

Reimbursement Policy	
<b>Title:</b> Telehealth excluding Minnesota Health Care Program (MHCP) Members	
<b>Policy Number:</b> E-RP-P-395X	<b>Application:</b> All Medica Members <ul style="list-style-type: none"> <li>• Excluding All Medicaid Members (MHCP)</li> </ul>
<b>Last Reviewed:</b> 06/19/2023	<b>Effective Date:</b> 03/06/2020
<b>Related Policies:</b> <a href="#">Telehealth for Minnesota Health Care Program Members</a> , <a href="#">Telephone and Virtual Care Services</a>	

**Disclaimer:** This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.

<b>Summary:</b>
Telehealth is the delivery of health care service or consultation while the member is at an originating site and the licensed health care provider is at a distant site. These medical services do not involve direct, in-person contact.

<b>Policy Statement:</b>
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**I. For All Other (non-MHCP) Members:**

To be eligible for reimbursement, the member must be at an originating site and the provider must be at a distant site. Payment is allowed for the following services:

- Interactive audio and video communications that permit real-time communication between the distant site physician or practitioner and the member. The services must be of sufficient audio and visual fidelity with clarity and function equivalent to a face-to-face encounter (this includes, but not limited to, Skype and Facetime).
- Store and Forward is the asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site for the purpose of providing or supporting health care delivery, which facilitates the assessment, diagnosis, consultation, treatment, education, and care management of a member’s health care. This service is identified by appending the GQ modifier to the procedure code. Medical information may include without limitation: video clips, still images, X-rays, MRIs, EKGs, laboratory results, audio clips and text. The physician at the distant site reviews the case without the member being present. Store and Forward substitutes for an interactive encounter with the member present (i.e., the member is not present in real-time).



- Audio-only technology on Telehealth Services Code List will be available through December 31, 2024.

### **Originating Site**

The site at which the member is located while receiving health care services via telehealth.

The following are examples of originating sites:

- Community mental health center
- Critical-access hospital (CAH)
- End-stage renal disease (ESRD) facilities
- Home
- Hospital (inpatient or outpatient)
- Hospital or CAH-based renal dialysis center (including satellites)
- Office of physician or practitioner
- Other eligible medical facilities
- Other locations as required by applicable state law
- Residential substance abuse treatment facility
- Rural health clinic (RHC) and federally qualified health center (FQHC)
- Skilled nursing facility (SNF)

### **Distant Site**

A site at which the health care provider is located while providing health care service or consultation via telehealth, which can include the provider's home. Providers billing for these services should report:

- place of service (POS) 02 or
- place of service (POS) code used for an in-person visit and append the appropriate telehealth modifier

### **Eligible Providers**

The following provider types are eligible to provide telehealth services:

- Audiologist
- Certified genetic counselor
- Certified nurse anesthetists
- Clinical nurse specialist
- Clinical psychologist
- Clinical social worker
- Licensed professional clinical counselor
- Licensed marriage & family therapist
- Licensed drug & alcohol counselor
- Dentist
- Nurse midwife
- Nurse practitioner
- Occupational therapist
- Physical therapist



- Physician
- Physician assistant
- Podiatrist
- Registered dietician or nutrition professional
- Speech therapist

### **Eligible Services**

The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a telehealth service may be the same codes that describe an encounter when the health care provider and member are at the same site.

Examples of telehealth services include, but are not limited to the following:

- Alcohol & substance abuse (other than tobacco) structured assessment
- Consultations
- End stage renal disease services
- Family psychotherapy with or without member present
- Subsequent hospital care services
- Subsequent nursing facility care services
- Telehealth consults: Emergency department or initial inpatient care
- Individual and group diabetes self-management training
- Individual medical nutrition therapy
- Individual psychotherapy
- Intervention services
- Psychiatric diagnostic interview examinations
- Smoking cessation

### **Coverage Limitations**

The following services are not covered under telehealth:

- Provider initiated e-mails
- Refilling or renewing existing prescriptions
- Scheduling a diagnostic test or appointment
- Clarification of simple instructions or issues from a previous visit
- Reporting test results
- Reminders of scheduled office visits
- Requests for referrals
- Non-clinical communication (i.e., updating member information)
- Providing educational materials
- Brief follow-up of a medical procedure to confirm stability of the member's condition without indication of a complication or new condition including, but not limited to, routine global surgical follow-up
- Brief discussion to confirm stability of the member's chronic condition without change in current treatment



