

Reimbursement Policy	
Title: Telehealth for Minnesota Health Care Program (MHCP) Members	
Policy Number: E-RP-P-400D	Application: All Medicaid Members
Last Updated: 06/19/2023	Effective Date: March 6, 2020
Related Policies: Telehealth excluding Minnesota Health Care Programs, Telephone and Virtual Care Services	

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.

Summary:
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.

Policy Statement:

I. For Minnesota Health Care Programs (MHCP) Only:

To be eligible for reimbursement, providers are required to have a Telehealth Provider Assurance Statement on file with the Minnesota Department of Human Services (DHS-6806). You can click this [Telehealth Provider Assurance Statement \(DHS-6806\) \(PDF\)](#) hyperlink to access the form. The member must be at an originating site and the provider is 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 as to be function equivalent to a face-to-face encounter.
- 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. This service is identified by appending the GQ modifier to the procedure code. Medical information may include but is not limited to 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 communication between the health care provider and the member (until July 1, 2025)

Originating Site

The site at which the member is located while receiving health care services via telehealth, which can include the member's home.

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.

Eligible Providers

Medically necessary services delivered by a health care provider via telehealth are covered. A health care provider is defined as a health care professional who is licensed or registered by the state to provide health care services within their scope of practice according to state law.

The following are examples of provider types eligible to provide telemedicine services, but are not limited to the following:

- Audiologist
- Certified genetic counselor
- Clinical nurse specialist
- Clinical psychologist
- Clinical social worker
- Community health worker, when meeting the criteria listed in Minnesota Statute 256B.0625 Subd. 49
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Doula (pre and postnatal care only) who are registered with the Minnesota Department of Health (MDH) and are certified by one of the organizations listed in the Minnesota Health Care Programs (MHCP) Provider Manual
- Licensed drug & alcohol counselor
- Licensed marriage & family counselor
- Licensed professional clinical counselor
- Mental health professional, when following the requirements and service limitations listed in the Telemedicine Delivery of Mental Health Services sections
- Nurse midwife
- Nurse practitioner
- Occupational therapist
- Pharmacist
- Physician
- Physician assistant
- Physical therapist
- Podiatrist
- Public health nursing organization
- Registered dietitian or nutrition professional
- Speech therapist



Eligible Services

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

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

- Alcohol and substance abuse (other than tobacco) structured assessment and intervention services
- Consultations
- End stage renal disease services
- Individual and group medical nutrition therapy
- Individual and group diabetes self-management training with a minimum of one hour of in-person instruction to be furnished in the initial year training period to ensure effective injection administration
- Smoking cessation
- Subsequent hospital care services with the limitation of one telemedicine visit every 30 days per eligible provider
- Subsequent nursing facility care services
- Telehealth consults: Emergency department or initial inpatient care

Two-Way Interactive Video Consultation in an Emergency Room (ER)

Two-way interactive video consultation may be billed when no physician is in the ER and the nursing staff is caring for the member at the originating site. The ER physician at the distant site bills the ER CPT codes with place of service (POS) 02. Nursing services at the originating site would be included in the ER facility code.

If the ER physician requests the opinion or advice of a specialty physician at a "hub" site, the ER physician bills the ER CPT. The consulting physician bills the consultation evaluation and management (E/M) code with POS 02.

Coverage Limitations

The following limitations apply:

- Recommendations and best practices specified by the Centers for Disease Control and Prevention and the Commissioner of Health
- Payment is not available for sending materials to a member, other provider or facility
- Out-of-state coverage policy applies to services provided via telemedicine. Consultations performed by providers who are not located in Minnesota and contiguous counties require authorization prior to the service being provided
- Payment will be made for only one reading or interpretation of diagnostic tests such as X-rays lab tests, and diagnostic assessments and
- The following are not covered under telemedicine:
 - Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (e.g., Skype)
 - Prescription renewals
 - Scheduling a test or appointment



- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication, and
- Communication via telephone, email or facsimile

Authorization Requirements

Prior authorization is required for services delivered via telehealth if prior authorization is a requirement for the same service in person.

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 FQHC 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.

Place of Service & Modifier Usage

As of January 1, 2022 the definition of POS 02 has changed along with the addition of POS 10 (see Place of Service table below). To report services provided via telehealth, the provider will need to submit the CPT or HCPCS codes that describes the services rendered along with a required POS 02 or 10.

Modifier 93 is also a new modifier as of January 1, 2022 and it represents audio-only services. MHCP requires the use of modifier 93 when audio-only telehealth service is rendered.

All other telehealth modifiers (see Modifiers table below) can be used for informational purposes but will not be required as the telehealth POS codes explain the service is rendered through telehealth. No telehealth modifiers can be used without POS 02 or 10, or the claim will deny.

For information related to behavioral health services provided via telehealth, refer to the [Telemental Health Services - Medicaid](#) reimbursement policy.

II. For All Other (non-MHCP) Members:

For information on telehealth services for non-MHCP members refer to the [Telehealth excluding 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.

Modifiers:	
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

Place of Service:	
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.

Resources:	
Centers for Medicare and Medicaid Services (CMS)	
Current Procedural Terminology (CPT®)	
Healthcare Common Procedure Coding System (HCPCS)	
National Physician Fee Schedule (NPFS)	
Minnesota Department of Human Services (MN DHS)	
MHCP Provider Manual	

Effective Date:	March 6, 2020
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Revision Updates:	
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
09/16/2022	Code List Update
06/10/2022	Modifier, POS and Language Update
11/24/2021	PHE Date Expansion
07/22/2021	PHE Date Expansion
04/16/2021	PHE Date Expansion
04/08/2021	Code List Update



02/15/2021	PHE Expansion Date Added
10/21/2020	Code List Update
07/17/2020	PHE Date Expansion
06/12/2020	Preventive Medicine Verbiage Added
06/04/2020	End Date Update
05/12/2020	RHC & FQHC Verbiage Added; EW Guidance Added
04/16/2020	Updated Distant Site Verbiage
04/02/2020	Updates to DHS Requirements
04/02/2020	Code List Update

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