

Utah Department of Health COVID-19 Telehealth Resource Center

This site is intended to serve as a resource for healthcare providers during the COVID-19 response. Please send any questions or suggestions for this center to HAI@utah.gov and indicate 'Telehealth Resource Center' in the subject line.

The Utah Telehealth Network

The Utah Telehealth Network (UTN) links patients to health care providers across our state, country and the world by using leading edge telecommunications technology. Telehealth provides rural patients and providers with access to services that are usually available only in more populated urban areas. The Utah Telehealth Network uses interactive video to deliver patient care, provide continuing education to health professionals, and to facilitate administrative meetings.

The **Utah Telehealth Network (UTN)** launched a [COVID-19 and Telehealth Resources](#) website to provide the resources, links, and tools we have regarding COVID-19 in one convenient place. The new website offers a Telehealth Quick Start Guide from the NRTRC, a list of Telehealth Technology and Tools, and a full page of Telehealth Partners and Resources regarding COVID-19 and telehealth. Check out the new site and let us know how we can be of assistance during this time. You can email UTN at info@utn.org or call (801) 585-2426 for support.

<https://utn.org/covid/>

Northwest Regional Telehealth Resource Center

The Northwest Regional Telehealth Resource Center provides technical assistance in developing Telehealth networks and applications to serve rural and underserved communities. We leverage the collective expertise of 41 Telehealth networks in Alaska, Idaho, Montana, Oregon, Utah, Washington, and Wyoming to share information and resources and develop new Telehealth programs.

The NRTRC provides technical assistance for new programs and applications, increases exposure to Telehealth as a healthcare delivery tool, improves access to specialty care through regional collaboration, develops information on best practices and Telehealth toolkits, and provides information and facilitates discussion of regional regulatory, policy, and reimbursement issues.

The NRTRC has posted some new resources at nrtrc.org. We have repurposed the Telehealth News page to focus on COVI-19 and Telehealth. There you can find:

- [NRTRC COVID-19 and Telehealth Resources](#) a comprehensive, easy to use guide incorporating the most pertinent resources into one document.
- [NRTRC Quick Start Guide to Telehealth](#) written for use during the current public health emergency.
- Plus two symptom trackers

Also note that the NRTRC is hosting the [NRTRC TAO Virtual Conference](#) April 15-17. Join live to participate in sessions on Telehealth 101, Policy Updates, Telehealth Technology Showcase, and examples of creative telehealth implementations.

Information for Formerly Licensed Healthcare Professionals, Volunteer Healthcare Professionals, and Healthcare Professionals licensed in other Jurisdictions

The Utah Division of Occupational and Professional Licensing (DOPL) has created a resource site for the COVID-19 response at <https://dopl.utah.gov/covid19.html>. ***This site summarizes exemptions during the declared emergency, and gives information and application forms for licensed and formerly licensed healthcare professionals (including mental health professionals):***

§ If a healthcare professional's former Utah license to practice expired or lapsed while in good standing, the professional may obtain expedited licensure by submitting a regular application for renewal or reinstatement.

§ A healthcare professional licensed in another U.S. state or territory without restrictions or conditions may practice in Utah by obtaining a DOPL **Time-limited Emergency License**. Time-limited Emergency Licenses expire upon the earlier of 180 days, 30 days from the end of the declared emergency, or upon 10 days' notice from DOPL. *All DOPL fees are waived for these applicants.*

§ A nurse in the Enhanced Nurse Licensure Compact (eNLC) may work in Utah without the need to obtain a license, per the eNLC rules.

§ For Opioid Treatment Programs (OTPs): An LPN licensed in good standing may also dispense as a "practitioner" per Utah Code Section 58-17b-309.7 and Utah Admin. Code R156-17b-309.7.

