



Summary of Emergency Telehealth Expansion about Coronavirus

- In response to Governor Baker's executive Emergency Order issued on March 15th, on Tuesday, March 16th the Division of Insurance released [Bulletin 2020-04](#), (*Emergency Measures to Address and Stop the Spread of Coronavirus*) directed at Commercial Insurers, Blue Cross Blue Shield and Health Maintenance Organizations which in some cases supplements and supersedes [Bulletin 2020-02](#) (*Addressing COVID-19 Testing and Treatment*).
- **This new Bulletin provides guidance to Carriers and the GIC regarding how to implement the March 15th emergency order regarding telehealth services which includes a broad definition of telehealth including telephone and live video and which requires reimbursement at the same rate as in person (unless otherwise contracted)**
- Due to the public health crisis, the bulletin expects Carriers, acting as administrators for employment sponsored non- insured health benefit plans, to encourage employers (plan sponsors) to take steps that are consistent with the provisions of Bulletin 2020-02 and 2020-04.
- Prior bulletin waived co-payment for Coronavirus treatment. This bulletin modifies this when delivered via telehealth by in network providers, Carriers are to forgo any prior authorization requirements and any cost sharing (deductible, coinsurance or copayments) for medical necessary Coronavirus treatment in accordance with DPH and CDC guidelines.
- All in network providers are permitted to deliver clinically appropriate, medically necessary covered health services via telehealth to covered members during the duration of the emergency order.
- This includes medical doctors, behavioral health and non-physician care which do not require in person treatment of a patient.
- Carriers may establish reasonable requirements for telehealth services, but they are not permitted to impose any specific requirements on technologies used to deliver telehealth services (including any limits on audio- only or live video technologies).
- **For the duration of the Emergency Order, Carriers will permit in network providers to deliver clinically appropriate medically**

necessary covered services via telehealth including telephone and live video.

- Providers must be willing to certify that they comply with applicable state and federal statutes and regulations governing medical and management and prescribing services when delivering these services via telehealth.
- If they are prescribing services via telehealth providers must 1) maintain policies for providing patients with timely accurate prescriptions by use of mail, phone, e-prescribing and or fax and 2) document prescriptions in the patient's medical records consistent with in person care.
- Each Carrier should instruct in network providers to follow standards as reflected in [MassHealth All-Provider Bulletin 289](#) in order to deliver medically necessary care via telehealth. This bulletin reiterates those standards. Click [here](#) to see bulletin.
- Carriers are directed not to impose any PA barriers to obtain medically necessary health services via telehealth that would not apply to receipt of those same services on an in-person basis. Carriers would continue to have the right to review the documentation of any claims whether for in person or via telehealth including after the duration of the emergency order to review the medical necessity of any services.
- **Reimbursement** -Carriers are to present clear explanations for claims submission including patient history, chief complaint, and exams for office and outpatient visits. Carriers may continue to evaluate for specific CPT code documentation and review that the documented reason for visit medically supports the extent of the exam, the discussion notes and the complexity of the visit and assessment. Carriers may require providers to present documentation of the substance of the provider- patient encounter for the encounter to qualify for reimbursement. Carriers may review to determine that the claim is not billed at a higher e/m service code when a lower level of service is warranted.
- **Unless there are contracts otherwise, Carrier must reimburse providers for services delivered via telehealth at least at the rate of reimbursement that the carrier would reimburse for the same services when provided in person method. Such reimbursement should not include any so-called facility fees for distant or originating sites.**
- **Carrier may require place of service or modifiers when providers submit claims**