Telehealth (Telemedicine) Services Payment Policy

Effective: March 1, 2020

| Policy Number | PP039POL | Annual Approval Date | March 1, 2021 |

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This reimbursement policy is intended to ensure that providers are reimbursed based on submission of the code(s) that correctly represent the health care services provided. Health New England (HNE) reimbursement policies reference Current Procedural Terminology (CPT®) code descriptions, utilize coverage determination guidelines from the Centers for Medicare and Medicaid Services (CMS), and may apply other coding guidelines when determining payment. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

All EDI claims must be submitted in accordance with HIPAA 5010 Standards, and paper claims must be submitted on either CMS 1500 or CMS 1450 (UB04) claim forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefit design and other factors are considered in developing a reimbursement policy.

HNE may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to HNE enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the HNE Provider Manual, and/or the enrollee’s benefit coverage documents.

HNE may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. HNE encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements, AMA CPT updates and industry standards related to the services described in this policy.

Providers are responsible for submission of accurate claims. HNE reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in the payment policy in accordance with our provider review policy.

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1 CPT® is a registered trademark of the American Medical Association.
Payment Policy
This policy applies to all network and non-network physicians and other qualified health care professionals.

Purpose
The purpose of this payment policy is to define how Health New England (HNE) reimburses healthcare providers for telemedicine and telehealth services. In line with Chapter 224 of the Acts of 2012, HNE defines telemedicine as the use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultations, or treatment. Telehealth (telemedicine) does not include the use of audio-only telephone, fax machine, or email.

This policy describes reimbursement for Telehealth and Telemedicine services, which occur when the physician or other qualified health care professional and the patient are not at the same site. Examples of such services are those that are delivered via the Internet or using other communication devices. For the purposes of this payment policy, the terms Telehealth and Telemedicine are used interchangeably.

HNE has entered into a relationship with Teladoc to provide telemedicine medical and behavioral health services. This policy is intended for telemedicine services rendered by providers who are not providing services under the member’s Teladoc benefit.

Commercial
HNE’s commercial members have a telehealth benefit for medical and behavioral telehealth services provided through Teladoc. Providers who are not providing services under the member’s Teladoc benefit must bill and document services in accordance with the guidelines in this payment policy.

Medicare Advantage
HNE’s Medicare Advantage members have a telehealth benefit for medical services provided through Teladoc. Providers who are not providing services under the member’s Teladoc benefit must bill and document services by following the same CMS guidelines as followed for an individual patient covered by traditional Medicare. Covered services include and are not limited to behavioral health, evaluation and management, End-Stage Renal Disease and screening services.

BeHealthy Partnership/Medicaid
HNE’s BeHealthy Partnership members have a telehealth medical benefit that limits services to those telehealth services provided through Teladoc. There is no coverage and no reimbursement for providers to deliver medical telehealth services to BeHealthy Partnership members outside of the approved Teladoc system.

BeHealthy Partnership members must access tele-behavioral health services through the Massachusetts Behavioral Health Partnership (MBHP) network of providers. This benefit is not available through Teladoc.

Applicable Plans
- Commercial Self-Funded
- Commercial Fully-Funded
- Medicare Advantage
- BeHealthy Partnership
Definitions

Asynchronous Telecommunication: Medical information is stored and forwarded to be reviewed at a later time by a physician or health care practitioner at a distant site. The medical information is reviewed without the patient being present. Asynchronous telecommunication is also referred to as store-and-forward telehealth or non-interactive telecommunication.

Interactive Audio and Video Telecommunication: Medical information is communicated in real-time with the use of interactive audio and video communications equipment. The real-time audio-visual communication is between the patient and a distant physician or health care professional who is performing the service reported. The patient must be present and participating throughout the interactive audio-visual communication with the distant health care professional.

Telemedicine: Telemedicine is the delivery of clinical services via synchronous, interactive audio and video communications systems that permit real-time communication between the provider and the patient. Telemedicine provides remote access for face-to-face services such as consultation, office visits, preventative care, and behavioral health services.

