

Office of Regulatory Management
Economic Review Form

Agency name	Department of Medical Assistance Services
Virginia Administrative Code (VAC) Chapter citation(s)	N/A
VAC Chapter title(s)	N/A
Action title	Telehealth Services Supplement
Date this document prepared	March 4, 2024
Regulatory Stage (including Issuance of Guidance Documents)	Issuance of Guidance Document

Cost Benefit Analysis

Complete Tables 1a and 1b for all regulatory actions. You do not need to complete Table 1c if the regulatory action is required by state statute or federal statute or regulation and leaves no discretion in its implementation.

Table 1a should provide analysis for the regulatory approach you are taking. Table 1b should provide analysis for the approach of leaving the current regulations intact (i.e., no further change is implemented). Table 1c should provide analysis for at least one alternative approach. You should not limit yourself to one alternative, however, and can add additional charts as needed.

Report both direct and indirect costs and benefits that can be monetized in Boxes 1 and 2. Report direct and indirect costs and benefits that cannot be monetized in Box 4. See the ORM Regulatory Economic Analysis Manual for additional guidance.

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

<p>(1) Direct & Indirect Costs & Benefits (Monetized)</p>	<p>The Telehealth Services Supplement is being updated to:</p> <ul style="list-style-type: none"> • Add reimbursement and billing guidelines for audio-only telehealth along with a table (Table 8) listing services authorized for delivery by audio-only telehealth. • Update the populations eligible for remote patient monitoring to be consistent with § 32.1-325 of the Code of Virginia. • Update the place of service guidance to require the use of the telehealth place of service codes to align with federal requirements. A complete list of place of service codes can be found here: https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets. • Amend text in Table 2, Medicaid-covered mental health and substance use disorder services authorized for delivery by telemedicine, to reflect current practice. Specifically: <ul style="list-style-type: none"> ○ The CPT codes for prolonged services were updated to the current CPT codes 99417 – 99418 for these services ○ The CPT codes 96202 – 96203 for multiple-family group behavior management/modification training were added ○ Additions were made to reflect current telemedicine allowances in Mobile Crisis Response, Residential Crisis Stabilization and Psychosocial Rehabilitation • Add a table (Table 3) listing Medicaid-covered Developmental Disabilities (DD) Waiver services authorized for delivery by telemedicine. <p>The benefits are that up-to-date language will provide clarity to the regulatory community. There are no costs associated with the changes.</p>	
<p>(2) Present Monetized Values</p>	<p>Direct & Indirect Costs</p>	<p>Direct & Indirect Benefits</p>
	<p>(a)</p>	<p>(b)</p>
<p>(3) Net Monetized Benefit</p>		
<p>(4) Other Costs & Benefits (Non-Monetized)</p>		
<p>(5) Information Sources</p>		

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct & Indirect Costs & Benefits (Monetized)	Leaving the document without changes will mean that the outdated language remains in place.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Net Monetized Benefit		
(4) Other Costs & Benefits (Non-Monetized)		
(5) Information Sources		

Table 1c: Costs and Benefits under Alternative Approach(es)

(1) Direct & Indirect Costs & Benefits (Monetized)	There are no alternative approaches.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Net Monetized Benefit		
(4) Other Costs & Benefits (Non-Monetized)		
(5) Information Sources		

Impact on Local Partners

Use this chart to describe impacts on local partners. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 2: Impact on Local Partners

(1) Direct & Indirect Costs & Benefits (Monetized)	There is no impact on local partners.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Other Costs & Benefits (Non-Monetized)		
(4) Assistance		
(5) Information Sources		

Impacts on Families

Use this chart to describe impacts on families. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 3: Impact on Families

(1) Direct & Indirect Costs & Benefits (Monetized)	There is no impact on families.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Other Costs & Benefits (Non-Monetized)		
(4) Information Sources		

Impacts on Small Businesses

Use this chart to describe impacts on small businesses. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 4: Impact on Small Businesses

(1) Direct & Indirect Costs & Benefits (Monetized)	There is no impact on small businesses.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Other Costs & Benefits (Non-Monetized)		
(4) Alternatives		
(5) Information Sources		

Changes to Number of Regulatory Requirements

Table 5: Regulatory Reduction

Length of Guidance Documents (only applicable if guidance document is being revised)

Title of Guidance Document	Original Length	New Length	Net Change in Length
Telehealth Services Supplement	4,451	4,819	+368