RB.024.C Professional Telehealth Services (Medicaid & CHIP)

Original Implementation Date: 08/01/2022
Version [C] Date: 03/05/2026
Last Reviewed Date: 03/05/2026

PRODUCT VARIATIONS

This policy applies to Health Partners Plans Medicaid and Health Partners Plans CHIP product lines of business only.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

Professional Telehealth Services are covered and eligible for reimbursement when all the following requirements are met:

- The service is medically necessary and is delivered using any of the following types of communication:
  - Telehealth visit.
  - Telephone based evaluations.
  - Asynchronous Interactions.

- Service must be rendered by the plan Physicians (PCP or Specialist), Nurse Practitioners (NP's), Certified Registered Nurse Anesthetists (CRNA), Physician Assistants (PA's), Registered dietitians, Pharmacists, Nurse -midwives, Clinical Nurse specialist.

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The Plan provides coverage for telehealth services:

- ***Telehealth visits*** are visits with a provider using synchronous interactive audio and video telecommunication systems for a new or established patient.
- ***Telephone based evaluations*** are audio only visits for a new or established patient for evaluation or management of a problem provided by a qualified clinician. For telephone-based services, services are time-based.
- ***Asynchronous Interactions*** are an exchange of information between a patient and a health care provider that do not occur in real time, including the secure collection and transmission of a patient's medical information, clinical data, clinical images, laboratory results and self-reported medical history.

For telehealth visits *(synchronous interactive audio and video telecommunications system) providers must report the appropriate Evaluation & Management (E&M) procedure code that would have applied had the service been provided in the office. In addition, providers must use the appropriate telehealth modifier, 93, 95, GT. These types of visits shall be reimbursed in accordance with the provider's contract, Health Partners Plans fee schedules and the member's benefit plan.*

Urgent Care Centers (UCC's) are NOT eligible to receive payment for their case rate code (S9083) when Professional Telehealth Services are performed.

- If a UCC submits a claim with their case rate code when a service is rendered via telehealth, the claim will be denied.
- Only services rendered in person and face to face are eligible for case rate payment (S9083).
- UCC's are eligible for payment of Professional Telehealth Services if the policy criteria are met, and the above Telehealth Visit procedure codes are explicitly included in the provider's contract with us.

Federally Qualified Health Centers (FQHC's) are eligible to receive payment for their case rate code (T1015) when performed in person or virtually through synchronous interactive audio and video telecommunication systems. T1015 must be reported with POS 02, 10 or 50 and modifiers GT, 93 or 95.

FQHC's are not eligible to receive payment for telehealth visits.

FQHC's are eligible to receive payment for telephone-based evaluations. When a FQHC performs a telephone-based evaluation but bills for telephone-based evaluations **and** their case rate code (T1015), the FQHC will only be reimbursed for the telephone-based evaluation.

POLICY GUIDELINES

1. Professional Telehealth Services would typically NOT occur more than once per week for the same episode of care. Providers may be subject to an audit if increased frequency occurs.

2. Authorization is not required for Professional Telehealth Services alone.

3. Providers are expected to report the most appropriate Current Procedural Terminology (CPT®), or Healthcare Common Procedure Coding System (HCPCS) code and applicable modifier for Professional Telehealth Services provided.

4. Professional providers performing telemedicine services must report the appropriate modifier and place-of-service to represent telemedicine services for payment.

5. Telephone codes should not be reported when originating from a related E/M service provided within the past seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. Telephone call codes should not be reported for postoperative visits.

6. Payment of Professional Telehealth Services may be impacted by CCI edits.

7. For providers paid on a capitation basis, services delivered through telehealth are considered included in capitation and are not separately payable.

8. The plan reserves the right to audit Professional Telehealth Services to evaluate:
    a. Compliance with this policy or related state and federal regulations
    b. Effectiveness and impact to the plan members
    c. Quality of care

9. Nurse Practitioners (NP's), Certified Registered Nurse Anesthetists (CRNA) Physician Assistants (PA's), Registered dietitians, Nurse -midwives, & Clinical Nurse specialist are required to perform services within the scope of their license.

