

MEDICAID Rules for Telehealth Services During COVID-19



This document is available to members as an informational resource. KMA expresses no opinion as to the feasibility, applicability, or impact to your particular practice. The guidance outlined below applies to Medicaid and managed care organizations (MCOs) only.

The Kentucky telehealth law requires **Medicaid** and **managed care organizations (MCOs)** to cover medical services provided via telehealth to the same extent they cover medical services provided in-person. **Medicaid** recipients in all areas of the state and in all settings, including the recipient's home, may receive telehealth treatment. **This includes new and established patients.** In response to the COVID-19 emergency, **Medicaid** is relaxing its rules on telecommunications and is encouraging the use of telehealth for delivery of all appropriate types of health care services as outlined in [907 KAR 3:170](#).

Here's what you need to know

- Providers should use telehealth to the largest extent possible.
- Real-time conversations (telephonic services) will be treated as real-time, interactive telehealth where it is not appropriate or possible for video to be used.
- Providers must supplement audio-only telehealth treatment with additional technology or other data exchange (e.g., video, photo, etc.) as needed if the service would normally require visual information.
- The HHS Office for Civil Rights (OCR) allows physicians to use non-HIPAA compliant telehealth for the duration of the COVID-19 emergency, thus allowing the use of popular non-public facing applications that allow for video chats, such as including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. Public facing services like Facebook Live, Twitch, and TikTok are not allowed and should not be used for telehealth.
- Medicaid MCOs will be required to cover all services listed on the Department of Medicaid Services (DMS) updated fee schedule and follow DMS policy during the state and national emergency. Non-compliance can be reported to DMSIssues@ky.gov.
- G2012 and G2010 codes can be used for brief communications with established patients; however, the appropriate service code with the place of service modifier should be used instead of the G code in most circumstances.
- Services provided via telehealth should be billed with a Place of Service of 02 unless the patient and provider are in the **same** location and using synchronous videoconferencing for the encounter, for example, to preserve PPE. DMS will treat such encounters as an in-person visit, and there is no need to code as telehealth. Providers should document that the service was provided via synchronous videoconference.
- Providers may also want to include a note as to whether the services was a telehealth service or a telehealth-like service delivered by telephone or audio-only internet connection.
- Electronic signatures will be accepted for all purposes, and MCOs are required to comply.
- Administrative regulations, executive orders, and provider letters will be construed as broadly as possible to allow for the most telehealth possible.
- DMS has directed the suspension of all prior authorizations for medical/surgical claims, including behavioral health, as well as laboratory services from 2/4/2020 forward. This does not include pharmacy. Any claim can still have a post-payment review performed.
- NEW** • DMS has developed specific [Guidance on Well Child Visits During COVID-19](#) for fee for service and managed care populations.

Additional Medicaid Resources:

- [Kentucky Medicaid Guidance on Coronavirus](#)
- [Provider Telehealth FAQs](#)