

## PHW TELEHEALTH GUIDANCE

In order to ensure that all PHW participants 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.

Effective immediately, the policies we are implementing include:

- 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 through July 20, 2021
- 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.

**For Marketplace/Medicare Dual-Eligible:** Under the expansion of the federal 1135 waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence, starting March 6, 2020.

For more information on Medicare-specific telehealth guidance, click [here](#).

We believe that these measures will help our members maintain access to quality, affordable healthcare while maintaining the CDC's recommended distance from public spaces and groups of people.

### **Community HealthChoices (CHC) – Medicaid-Only**

Because COVID-19 is a communicable disease, some members may prefer to receive health care services using telemedicine instead of in-person. The Pennsylvania Department of Human Services has published official [Pennsylvania-specific telemedicine guidance](#) for providers, which can be found on the [DHS Coronavirus-Related Provider Page](#).

Guidelines for CHC Telehealth Billing:

- Modifier GT must be present on the claim to indicate a telehealth visit on code(s) allowable per the [MA fee schedule](#)
- No changes related to place of service or limitations
- For Behavioral Health telehealth guidance, refer to your assigned [Behavioral Health MCO](#)

Again, we thank you for your commitment to the care and wellbeing of our members, as well as to the communities we share. Please don't hesitate to reach out to Provider Services at 844-626-6813 or by email at [PHWProviderRelations@pahealthwellness.com](mailto:PHWProviderRelations@pahealthwellness.com) with any questions you may have.

Please note this information will be updated as state and federal guidance changes or becomes available.