



Telemedicine / Telehealth Services

Reimbursement Policy

Purpose

Community Health Options (Health Options) reimburses healthcare services occurring between the patient and remote provider. Reimbursement is based on the member's plan of benefits at the time of service and adherence to claim submission following Medicare billing guidelines.

Policy

Telemedicine and telehealth are used interchangeably within this policy as defining healthcare services provided to the patient by a qualified healthcare professional, both of which are at different locations while using interactive electronic communications systems. Telemedicine services are covered when all the following criteria are met:

- Service is medically appropriate and necessary
- Healthcare provider performing and billing the services is eligible to independently perform and bill the same service face to face. Telehealth is used as a substitute for face to face services at the same location within Health Options scope of coverage
- Telecommunication system complies with standards required under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Claim reports the place of service "02" to identify "distant site"
- Claim includes appropriate telehealth Current Procedure Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code and any applicable modifier. Approved codes are listed on the CMS website at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- Approved originating site

Originating site is the location of the beneficiary at the time the service is furnished. CMS defines approved originating sites as:

- A county outside of a Metropolitan Statistical Area (MSA)
- A rural Health Professional Shortage Area (HPSA) located in a rural census tract

In addition, sites that participate in a federal telemedicine demonstration program qualify as originating sites in most cases:

- Physicians or practitioner offices
- Hospitals
- Critical access hospitals (CAHs)
- Rural health clinics
- Federally qualified health centers (FQHCs)
- Hospital-based or CAH-based renal dialysis centers (including satellites)
- Skilled nursing facilities
- Community mental health centers

Telemedicine/telehealth services that do not utilize real time interactive telecommunications equipment with audio and video capabilities for two-way communication between the member and distant site provider are not covered. Additionally, provider to provider consultation services regarding patient care is not covered.

For additional guidance see Medicare Claims Processing Manual, Chapter 12, Section 190

Covered Exceptions

Coverage exceptions during a National Pandemic/State Emergency situation allows Telehealth services between a provider and a member when real time interactive Telehealth equipment, as described above, is not available and the telehealth service is medically appropriate for the underlying covered service. These exceptions will cover services when members may prefer not to get a health service in-person, or if a member is under restrictions that limit their ability to make an in-person visit. The originating site requirement would be waived under this exception; allowing services to be performed from a member's residence (via telephone, internet capable video/audio system, or patient portal) with a distant site healthcare provider. All Medicare claims billing guidelines continue to apply for appropriate claims reimbursement.

References/Resources

Centers for Medicare & Medicaid Services, Medicare Claims Processing Manual, Chapter 12, Section 190. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

Centers for Medicare & Medicaid Services. *Telehealth Services*. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Federal Registry. Section F: Payment for Medicare telehealth Services under Section 1834(m) of the Act. <https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>

Federal Registry Title 42 FR 410.78. *Telehealth services*. <https://www.govinfo.gov/content/pkg/CFR-2018-title42-vol2/xml/CFR-2018-title42-vol2-sec410-78.xml>

Maine State Legislature: Public Law Chapter 289, Sec 1.24, MRSA 4316. http://www.mainelegislature.org/legis/bills/bills_129th/chapters/PUBLIC289.asp

Social Security Act Title XVIII, Sec. 1834(m) Payment for Telehealth Services. https://www.ssa.gov/OP_Home/ssact/title18/1834.htm

Document Publication History

3/17/2020 Initial publication

This policy provides information on Community Health Options' claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures, and claims editing logic. Community Health Options reserves the right to amend a payment policy at its discretion.