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MEMORANDUM (DMS-05)

To: Nurse Practitioners

From: Division of Medical Services (DMS)

Date: March 31, 2020

Re: Telemedicine Requirements for Nurse Practitioners during the COVID-19 Public Health Emergency

Amended on May 19, 2020

This guidance ends at the expiration of the public health emergency as declared by the Governor of Arkansas.

In response to the COVID-19 outbreak in Arkansas and consistent with CMS's coverage and payment for COVID-19 diagnostic testing, DMS issues the following guidance and policy related to Nurse Practitioners (NP) use of telemedicine.

Professional Relationship Requirements

Generally, a provider must have an established relationship with a patient before utilizing telemedicine to treat a patient. See Medicaid Provider Manual § 105.190. However, DMS has the authority to relax this requirement in case of an emergency. Therefore, **DMS is lifting the requirement to have an established professional relationship before utilizing telemedicine for nurse practitioners (NP) under the following conditions for the duration of the emergency declaration:**

- The NP providing telehealth services must have access to a patient's personal health record maintained by a physician.
- The telemedicine service may be provided by any technology deemed appropriate, including telephone, but it must be provided in real time (cannot be delayed communication).
- Nurse Practitioners may use telemedicine to diagnose, treat, and, when clinically appropriate, prescribe a non-controlled drug to the patient as allowed under their scope of practice.

To bill for these services, please use the appropriate billing procedure code with the "GT" modifier and Place of Service (POS) "02."

This requirement is suspended effective March 31, 2020 for dates of service from March 12, 2020. In accordance with Executive Order 20-06, it is effective for thirty (30) days from March 17, 2020 and may be extended an additional thirty days.

Originating Site Requirements

Additionally, DMS is waiving the originating site requirement for evaluation and management (E&M) services provided to established patients by NPs. This will allow the NP to utilize telemedicine technology, including telephone, when appropriate, to diagnose, treatment and prescribe to patients as allowed by their scope of practice, and while the patient remains in their home. In order to use

telemedicine technology to provide services without an originating site, the following requirements must be met:

- The technology must be real-time (cannot be delayed communications).
- The NP must have access to the patient’s medical records.

This requirement is suspended for thirty (30) days from March 17, 2020. The suspension can be extended for additional thirty-day periods as required to address the public health emergency.

To bill for these services, please use the appropriate billing codes with the “GT” and Place of Service “02” modifier.

Virtual Patient Check-Ins

Additionally, to prevent unnecessary travel and office visits, **Medicaid is opening the virtual check-in CPT (code G2012) described below for thirty (30) days from March 17, 2020 pursuant to Executive Order 20-06. The suspension can be extended for additional thirty-day periods, as required to address the public health emergency.**

The code will be turned on April 1, 2020 and will be retroactive to date of service March 12, 2020.

To use the Code G2012 to provide virtual check-in services, please meet the following requirements:

- Can be any real-time audio (telephone), or “2-way audio interactions that are enhanced with video or other kinds of data transmission.”
- For established patients only.
- To be used for:
 - Any chronic patient who needs to be assessed as to whether an office visit is needed.
 - Patients being treated for opioid and other substance-use disorders.
- Nurse or other staff member cannot provide this service. It must be a clinician who can bill evaluation and management (E&M) services.
- If an E&M service is provided within the defined time frames, then the telehealth visit is bundled with that E&M service. It would be considered pre- or post-visit time and not separately billable.
- No geographic location restrictions for the patient.
- Communication must be HIPAA compliant.

G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E&M services, provided to an established patient, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment. Typically, 5-10 minutes of medical discussion	\$13.33
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To ensure quality and consistency of care to Medicaid beneficiaries, DMS will coordinate with the Office of the Medicaid Inspector General (OMIG) to conduct retrospective reviews and audits of telemedicine services during this time. Please keep all records of services as required by Medicaid physician billing and telemedicine rules.