

INFORMATIONAL LETTER NO. 2126-MC-FFS-D-CVD

DATE: April 2, 2020

TO: All Iowa Medicaid Providers

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

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

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

EFFECTIVE: Immediately

The purpose of this Informational Letter is to provide additional guidance related to telehealth billing for covered services during the public health COVID-19 emergency. The billing requirements will return to normal when the public health emergency is lifted.

During this interim period, the expanded list of telehealth services is billable by multiple provider types including, but not limited to, physicians, physician assistants, dentists, physical therapists, occupational therapists, speech therapists, home health, hospice, behavioral health and home and community-based services (HCBS) providers. Generally speaking, the IME will allow services that by definition are direct contact services and are typically rendered in person to be rendered via telehealth when clinically appropriate. It is permissible for both the member and the provider to be located in their homes during the provision of telehealth services through video or telephonic conferencing.

In addition to the information provided in [Informational Letter No. 2115-MC-FFS](#)¹, and [Informational Letter No. 2119-MC-FFS-CVD](#)², the IME will provide ongoing support through a [Provider Frequently Asked Questions](#)³ page on our website. Please refer to this for the most up-to-date information.

¹ https://dhs.iowa.gov/sites/default/files/2115-MC-FFS_Billing_related_to_COVID-19.pdf

² https://dhs.iowa.gov/sites/default/files/2119-MC-FFS-CVD_Telehealth_and_Pharmacy_Billing_COVID19_2.pdf

³ <https://dhs.iowa.gov/ime/providers/faqs/covid19>

Although IME has expanded the telehealth benefits, providers should be aware that services provided to Medicaid members via telehealth must be clinically appropriate and within the providers scope of practice. Providers are required to obtain the member's consent prior to the delivery of services. In addition, providers are required to ensure appropriate documentation to substantiate the provision of services is maintained and available for post-payment review. The documentation must indicate the services were rendered via telehealth and clearly identify the location of both the provider and the member.

Please submit telehealth billing questions to IMECOVID19@dhs.state.ia.us.