and
- Are not a service specifically required to be face-to-face as defined in the applicable Montana Medicaid provider manual.

Montana Medicaid has no geographic limitations for telehealth services.

# Additional Codes Available

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Montana Medicaid has added additional procedure codes for reimbursement.

- Telephone evaluation and management service provided by a **physician** to an **established patient, parent, or guardian** not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
  - 99441 – 5-10 minutes of medical discussion
  - 99442 – 11-20 minutes of medical discussion
  - 99443 – 21-30 minutes of medical discussion

***The codes for telehealth are the same as the codes for in-person visits because the services that you're providing should be identical, these additional codes are ADDITIONAL OPTIONS and are not required to be billed for phone-to-phone visits.***

# Additional Codes Cont.

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Telephone assessment and management service provided by a **qualified non-physician health care professional** to an **established patient, parent, or guardian** not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

- 98966 – 5-10 minutes of medical discussion
- 98967 – 11-20 minutes of medical discussion
- 98968 – 21-30 minutes of medical discussion

Teledentistry services will be reimbursed under billing codes D9995 and D9996 for the duration of the state of emergency.

# Distance Service Definitions

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**Distant site:** The site where the enrolled provider providing the service is located at the time the service is provided. While all applicable licensure and programmatic requirements apply to the delivery of the service, there are no additional geographic or clinic restrictions on distant sites for services delivered via telehealth.

**Distance provider:** The enrolled provider delivering a medically necessary and clinically appropriate service from the distant site.

**Enrolled provider:** A practitioner enrolled in the Montana Healthcare Programs.

# Distant Site/Provider Requirements

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## **Who can be a distant site/provider?**

- A provider enrolled in Montana Medicaid can be a distance site/provider.
- Telehealth must be appropriate to deliver/practice within the scope of a providers license.

## **What services can be done via telehealth?**

- The codes for telehealth are the same as the codes for in-person visits because the services that you're providing should be identical.
- Policy requirements are the same as prior to COVID-19.
- If the procedure code does not advise against telehealth and the service is listed as payable on a Montana Medicaid Fee Schedule, the service can be delivered.
- Telehealth is not allowed when face-to-face encounters are required by individual provider types or service requirements.

# IHS/Tribal/Urban Billing (Distant Site/Provider)

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The clinic would need to include the below information on their claims:

- Bill the appropriate outpatient revenue code.
- Bill the appropriate procedure code.
- Bill the appropriate diagnosis indicating the reason for the telehealth visit.
- **Bill the GT modifier.**

**IHS and Tribal 638's will be reimbursed the All-Inclusive rate for billing as a distant provider.**

**Urbans will be reimbursed their PPS rate for billing as a distant provider.**

# Example of Distant Site Billing (Video Conference)

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Jim Bob is at home and has developed a rash on his forearm. Initially the rash was red and itchy, but it has been 4 days and the rash is now swelling, peeling and blistering. Jim has developed a low grade fever and is concerned the rash may be infected. Jim is aware that during the Covid-19 pandemic he should call his provider office before going onsite. Jim phones Helena Indian Alliance (HIA) and is advised that a ZOOM video conference would be best, the receptionist sets up a time for later in the day and provides Jim with instructions on how to access ZOOM.

- **Jim is at home and his home cannot be an enrolled originating site**
  - No billing would occur for the originating site.
- **Helena Indian Alliance is the distant site**
  - Bills appropriate out-patient revenue code, procedure code and diagnosis.
  - Is reimbursed the PPS rate - (An IHS/Tribal 638 would be reimbursed the All-Inclusive rate)
  - **Bills the GT modifier to the appropriate service line to indicate the service is being delivered via telehealth/telemedicine.**

# Example of Distant Site Billing (Phone-to-Phone)

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Alina Jones has been experiencing serious heartburn, she knows that this isn't urgent, but would like to talk with her doctor to be safe and relieve her anxiety. Alina reaches out to IHS Crow/Northern Cheyenne Hospital, the receptionist schedules Alina for a telephone call with her provider later that day.

- **Alina's is at home and her home cannot be an enrolled originating site**
  - No billing would occur for the originating site.
- **Crow/Northern Cheyenne Hospital is the distant site**
  - Bills appropriate out-patient revenue code, procedure code and diagnosis.
  - Is reimbursed the All-Inclusive rate - (An Urban would be reimbursed the PPS rate)
  - **Bills the GT modifier to the appropriate service line to indicate the service is being delivered via telehealth/telemedicine.**

# Originating Site Definitions

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**Originating site:** The location of the member at the time the service is being provided. There are no geographic or clinic restrictions on originating sites. A member's home is a valid originating site; but cannot be reimbursable as an enrolled originating site provider.

**Enrolled originating site provider:** An enrolled provider operating a HIPPA compliant originating site with secure and appropriate equipment to ensure confidentiality, including camera(s), lighting, transmission and other needed electronics. Originating providers must assist the member using the technology, they do not have to participate in the delivery of the health care service.

**Enrolled provider:** A practitioner enrolled in the Montana Healthcare Programs.

# Member Located at Home

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**Montana Medicaid does not reimburse members for services.**

- **Does anyone bill for originating site services?**
  - No clinic or provider bills for originating site telehealth services when the member is located in their home.
- **If a member is at home are we still able to be reimbursed?**
  - Yes, for your distant site services.

# IHS/Tribal/Urban Billing (Enrolled originating site)

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If the member is located in the IHS/Tribal/Urban clinic and that clinic is an enrolled provider operating a HIPPA compliant originating site, that clinic is considered the enrolled originating site provider.

The clinic would need to include the below information on their claims:

- Revenue code 780,
- Procedure code Q3014, and
- Diagnosis provided by the distance provider.

**The originating site would be reimbursed at the Telehealth rate of \$26.65.**

# Example of Clinic-to-Clinic Billing

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Sally Sue goes into Clinic A (St. Ignatius Health Center). St. Ignatius who is an enrolled provider operating a HIPPA compliant originating site for Sally to receive telehealth services from a provider located at Clinic B (Polson Health Center). Below is an example of how each clinic would bill:

- **St. Ignatius Health Center is the originating site**
  - Bills revenue code 780 with procedure code Q3014
  - Bills appropriate diagnosis provided by the distant provider (physician at Polson Health Center)
  - **Is reimbursed \$26.65**
- **Polson Health Center is the distant site**
  - Bills appropriate out-patient revenue code and procedure code for service provided
  - Bills appropriate diagnosis provided to the originating site (St. Ignatius Health Center)
  - Is reimbursed the All-Inclusive rate (IHS/Tribal) or PPS rate (Urbans)
  - **Bills the GT modifier to the appropriate service line to indicate the service is being delivered via telehealth/telemedicine.**

# Contact Information

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# Questions

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