

# PROVIDER UPDATE

An Update for Highmark Delaware Health Options Providers and Clinicians

## Coronavirus (COVID-19) Telehealth Services Payment Policies and FAQs

In response to the COVID-19 public health emergency, Highmark Health Options is expanding its telehealth policies effective immediately. We're closely monitoring updates from the Division of Medicaid and Medical Assistance (DMMA), the Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS) to adjust our policies as needed. HHO has posted a FAQ for telehealth services which can be found on the HHO website and NaviNet.

This policy applies to claims submitted to Highmark Health Options under the Delaware Medical Assistance product. The scope of this policy is subject to weekly reviews for expansion and/or modification throughout the COVID-19 designated emergency period. These policies outline Highmark Health Options reimbursement for telemedicine, telehealth, virtual-care, or eVisit services in specific response to the COVID-19 Pandemic. They are subject to change based on decisions made by the State of Delaware and Federal agencies such as the Center of Disease Control. Please check our website often for any changes.

To broaden access to telehealth services during the COVID-19 public health emergency, Highmark Health Options is temporarily waiving the CMS and state-based originating site restrictions for all members. Under the waiver, providers will be able to bill for telehealth services performed while a patient is at home, or in any setting of care. Telehealth services will be reimbursed based on national reimbursement determinations, policies and contracted rates as outlined in your participation agreement. This change is to help reduce potential exposure to COVID-19 and to make it easier for members to connect with providers during this time.

### **Reimbursement Guidelines:**

Coverage for telehealth & telemedicine are limited to the types of services already considered a covered benefit under Highmark Health Option plans and reimbursement for those services are based on that benefit determination. Coverages and reimbursements for telehealth services are limited to those services performed between a licensed clinician and a member/patient.

### **Limitations:**

- HHO will reimburse up to three different consulting providers for separately identifiable telemedicine services provided to a member per date of service and only one facility fee is permitted per date, per member.
- HHO will not reimburse the referring provider at the originating site on the same date of service unless the referring provider is billing for a separate identifiable covered service. Medical records must document that all of the components of the service being billed were provided to the recipient.
- HHO does not cover store and forward telehealth services or the transmission of those services.