

PAYMENT AND REIMBURSEMENT POLICY



Title: PRP-15 Telemedicine Services

Category: Compliance

Effective Date: 02/15/2021

Physicians Health Plan
PHP Insurance Company
PHP Service Company

1.0 Guidelines:

This policy does not guarantee benefits. Benefits are determined and/or limited by an individual member's benefit coverage document (COC, SPD, etc.). Reimbursement is not solely determined on this policy; Health Plan reserves the right to apply coding edits to all medical claims through coding software and accuracy of claim submission according to industry billing standards. Prior approval does not exempt adherence to the following billing requirements. This policy applies to all network and non-network physicians and other qualified health care professionals, including but not limited to, percent of charge contract physicians and other qualified health care professionals.

2.0 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 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 that the healthcare professional rendering services via telecommunication technology within state and federal law. Telemedicine services are inclusive of telehealth services.

3.0 Description:

- A. Telemedicine, as a subsection of Telehealth, is the use of telecommunication technology to connect a patient with a health care 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 systems (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, the service must meet the "incident to" billing guidelines set forth in PRP-09.

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 indication that the service was performed as a Telemedicine encounter.

B. Place of Service 02.

1. The location where health services and health related services are provided or received, through a telecommunication system.
 - a. When a patient receives Telemedicine services in a facility setting, bill with the appropriate place of service, (e.g. 21,22) and modifier 95.
 - b. When a patient receives Telemedicine services in a non-facility setting, bill with Place of Service code 02 and modifier 95.

C. COVID-19.

1. Due to COVID-19 pandemic, the Health Plan is expanding coverage of Telemedicine services per CMS 1135 waiver from 3/1/2020 to 06/30/2021 (see Appendix 1 for coding).
2. 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 06/30/2021 are:
- a. ABA therapy.
 - b. PT/OT/ST.
 - c. Prenatal care.

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 history, review of systems, consult notes and any other documentation used in medical decision making. The documentation should also note that the services were performed via Telehealth and location of patient.

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 References, Citations & Resources:

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.

6.0 Revision History:

Original Effective Date: 02/15/2021

Next Revision Date:02/15/2022

Revision Date	Reason for Revision
10/20	Annual review, 3.0.D revised, COVID dates revised