§ An individual serving in the U.S. armed forces, the U.S. Public Health Service, the U.S. Department of Veterans Affairs, or other federal agency may practice in Utah

as a part of employment with that federal agency if the individual holds a valid license to practice issued by any other state or jurisdiction recognized by the division. *No DOPL application or registration is required.*

§ A military spouse who has been relocated to Utah by military orders and has an active license in good standing from another state, may practice in Utah within the scope of their license. *No DOPL application or registration is required.*

§ Healthcare professionals who were formerly licensed in good standing in Utah or in another U.S. state or territory may apply for a volunteer health care practitioner license to work exclusively as a volunteer at a qualified location (clinic, hospital, church, etc.). This practitioner would work under a delegation of service agreement with an actively licensed supervising professional. *All DOPL fees are waived for these applicants.*

§ As of March 17, 2020, DOPL has not issued any order modifying or restricting the health services that may be provided by health practitioners registered under the Department of Health's Uniform Emergency Volunteer Health Practitioners Act. Under that Act, a health practitioner registered with a compliant registration system may practice in Utah to the extent authorized by the Act as if the practitioner were licensed in Utah. For more information, visit the Department of Health.

If you are licensed and would like to volunteer your services for telehealth please contact the Utah Department of Health at the email address listed in this resource center and indicate 'Telehealth Volunteer Licensed Healthcare Professional' in the subject line.

For more information from DOPL visit <https://dopl.utah.gov/covid19.html>.

Telehealth Technology and Tools

The Utah Telehealth Network offers two services, both of which are free right now.

1 – UTN Connect - The UTN Connect telehealth platform can be used to conduct live videoconferencing with patients and other healthcare providers. The product supports Windows, Mac, iPhone, iPad and Android devices. We recommend the device be updated and that you utilize the native (default) browser for each device in order to have the best experience possible. As an alternate browser, we recommend using the latest version of Firefox. Please contact us at info@utn.org for information on how to get started quickly or if you have any technical support needs or questions.

2 – Webex - For non-healthcare related videoconferencing needs, UTN can issue free Webex accounts for the next 180 days. This is a great solution for remote workers who do not need a dedicated space for interacting with patients. Contact UTN at info@utn.org to create your free account and get started. The Utah Education and Telehealth Network (UETN) is also offering free Webex training for those who need it.

Additional Platforms

[Intermountain Health Connect Care](#)

[University of Utah Telehealth](#)

[ZOOM](#)

[Lifesize](#)

[HNC Virtual Solutions](#)

[Visuwell](#)

[Doxy.me](#)

[Mend](#)

[VSee](#)

[American Well \(Vidyo\)](#)

[Thera-Link](#)

[InTouch](#)

[AdvancedMD](#)

[AZOVA](#)

Utah Medical Association and AZOVA

Dear Utah Physicians,

To prepare and protect our Utah physicians and their patients and staff members from COVID-19, it is important that each of our members have access to telemedicine technology for their patients. We know some of you already have access to telemedicine technology but many of you may not have access to a system to help you remotely see your own patients.

The Utah Medical Association (UMA) has received a generous grant from AZOVA to make a telemedicine marketplace available to Utah physicians Free of Charge. AZOVA has created a telehealth marketplace for Utah Physicians to connect with their patients online.

The normal charge to sign up to participate in the Utah Marketplace to provide telemedicine services to your patients has been waived via the AZOVA grant. However, AZOVA does keep a small technology fee (\$10-\$18 per encounter, or a \$50 monthly subscription per provider) to support the platform.

You can sign up for the marketplace, set up your own telehealth clinic, and begin seeing your patients via telehealth in about 20 minutes.

To sign up, you will need your state license(s) information. You can enter as many states in which you are licensed to make yourself available to patients in other states as well. You will also need your NPI #, DEA # (if you have one) as well as a photo of your malpractice certificate.

When you sign up, you will be listed in the Utah Marketplace as well as the general AZOVA marketplace. You can set your own prices for eVisits and can also accept insurance if desired and if they allow you to participate. Some insurers may pay for the telemedicine services and some may not, but since you set the prices for the service, it may not matter.

Here is a [link to the Utah Marketplace](#) - this is what patients will see when searching for a provider. You can [sign up for the marketplace here](#). (Choose Telemedicine Plus+, then contact Azova, if you want the subscription option with no “per encounter” fees.)

In addition, you will get a link for your own website for patients to access your own telemedicine clinic. You can learn about this on your AZOVA dashboard in the training center.

When you sign up for the marketplace, you will also be included in the peer-to-peer eConsult marketplace to enable providers to consult with each other. You will also receive reimbursement for participation in the peer-to-peer eConsult program. If you have any questions, please email info@azova.com.