10. Providers must fully document services rendered and identify the telecommunication technology used in the patient's medical record.

11. When providers bill for Professional Telehealth Services in hospital-based clinics, they are not eligible for payment of facility fee component.

12. The policy follows HEDIS guidelines as it relates to quality measures. The policy is subject to change if/when HEDIS guidelines are updated.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association

CPT Code	Description
N/A	N/A

HCPCS Code	Description
N/A	N/A

ICD-10 Codes	Description
N/A	N/A

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

- **E-Visits:** An established patient-initiated non-face-to-face communication through an online patient portal.

- **Interactive telecommunications system:** Multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient and distant site physician or practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

- **Professional Telehealth Services:** Services performed by professional providers using technology to evaluate and communicate with members are limited to telehealth visits, virtual check-ins, telephone based-evaluations, and e-visits.

- **Synchronous interaction:** A real-time interaction between a patient and a health care provider located at a distant site.

- **Telehealth Visits**: A visit with a provider that uses synchronous interactive audio and video telecommunications system.

- **Telephone-based evaluations:** Telephone services are non-face-to-face encounters originating from the established patient for evaluation or management of a problem provided by a qualified clinician.

- **Virtual check-ins:** A brief (5-10-minute) check-in with a provider via telephone or other telecommunications device to determine whether an office visit or other service is needed for an established patient. A remote evaluation of recorded video and/or images submitted by an established patient.

- **Asynchronous Interaction**: An exchange of information between a patient and a health care provider that does not occur in real time, including the secure collection and transmission of a patient's medical information, clinical data, clinical images, laboratory results and self-reported medical history.

- **GT Modifier – GT** Modifier applies when a visit was a synchronous telehealth service was administered real time through interactive audio and video telecommunication systems.

- **95 Modifier –** 95 Modifier applies to describe a Telehealth session. A Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System. Preferred modifier to be used per Centers for Medicare & Medicaid Services (CMS).

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- **93 Modifier**-- 93 Modifier applies to synchronous telehealth service delivered via telephone or other interactive audio only systems.

DEFINITIONS

N/A

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2026 Review. Policy statement revised to include asynchronous interaction. Codes removed. References updated.	C	03/05/2026
2024 review. Pharmacists added to the list of eligible providers. Codes 99381-99385, 99391-99395, 99441-99443 were removed. Codes 98000-98016 were added. Codes 98966-98968 were revised. Telehealth POS and modifier billing statement added. HEDIS statement was added to the guidelines section.	B	01/06/2025
New policy.	A	08/01/2022

REFERENCES

1. Department of Human Services (DHS). Telemedicine Guidelines Related to Covid-19. Provider Quick Tips #229 https://www.dhs.pa.gov/providers/Quick-Tips/Documents/PROMISeQuickTip229.pdf

2. Department of Human Services (DHS). Telemedicine Guidelines Related to Covid-19. Provider Quick Tips #242 https://www.dhs.pa.gov/coronavirus/Pages/OMAP-QTIP242-Telemedicine-Guidelines.aspx

3. Department of Human Services (DHS). Medical Assistance Bulletin. Guidelines for the Delivery of Physical Health Services via Telemedicine. https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2022050601.pdf

4. Department of Human Services (DHS). Medical Assistance Bulletin #99-23-08 https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2023080201.pdf

5. State Medicaid and Chip Telehealth Toolkit. https://www.medicaid.gov/medicaid/benefits/downloads/telehealth-toolkt.pdf

6. Department of Human Services (DHS). Medical Assistance Bulletin. Updates to The PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Appendix E – FQHC/RHC Handbook. https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2024030101.pdf

7. The Healthcare Effectiveness Data and Information Set (HEDIS®) https://www.ncqa.org/blog/hedis-my-2025-whats-new-whats-changed-whats-retired/

8. Managed Care Operations Memorandum General Operations MCOPS Memo #2/2026-004: **MCS-02-**2026-**004**

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