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DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Division of Health Care Financing and Policy  
*Helping people. It's who we are and what we do.*



Suzanne Bierman, JD, MPH  
Administrator

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## **Update to Telehealth Memo Issued March 17, 2020**

As policy staff continue to review state policy and federal regulations the following update applies:

- Now effective, there are no restrictions on the use of telehealth for group therapy. Providers must continue to work within the scope of practice and apply appropriateness of group therapy services via telehealth modalities.
- Restrictions are still in effect for Private Duty Nursing (PDN), Day and Residential Habilitation, Adult Day Health and Home Health. These services cannot be performed via telehealth and must be performed in-person with recipients.



March 17, 2020

**MEMORANDUM**

To: Nevada Medicaid Providers

From: Suzanne Bierman, JD, Administrator

Subject: Telehealth Services

During such a critical time to provide continuity of care, the Division of Health Care Financing and Policy is providing informational support and direction when delivering services to Medicaid recipients.

The majority of Medical services can be delivered via telehealth with the exception of Psychosocial Rehabilitation (PSR), Basic Skills Training (BST), Group therapy, Occupational Therapy and Physical Therapy and medical services which require direct contact with the patient. Telehealth should be utilized when possible to minimize the risk of both patients and providers. While existing policy excluded standard telephone due to Federal Regulations, Centers for Medicare and Medicaid Services (CMS) has released the following guidance: *Medicaid already provides a great deal of flexibility to states that wish to use telehealth services in their programs. States can cover telehealth using various methods of communication such as telephonic, video technology commonly available on smart phones and other devices. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.*

Medicaid Services Manual Chapter 3400

[http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C3400/MSM\\_3400\\_17\\_07\\_27.pdf](http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C3400/MSM_3400_17_07_27.pdf) and the billing guide [https://www.medicaid.nv.gov/Downloads/provider/NV\\_Billing\\_Telehealth.pdf](https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_Telehealth.pdf) state:

*The DHCFP reimburses for telehealth services. The originating site must be located within the state. "Telehealth" is defined as the delivery of service from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail. Services provided via telehealth must be clinically appropriate and within the health care professional's scope of practice as established by its licensing agency. Services provided via telehealth have parity with in-person health care services. Health care professionals must follow the appropriate Medicaid Services Manual (MSM) policy for the specific service they are providing. If the originating site is enrolled as a Nevada Medicaid provider, they may bill HCPCS code Q3014 (Telehealth originating site facility fee).*

**Please note due to today's federal guidance the telephonic restriction will be lifted temporarily.** The Divisions desire is for providers to continue to provide services to meet the client's level of need and if there are follow up questions regarding billing, DHCFP staff is happy to help with technical assistance [dhcfp@dhcfp.nv.gov](mailto:dhcfp@dhcfp.nv.gov). Please title your email telehealth technical assistance.