





Telemedicine Services

NH Healthy Families has extended the Telemedicine Services and the prior authorization waiver until further notice by the health plan.

In order to ensure that all NH Healthy Families and Ambetter from NH Healthy Families members have needed access to care, we are increasing the scope and scale of our use of telehealth services for all products for the duration of the COVID-19 emergency. These coverage expansions will benefit not only members who have contracted or been exposed to the novel coronavirus, but also those members who need to seek care unrelated to COVID-19 and wish to avoid clinical settings and other public spaces.

NH Healthy Families will be following the NH Medicaid Telehealth Informational Bulletin COVID-19 Preparedness and Response guidance that was issued on April 2, 2020.

Effective immediately, we will be amending the Medicaid Telemedicine Payment Policy (NH.PP.14) in accordance with Emergency Order #8 Pursuant to Executive Order 2020-04:

- All medical and behavioral health providers will be allowed to perform Telemedicine services through video and audio, audio only, or other electronic media as outlined
- There will be no restrictions on the originating site, where the member resides during the Telemedicine interaction
- Telemedicine services will be reimbursed at the same rates as when the services are conducted via traditional methods
- Continuation of zero member liability (copays, cost sharing, etc.) for care delivered via telehealth*
- Any services that can be delivered virtually will be eligible for telehealth coverage
- All prior authorization requirements for telehealth services will be lifted for dates of service from March 17, 2020 until further notice by the health plan
- Telehealth services may be delivered by providers with any connection technology to ensure patient access to care**

^{*}Please note: For Health Savings Account (HSA)-Qualified plans, IRS guidance is pending as to deductible application requirements for telehealth/telemedicine related services.

^{**}Providers should follow state and federal guidelines regarding performance of telehealth services including permitted modalities.

Providers who have delivered care via telehealth should reflect it on their claim form by following standard telehealth billing protocols in their state.

The current policy located in the link below dictates how to bill for telemedicine services.

https://www.nhhealthyfamilies.com/content/dam/centene/NH%20Healthy%20Families/Medicaid/pdfs/Telemedicine-Payment-Policy-NH-PP-14-20200210.pdf

In order to report Telemedicine services, claims should be billed as follows:

- Utilize Place of Service (POS) code as follows:
 - o "02" Telehealth
- Utilize modifiers, if applicable, as follows:
 - o "GT" Via interactive audio and video telecommunication systems
 - "G0" Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
- For UB-04 billing, please ensure the "GT" modifier is appended to the CPT/HCPCS code billed on the claim to indicate telemedicine

Please contact Provider Services at 1-866-769-3085 with any questions.

Sincerely,

NH Healthy Families
Ambetter from NH Healthy Families