We will make this marketplace available online for patients to access through the Utah Medical Association website. AZOVA will list our state provider marketplace from their website as well. In addition, you can make the link available to your own patients.

Yours sincerely,
Michelle McOمبر, MBA, CAE
CEO, Utah Medical Association

Technical Billing/Reimbursement Guidance from Payers

Utah Medicaid

In response to the COVID-19 emergency, and the potential for Medicaid members to experience decreased access to needed services, Utah Medicaid is clarifying our policy regarding the delivery of covered services via telehealth. While some components of

the guidance reflect Medicaid's ongoing policy, other parts pertain to the emergency time period. Utah Medicaid is currently defining this period to extend to April 30, 2020, but will re-evaluate as circumstances require.

What types of services can be delivered through telehealth?

Any covered Medicaid State Plan service that is clinically appropriate, that does not require hands-on care, examination, testing or interaction with the Medicaid member, and can be reasonably accommodated, may be provided through telehealth.

Can telehealth be utilized statewide?

Yes, telehealth can be used to deliver services statewide.

Must a reimbursable telehealth service include video/teleconferencing?

No, while use of video/teleconferencing is typically required, a telephone call between the provider and the member, when clinically appropriate, is permitted at this time.

How does a provider bill for telehealth services?

For fee-for-service claims submitted directly to Medicaid, the provider must bill using "place of service - 02" when submitting the claim. For Medicaid Managed Care Plans, please contact the plan the member is enrolled in for additional information.

Are Medicaid Managed Care Plans required to follow Medicaid's policy?

Yes, by contract, managed care plans that contract with Utah Medicaid are required to follow Medicaid's benefit and coverage policies.

What documentation must be kept for telehealth services?

At a minimum, the provider should follow current policies regarding documentation of delivered services.

Is the rate paid to the provider for services delivered via telehealth different than services delivered in person?

No, the rate is the same whether services are delivered in person or through telehealth.

Are either the provider or Medicaid member required to have special equipment or computer applications to participate in telehealth?

It depends. Our previous general definition of telehealth typically involved videoconferencing equipment in a clinician's office and another remote site that was usually another clinic or medical office. Based on rapidly evolving guidance from Centers for Medicare and Medicaid Services (CMS) and the federal Department of Health and Human Services (HHS), at this time, we are including a broader concept of telehealth services to include a Medicaid member's home or other community settings.

Depending on the type of service provided, more traditional telehealth equipment may still be utilized, but for other services, use of more routine telephonic/video chat software may be utilized.

Do telehealth services need to be provided using a HIPAA compliant format?

CMS provided some guidance on this topic on March 17, 2020

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

This guidance states in part:

“A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. Office of Civil Right (OCR) is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency.”

Although allowed under the emergency guidance from the Health and Human Services at the federal level, Utah Medicaid policy requires providers to use HIPAA compliant means of communicating (i.e., Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet) to the greatest extent possible.

Will Medicaid be making any permanent changes to its telehealth policy?

Yes, there are several changes that we will be making soon. These include, use of telephone only telehealth for certain services, reimbursement for originating site and use of asynchronous telehealth (store and forward) for certain services

Where can I send additional comments or questions?

Additional questions or comments can be sent to:
medicaidmemberfeedback@utah.gov

Medicare

The Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

More specific details including specific HCPCS codes can be found on their website [Medicare Telemedicine Health Care Provider Fact Sheet](#).

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

AETNA

For the next 90 days, until June 4, 2020, Aetna will waive member cost sharing for a covered telemedicine visit regardless of diagnosis. Aetna members are encouraged to use telemedicine to limit potential exposure in physician offices. Cost sharing will be waived for all virtual visits through the Aetna-covered Teladoc® offerings and in-network providers. Self-insured plan sponsors will be able to opt-out of this program at their discretion.

For the 90-day period, Aetna has added specific HCPCS codes. All telemedicine services not noted will be covered according to Aetna's current policy. All other telemedicine coverage is stated in the Aetna Telemedicine policy which is available to providers on the NaviNet and Availity portals.

