

**INFORMATIONAL LETTER NO. 2119-MC-FFS-CVD**

**DATE:** March 19, 2020

**TO:** All Iowa Medicaid Providers

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS) Coronavirus Disease (CVD)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Update to Billing Services related to Coronavirus and COVID-19

**EFFECTIVE:** March 13, 2020

The purpose of this Informational Letter is to provide additional guidance on billing for covered services on an interim period for the Coronavirus and COVID-19. (After the interim period ends Medicaid will return to normal billing guidelines.)

**Telehealth**

The IME seeks authority to allow telehealth services to be provided, regardless of the recipient's location, for all Medicaid-covered benefits including mental and behavioral health benefits, if provision of the service via telehealth is clinically feasible and appropriate. As part of this announcement, members will now be able to access their service providers using a wider range of communication tools including telephones that have audio and video capabilities, making it easier for members and providers to connect.

To facilitate clinically appropriate care within the Medicaid program during this public health emergency, services that by definition are direct contact services and are typically rendered in person may now be rendered via telehealth when clinically appropriate. Providers must practice within the scope of their practice and are reminded that services must be documented in accordance with the standards located in [441 IAC 79.3\(3\)](#)

The IME and MCO will work on making system changes with an effective date of March 13, 2020. During this public health emergency, we ask providers to be patient as these updates are being made to allow telehealth billing. Please review the following guidance on distant site billing for telehealth services; additional information is available in [IL 2103 MC-FFS](#).

### **Distant Sites**

A distant site is the location of the provider at the time the service is furnished via a telecommunications system. Distant site practitioners submit claims for telehealth services using the appropriate Current Procedural Terminology (CPT) or HCPCS code.

### **Originating Sites**

An originating site is the location of a Medicaid member at the time the service is provided via a telecommunications system.

### **Place of Service (POS) Code**

The provider would bill the applicable HCPCS/CPT codes with POS code 02 (telehealth).

### **Modifier 95**

Iowa Medicaid will recognize Modifier 95 – Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System, as informational only.

Please note that originating and distant sites billing is only applicable to clinical services currently delivered via telemedicine. Originating and distant site billing is NOT applicable for services that are simply moving to using telephonic contact in place of face-to-face contact. These services will bill following current billing practices, documenting those services in alignment with the service definition.

### **Premiums Suspended**

The IME has suspended all premiums/share of cost obligation for IA Medicaid programs until further notice. IME and the Managed Care Organizations (MCOs) will be updating systems to no longer deduct copayments from claims. During this time, providers should not be collecting any payments from members. Members will be mailed a notice about the suspension of premiums.

### **Pharmacy Billing**

A member has the option to obtain additional medication through one of the two options:

#### 1. Override for Early Refill

For prescription refills, IME and MCOs have the following instructions in order to process necessary prescription overrides for Early Refill/Refill too soon during the COVID-19 outbreak:

- Submission Clarification Code - Field: 420-DK.
- Pharmacist override allowed by entering a Submission Clarification Code of "13".

Pharmacists should use their professional judgment and consult with the prescriber as necessary. The SCC of 13 only applies when the refill has a different date of service from the prior claim.

## 2. Change to Days' Supply

The program will temporarily allow up to a 90 days' supply for all medications, based on the clinical prescriber's judgement. A helpdesk call may be required to override the denied claim until all system changes are complete.

Please contact the appropriate Point of Sale (POS) claims processor helpdesk with any questions.

If you have questions, please contact the appropriate MCO or the IME Provider Services Unit at 1-800-338-7909 or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)