- When information is exchanged and the member is subsequently asked to come in for an office visit
- A service that would similarly not be charged for in a regular office visit
- Consultative message exchanges with an individual who is seen in the provider’s office immediately afterward
- Communication between two licensed health care providers that consists solely of a telephone conversation, e-mail or facsimile
- Communications between a licensed health care provider and a member that consists solely of an e-mail or facsimile

**Preventive Care Provided via Telehealth**

Medica has made the decision to temporarily allow preventive care services, CPT 99381-99387 and 99391-99397, to be provided via telehealth services. Providers may perform all, or portions of, a preventive medicine visit that can be done so appropriately and effectively via telehealth services. Services that require face-to-face interaction may be provided at a later date, however, providers may only bill one preventive medicine code to cover both the portion done via telehealth and any necessary face-to-face interaction associated with the preventive care service. Codes for diagnostic services may be separately billed per standard coding guidelines.

**Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC)**

Medica will be following CMS guidance for telehealth distant site services rendered at a RHC or FQHC. RHCs must report HCPCS code G2025 on their claim or electronic equivalent, along with the CG modifier. Modifier 95 may also be appended but is not required.

An FHQC furnishing telehealth distant site services must submit a claim with all three of the following:

- The FQHC Prospective Payment System (PPS) specific payment code (G0466-G0470) and
- The HCPCS/CPT code that describes the services furnished via telehealth and
- G2025 with modifier CG

These claims will be paid according to CMS guidance for the RHC’s all-inclusive rate (AIR) or the FQHC prospective payment system (PPS) rates through December 31, 2024.

For information related to behavioral health services provided via telehealth for the Commercial and IFB member plans, refer to the [Telemental Health Services - Commercial](#) reimbursement policy. For Medicare member plans, refer to [Telemental Health Services – Medicare](#) reimbursement policy.

**II. For Minnesota Health Care Programs (MHCP) Members:**

For Information on telehealth services for MHCP members, refer [Telehealth for Minnesota Health Care Program Members](#) reimbursement policy.

For telephone and virtual services, refer to the [Telephone and Virtual Care Services](#) reimbursement policy and/or the [Virtual Care coverage policy](#).

<b>Code Lists:</b>
<a href="#">Telehealth Services Code List</a>

<b>Modifiers:</b>	
93	Audio Only: Synchronous telehealth service rendered via telephone or other real-time interactive audio-only telecommunications system.
95	Synchronous telemedicine services rendered via a real-time interactive audio and video telecommunications systems.
CG	RHCs shall report modifier CG on one revenue code 052x and/or 0900 service line per day, which includes all charges subject to coinsurance and deductible for the visit.
FQ	The service was furnished using audio-only communication technology.
G0	Telehealth services furnished for purposes of diagnosis, evaluation or treatment of symptoms of an acute stroke.
GQ	Via asynchronous telecommunication system
GT	Via interactive audio and video telecommunications systems

<b>Place of Service:</b>	
02	Telehealth provided other than the patient's home. The location where health services and health related services are provided or received through telecommunication technology. The patient is not located in their home when receiving health services or health-related services through telecommunication technology.
10	Telehealth provided in patient's home. The location where health services and health-related services are provided or received through telecommunication technology. The patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health-related services through telecommunication technology.

<b>Resources:</b>	
Centers for Medicare and Medicaid Services (CMS)	
Current Procedural Terminology (CPT®)	
Healthcare Common Procedure Coding System (HCPCS)	
National Physician Fee Schedule (NPFs)	

<b>Effective Date:</b>	01/01/2022
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<b>Revision Updates:</b>	
06/19/2023	Policy Name Change (End of PHE) Language Update (End of PHE) Code List Name Change (End of PHE) Code List Update
03/21/2023	Code List Update
01/14/2022	Template, Modifier & POS Updates
11/24/2021	PHE Date Expansion
07/22/2021	PHE Date Expansion
05/17/2021	North Dakota Executive Order Update
04/16/2021	PHE Date Expansion
04/08/2021	Code List Update
02/15/2021	PHE Date Expansion



01/28/2021	Update to Originating Site
10/21/2020	Code List Update
10/09/2020	PHE Date Expansion
07/17/2020	PHE Date Expansion
06/12/2020	Preventive Services Verbiage Added
06/04/2020	PHE Date Expansion
05/08/2020	RHC & FQHC Verbiage Added
04/22/2020	PHE Date Expansion
04/16/2020	OK Coverage Information and Distant Site Verbiage Added
04/02/2020	Code List & Verbiage Update
03/24/2020	Federally Declared PHE Updates

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