

RB.012.A

Professional Telehealth Services



Health Partners Plans

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

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*** POLICY BULLETIN UPDATE ***

Because of the COVID-19 pandemic, HPP lifted some of the requirements of this telehealth policy; all other criteria of the policy are in force. Please see page 5 to review the changes.

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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:
 - Number of members in program or touched
 - Number of outreach/invitations for Professional Telehealth Services
 - Number of members who accepted/declined service
 - Qualitative analysis - member survey
 - Quality trends
 - Percentage 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:
 - a. Compliance with this policy and other related state and federal regulations
 - b. Effectiveness and impact to our members
- 5) **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
N/A	(See guidelines section)

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.

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>



Health Partners Plans

March 16, 2020

RE: COVID-19 – Telehealth Services

Dear Provider,

As the response to COVID-19 continues to evolve, Health Partners Plans (HPP) wants to assure our members continue to have access to the care they need. We understand the direction from state and federal agencies continues to change and we want and need to be sensitive to that.

The expanded use of telehealth services and the need to enhance our focus on the use of that approach to a medical visit has been a consistent area of conversation. It is a much safer and more appropriate environment for members to access care for a variety of conditions. In order to make needed medical care accessible to our members, we are encouraging providers to make it more widely available; additionally, we will be encouraging members to request telehealth services, when appropriate and when ambulatory care is needed.

To support that effort, HPP is lifting some of the requirements of our telehealth policy; all other criteria of the policy are in-force at this time. The full policy can be found on our website, hpplans.com. The below criteria will be tentatively removed from our policy until further notice:

- Telehealth services, when appropriate, do not have to be completed via a video connection
- Monthly reporting is not required, as long as the provider is submitting a valid claim, with appropriate and valid coding, to HPP
- A member's consent for telehealth services prior to the service being rendered is not required

If you are unable to assist members via telehealth services, we encourage you to recommend members contact Teladoc, our telehealth vendor, by calling 1-800-835-2362 (TTY 1-800-877-8973). They are staffed 24/7 to assist our members.

Thank you for your understanding and cooperation. As always, we appreciate our partnership with you to continually improve the health outcomes of our members.

Sincerely,

Michael K. Krusen

Michael K. Krusen
Regional Vice President, Provider Network Operations