

Title: Professional Telehealth Services
Policy# RB.012.A
Type: Claim Payment
Sub-Type: RB (Reimbursement)

Version [A] Effective Date: 12/1/2019
Last reviewed: 10/23/2019
30 day Notification Published: 11/1/2019

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PRODUCT VARIATIONS

This policy applies to all Health Partners Plans (HPP) product lines unless noted below.

POLICY STATEMENT

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

- Professional Telehealth Services must take place via a secure Health Insurance Portability and Accountability Act (HIPPA)-compliant interactive audio and video telecommunications system.
- The member seeking medical care is present at the time of service (i.e., real-time interaction between the member and the healthcare provider).
- Member must have access to the technology being used (smart phone, tablet, or computer).
- Services must be rendered by HPP Physicians (PCP or Specialist) CRNP, Nutritionist, Registered Nurse, or Physician Assistant working under the direct supervision of the Physician contracted to perform Professional Telehealth Services.
- Professional Telehealth providers must submit monthly reporting agreed upon by both HPP and the Participating Providers. Metrics should at least include the following:
 - of members in program or touched
 - # of outreach/invitations for Professional Telehealth Services
 - # of members who accepted/declined service
 - Qualitative analysis - member survey
 - Quality trends

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- % of Telehealth /total office visits

Professional services performed via audio-only telephonic system such as a transitional phone call (without video) is not considered telehealth services and therefore not separately reimbursable.

POLICY GUIDELINES

- 1) Professional Telehealth Providers are required to have the member’s consent on file before starting any services.
- 2) Professional Telehealth Services would typically NOT occur more than once per week for the same episode of care.
- 3) Place of Service (02-Telehealth) or (11-Office) must be used when billing for Telehealth Professional Services.
- 4) HPP reserves the right to audit each Professional Telehealth Service and related program to evaluate:
- 5) Compliance with this policy and other related state and federal regulations
- 6) Effectiveness and impact to our members
- 7) **Providers are expected to report the most appropriate Current Procedural Terminology (CPT®), or Healthcare Common Procedure Coding System (HCPCS) code and applicable modifier for Telehealth Services provided.**

CODING

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 Code	Description
N/A	(See guidelines section)

CPT® is a registered trademark of the American Medical Association.

HCPCS Code	Description
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N/A	(See guidelines section)
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ICD 10 Code	Description
N/A	

Modifier	Description
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.
GT	Via interactive audio and video telecommunications system.
G0 (Zero)	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke.

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

Telehealth services are used to support healthcare when the professional provider and the member are physically separated.

Telehealth is the use of electronic information and communications technologies by a health care provider to deliver services to a member that is located at a different site. Telehealth can provide remote access to services such as medical consultations and information, health assessments and diagnosis. Telehealth services are provided to members by a healthcare professional through interactive telecommunication devices.

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DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

POLICY HISTORY

Summary	Version	Version Effective Date
This is a new policy.	A	12/1/2019

REFERENCES

Centers for Medicare & Medicaid Services CMS Medicare Learning Network. Telehealth Services January 2019.
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/telehealthsrvcfsht.pdf>