

Johns Hopkins US Family Health Plan Revised Telehealth Guidance Effective May 12, 2020

Effective May 12, 2020, an Interim Final Rule was published that temporarily changes TRICARE® regulations to ensure that Johns Hopkins US Family Health Plan members have continued healthcare access during the COVID-19 pandemic. This change temporarily allows for audio-only health care visits, permits providers to be reimbursed for interstate practice both in person and via telehealth, and temporarily waives cost-shares and copayments for all covered, in-network telehealth services.

- Audio-only telephonic office visits provided by a JH US Family Health Plan authorized individual professional provider are covered (i.e., (1) evaluation and management visits (2) other services such as psychotherapy when reported by the appropriate CPT and/or HCPCS codes and other appropriate coding such as place of service (02) or modifiers; and (3) subsequent, new, or renumbered codes as appropriate) for medically or psychologically necessary care and treatment eligible for reimbursement and cost-sharing.
- The waiving of copayments and cost-shares (including deductibles) for in-network telehealth services will apply to all otherwise-covered services delivered via telehealth, not just those related to COVID-19, and will apply to all JH US Family Health Plan beneficiaries for the duration of this emergency.
- JH US Family Health Plan program rules still apply, for example, JH US Family Health Plan beneficiaries must have a referral from their Primary Care Manager (PCM) for a specialty care visit, however, under this rule modification, both the PCM visit and the specialty care visit (if performed via in-network telehealth) have no cost share or copay.
- There are no changes to cost-shares and copays for ancillary services, durable medical equipment, prescriptions, or other referrals or care that are ordered due to or result from the telehealth service.
- Professional licensing requirements are relaxed as to allow interstate licensing if applicable federal or state law permits providers to operate within a jurisdiction without obtaining a license in that state, services provided to beneficiaries by an otherwise authorized JH US Family Health Plan provider may be cost-shared if that provider holds an equivalent license from any state in the United States, complies with provisions for interstate practice in the state where the beneficiary is receiving care, and is not affirmatively barred or restricted from practicing in any state in the United States. This temporary change does not supplant state authority to regulate licensure, but assures that if licensure requirements are relaxed by any state or the federal government during the period of the COVID-19 pandemic, that providers caring for JH US Family Health Plan beneficiaries in compliance with applicable state or federal law will be eligible for reimbursement under JH US Family Health Plan.