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MEMORANDUM (DMS-01)

To: Physicians

From: Division of Medical Services (DMS)

Date: March 18, 2020

Re: Telemedicine Requirements for Physicians during the COVID-19 Public Health Emergency

As you know, the Governor declared a public health emergency on March 12, 2020, due to the Coronavirus (COVID-19) outbreak in Arkansas. In response to this declaration and the need for social distancing, DMS issues the following guidance and policy related to physicians use of telemedicine.

Additional guidance will be released in the coming days.

Professional Relationship Requirements

Generally, a provider must have an established relationship with a patient before utilizing telemedicine to treat a patient. See Medicaid Provider Manual § 105.190. However, DMS has the authority to relax this requirement in case of an emergency. Pursuant to Executive Order 20-05 and as allowed under current Medicaid policy, **DMS is lifting the requirement to have an established professional relationship before utilizing telemedicine for physicians under the following conditions for the duration of the emergency declaration:**

- The physician providing telehealth services must have access to a patient's personal health record maintained by a physician.
- The telemedicine service may be provided by any technology deemed appropriate, including telephone, but it must be provided in real time (cannot be delayed communication).
- Physicians may use telemedicine to diagnose, treat, and, when clinically appropriate, prescribe a non-controlled drug to the patient.

To bill for these services, please use the appropriate billing procedure code with the "GT" modifier and Place of Service (POS) "02." **The modifier will be available for dates of service on and after March 18, 2020.**

Originating Site Requirements

Additionally, DMS is waiving the originating site requirement for evaluation and management (E&M) services provided to established patients by primary care providers. This will allow the physician to utilize telemedicine technology, including telephone, when appropriate, to diagnose, treatment and prescribe non-controlled substances to patients while the patient remains in their home. In order to use

telemedicine technology to provide services without an originating site, the following requirements must be met:

- The technology must be real-time (cannot be delayed communications).
- The physician must have access to the patient’s medical records.

This requirement is waived for sixty (60) days. The waiver can be extended as required to address the public health emergency.

To bill for these services, please use the appropriate billing codes with the “GT” and Place of Service “02” modifier. **The modifier will be available for dates of service on and after March 18, 2020.**

Virtual Patient Check-Ins

Additionally, to prevent unnecessary travel and office visits, **Medicaid is opening the virtual check-in CPT (code G2012) described below for sixty (60) days. The code can be extended as required to address the public health emergency.**

The code will be turned on April 1, 2020 and will be retroactive to date of service March 18, 2020.

To use the Code G2012 to provide virtual check-in services, please meet the following requirements:

- Can be any real-time audio (telephone), or “2-way audio interactions that are enhanced with video or other kinds of data transmission.”
- For established patients only.
- To be used for:
 - Any chronic patient who needs to be assessed as to whether an office visit is needed.
 - Patients being treated for opioid and other substance-use disorders.
- Nurse or other staff member cannot provide this service. It must be a clinician who can bill primary care services.
- If an E&M service is provided within the defined time frames, then the telehealth visit is bundled with that E&M service. It would be considered pre- or post-visit time and not separately billable.
- No geographic location restrictions for the patient.
- Communication must be HIPAA compliant.

G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E&M services, provided to an established patient, 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. Typically, 5-10 minutes of medical discussion	\$13.33
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To ensure quality and consistency of care to Medicaid beneficiaries, DMS will coordinate with the Office of the Medicaid Inspector General (OMIG) to conduct retrospective reviews and audits of telemedicine services during this time. Please keep all records of services as required by Medicaid physician billing and telemedicine rules.