Telehealth: Telehealth is a broader term which includes telemedicine. Services may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.

General Benefit Information

Services and subsequent payment are pursuant to the member’s benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services.

Authorization Requirements

Authorization may be required for non-network services.

Indications for Coverage

Commercial/Medicare Advantage

For coverage of Telemedicine services, the following criteria must be met:

1. Services must be equivalent to in-person services with a HNE member in order to be eligible for coverage under telemedicine reimbursement.
2. Services are limited to real-time, synchronous, secure electronic communication and uses technology that meets or exceeds HIPAA privacy requirements and involves both audio and video components. These consultations are typically for the purpose of evaluations, follow-up care, or treatment of a specific condition.
3. Only providers eligible to independently perform and bill the equivalent face to face service(s) and are licensed in the state in which they are performing the service(s) will be reimbursed for performing and billing these same telemedicine services.
4. All telemedicine services provided must be documented and retained in the HNE member’s permanent medical record.
Telemedicine services are not reimbursed separately if that same service, when rendered to the member-in-person is already not separately reimbursed or is treated as a non-covered service by HNE.

Only the provider rendering the Telemedicine service(s) via telecommunication should submit for reimbursement using Telemedicine codes. Any provider rendering separate services at a physical site should submit for reimbursement using the appropriate Non-telemedicine code(s) for health services rendered.

Non-covered Telemedicine Services

1. Asynchronous services
2. Inter-professional telephone or internet consultations
3. Online medical evaluation
4. Telephone audio only or fax (refer to HNE’s Evaluation and Management Services Payment Policy for information regarding HNE’s reimbursement for telephone services.)
5. Any services not defined with modifier GT or modifier 95

Billing Instructions

Telehealth Place of Service Code/Modifiers

Claims must be billed with POS 02. Health New England requires, when appropriate, one of the telehealth-associated modifiers (GT or 95) to report when performing a service via telehealth to indicate the type of technology used and to identify the service as telehealth. Modifier GT or 95 should be appended to all applicable CPT and/or HCPCS procedure code(s).

<table>
<thead>
<tr>
<th>POS</th>
<th>Modifier</th>
<th>Description</th>
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<tbody>
<tr>
<td>02</td>
<td></td>
<td>Location where health services are provided or received, through a telecommunication system and certifies that the service meets the telehealth requirements.</td>
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<tr>
<td>G0</td>
<td></td>
<td>Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke</td>
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<tr>
<td>GQ</td>
<td></td>
<td>Via Asynchronous Telecommunications systems</td>
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<tr>
<td>GT</td>
<td></td>
<td>Via interactive audio and video telecommunication systems</td>
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<tr>
<td>95</td>
<td></td>
<td>Synchronous Telemedicine Service rendered via a real-time interactive audio and video telecommunications system between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified healthcare professional.</td>
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</table>

As a condition of payment, providers must use an interactive audio and video telecommunications system that permits real-time communication between provider, at the distant site, and the member, at the originating site.

HNE requires the outpatient telemedicine service(s) performed to be equivalent to the standards set forth in the Evaluation and Management (E/M) coding. Documentation in the medical records must support the E/M code level of care when provided directly to the member at a physical site. HNE will charge the member the same cost-share for the telemedicine visit as an in-person visit.

Medicare Advantage
HNE will follow Medicare reimbursement guidelines.
**BeHealthy Partnership/Medicaid**

There is no coverage and no reimbursement for providers to deliver telehealth medical services to BeHealthy Partnership members outside of the approved Teladoc system. MBHP providers who provide behavioral health telehealth services to a HNE BeHealthy Partnership/Medicaid member should submit their claim directly to MBHP.

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**Resources**

2. HNE Evaluation and Management Professional Services Payment Policy
3. [https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth)
4. [https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes)

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**History**

Updated: 4/15/2020 to clarify billing instructions