Details regarding specific billing instructions related to COVID-19, can be found in the provider section of our website :

<https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html>

Cigna

As the COVID-19 pandemic continues to spread throughout the United States, we appreciate that providers across the country are on the front line to offer dedicated care to our customers and help protect local communities.

We also know it's more important than ever for Cigna to be committed to our customers' health and to remove the barriers you face in delivering safe, efficient, and quality care.

To honor this commitment, Cigna recently announced that we will:

- Waive customer cost-sharing for office visits related to COVID-19 screening and testing through May 31, 2020
- Waive customer cost-sharing for telehealth screenings for COVID-19 through May 31, 2020
- Make it easier for customers to be treated virtually for routine medical examinations by in-network physicians
- Provide free home delivery of up to 90-day supplies for Rx maintenance medications available through the Express Scripts Pharmacy and 24/7 access to pharmacists

To further this commitment, we are providing this COVID-19 Billing and Reimbursement Guidance to help ensure you can keep delivering the care you need to – in the office, at a facility, or virtually – all while getting properly reimbursed for the services you provide our customers. To allow accurate and timely reimbursement for COVID-19 related services, Cigna is requesting that health care providers submit claims using specific codes that our claim systems will recognize. If these recommended codes are used it will facilitate proper payment and help avoid errors and reimbursement delays. Please note that this billing guidance document will continually be updated. Please check this document daily for updates, clarifications, and additional frequently asked questions.

Details for interim billing guidelines for Coronavirus (COVID-19) can be found at <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>. Or providers can visit our provider portal at <https://cignaforhcp.cigna.com>.

PEHP

PEHP accepts the GT & 95 modifiers on claims or the 02 place of service code for telehealth services.

Additional information can be found on the home page of our provider portal <https://www.pehp.org/providers>

Regence BlueCross BlueShield

For Regence members: We are temporarily expanding medical and behavioral health telehealth services to our Individual, group (including administrative services only groups who have the telehealth benefit), and Medicare members. This expansion will remain in effect through Utah's emergency declaration.

- We are expanding the services that can be offered by in-network providers via telehealth.
- The visits are considered the same as in-person visits and are paid consistently with in-person visits.
- The member's coinsurance and deductible will apply to these services.
- We are following the U.S. Department of Health and Human Services' (HHS') lead on discretion with respect to [HIPAA compliant platform requirements](#).
- The services must:
 - Be safely and effectively delivered via telehealth
 - Meet the code definition that is billed when provided via telehealth
 - Meet existing coverage criteria, including pre-authorization requirements and medical necessity
- Under this expansion for claims to process correctly, claims must be submitted with POS 11 or IOP and the GT modifier. (Note: To receive reimbursement consistent with an in-office visit, the POS must be either 11 or IOP. The GT modifier will indicate that the services were rendered via telehealth.)
- Claims can be submitted on or after Tuesday, March 24, 2020, for dates of service beginning on March 19, 2020.

Note: We will continue to cover the medical and behavioral health codes, as outlined in our [Virtual Care \(Administrative #132\) reimbursement policy](#). Claims submitted following the guidelines in this policy will be paid as they have been.

Telehealth vendors

In addition to in-network local providers, most members have access to one of two national telehealth vendors that can help assess a member's condition and determine the necessary next steps of care:

- [Doctor on Demand](#) provides medical and behavioral health video visits. It is available to Individual, small group, and mid-size group members. It is also offered as a buy up for large and ASO group members.
- [MDLIVE](#) provides medical and behavioral health care via video or phone visits for Medicare Advantage members and as a buy up for fully insured large group and administrative services only (ASO) group members.
- When members login to their account, they can view their telehealth benefits and access their telehealth vendor.

Nurse Line

Most members also have access to a 24/7 nurse advice line that they can call for answers to questions about common health concerns. More information can be found on the back of the member's card.

Secure messaging

[Ask a Doctor](#) provides routine medical care virtually by secure messaging (that can convert to video) with a board-certified, U.S.-based provider and is an option for members with mild or no symptoms. It is available to Individual, small, mid-size and large group members.

BCBS Federal Employee Program (FEP) members:

BCBS FEP can receive telehealth services through [Teledoc](#). View the [telehealth benefit information](#) for Blue Cross and Blue Shield Federal Employee Program® (BCBS FEP®) members.