

# PAYMENT REIMBURSEMENT POLICY



**Title:** PRP-15 Telemedicine Services

**Benefit Coverage Policy:** BCP-50 Telemedicine Services

**Category:** PHP\_PAYMENT REIMBURSEMENT (PR)

**Effective Date:** 12/28/2023

Physicians Health Plan  
PHP Insurance Company  
PHP Service Company

## 1.0 Guidelines:

This policy applies to all network and non-network providers, including but not limited to the percentage of charge contract providers. This policy does not guarantee benefits or solely determine reimbursement. Benefits are determined and/or limited by an individual member's benefit coverage document (COC, SPD, etc.). The Health Plan reserves the right to apply clinical edits to all medical claims through coding software and accuracy of claim submission according to industry billing standards. Clinical edits are derived from nationally recognized billing guidelines such as the Centers for Medicare and Medicaid Services (CMS), the National Correct Coding Initiative (NCCI), the American Medical Association (AMA), and specialty societies. The Health Plan may leverage the clinical rationale of CMS or other nationally sourced edits and apply this rationale to services that are not paid through CMS but are covered by the Health Plan to support covered benefits available through one of the Health Plan's products. Prior approval does not exempt adherence to the following billing requirements. The provider contract terms take precedence if there is a conflict between this policy and the provider contract.

## 2.0 Description:

- A. Telemedicine, as a subsection of Telehealth, is the use of telecommunication technology to connect a patient with a healthcare professional in a different location. Telehealth includes telemedicine, telemonitoring, and related administrative services.
- B. Reimbursement for Telemedicine services is dependent on provider contracts in accordance with member benefits. Services are eligible for billing and reimbursement as Telehealth services when:
  1. The services qualify as covered services per the member benefit plan,
  2. The services are provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located,
  3. The services rendered are performed via a telecommunication system (not face to face) that is real-time interactive audio and/or visual methods,
  4. The patient is present for full duration of the service,
  5. The platform used by the provider must be HIPAA and HITECH Compliant, meeting standard technology security requirements,
  6. Services provided are appropriate and medically necessary, and
  7. \*The services billed are identified as eligible Telehealth codes.

\*Not all services are eligible for payment when performed via Telehealth. Please refer to Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS®) to identify eligible Telehealth codes. Codes that are eligible for Telehealth are indicated by a star (★) symbol in the CPT® and HCPCS® coding manuals and are reviewed annually.

C. Eligible providers may include:

1. MD/DO
2. Certified nurse midwife
3. Clinical nurse practitioner
4. Clinical psychologist
5. Clinical social worker
6. Physician assistant

D. Any Telehealth service provided by a non-physician practitioner and billing for services under their supervising physicians' NPI, service must meet the "incident to" billing guidelines set forth in PRP-09.

**3.0 Coding and Billing:**

A. Modifier 95.

1. Telehealth service performed via Synchronous Telemedicine service rendered via a real-time interactive audio and video telecommunications system.
2. Required as an indication that the service was performed as a Telemedicine encounter.

B. Place of Service

The location where health services and health-related services are provided or received, through a telecommunication system.

When a patient receives Telemedicine services in a facility setting, bill with the appropriate place of service (e.g., 21,22) and modifier 95.

When a patient receives Telemedicine services in a non-facility setting, a bill with Place of Service code 02 or 10 (as of 1/1/2022) depending on the location of patient and modifier 95.

Place of Service 02

Telehealth Services: Effective January 1, 2017, thru 12/31/2021

Telehealth Provided Other than in Patient's Home: Effective January 1, 2022

- Patient is not located in their home when receiving health services or health-related services through telecommunication technology.

## Place of Service 10

### Telehealth Provided in the Patient's Home: Effective January 1, 2022

- The patient is located in their home (which is a location other than a hospital or other facility where the patient received care in a private residence) when receiving health services or health-related services through telecommunication technology.

#### C. COVID-19.

1. Due to the COVID-19 pandemic, the Health Plan is expanding coverage of Telemedicine services per CMS 1135 waiver from 3/1/2020 to 12/31/2021 (see Appendix 1 for coding).

Sources used are:

- a. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>.
  - b. <https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes>.
2. Other services to be covered via Telemedicine from 3/1/2020 to 12/31/2021 are:
    - a. ABA therapy.
    - b. PT/OT/ST.
    - c. Prenatal care.
  3. Effective January 1, 2022 coverage of Telemedicine services will be aligned with the CMS List of telehealth services as outlined in BCP-50.

#### **4.0 Documentation Requirements:**

##### A. Documentation.

The standards of documentation are the same for Telehealth services as they are for any other face-to-face encounter. This includes documentation components such as the reason for the visit, patient history, medical decision-making, care plan, and time if billing is based on time or with time-based codes. The documentation must clearly indicate services were performed via Telehealth, the patient consented to the Telehealth visit, the method of delivery, the location of the patient, and the location of the provider.

##### B. Verification of Compliance.

Claims are subject to audit, prepayment, and post payment, to validate compliance with the terms and conditions of this policy.

#### **5.0 Terms & Definitions:**

HITECH Compliant: Meeting the standards and requirements of the Health Information Technology for Economic and Clinical Health Act as signed into law in 2009.

Synchronous: Communication where the transmission of data is time-dependent, and the recipient would need to be available at the time of transmission. For example, a telephone call or video conference.

Telemedicine: Virtual health visits to perform remote diagnosis and treatment of a patient by means of telecommunications technology.

Telehealth: Provision of healthcare services provided to a patient that is in a different physical location than the healthcare professional rendering services via telecommunication technology within state and federal law. Telemedicine services are inclusive of telehealth services.

## 6.0 References, Citations & Resources & Associated Documents

[BCP-15 COVID-19 Prevention, Testing, and Treatment](#)

[BCP-50 Telemedicine Services](#)

[PRP-09 Advanced Practice Providers and Mid-Level Practitioners](#)

Michigan Common Law-500-3476 - THE INSURANCE CODE OF 1956 (EXCERPT).

Michigan Department of Community Health; Telemedicine Database, January 2015, Appendix B.

## 7.0 Revision History:

Original Effective Date: 02/15/2021

Next Revision Date: 01/01/2025

Revision Date	Reason for Revision
10/20	Annual review, 3.0.D revised, COVID dates revised
7/21	Off-cycle review, updated expanded coverage end date to 12/31/2021, changed Guidelines verbiage. Place of service 10 languages added. Approved at the CCSC committee on 02-15-2022
11/22	Annual review
9/23	Off-cycle review due to BCP-50 being opened for off-cycle edits.