Telehealth

Policy ID:	HHO-DE-RP-1140
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	5/15/2023
Original Effective Date:	06/19/2023
Annual Approval Date:	12/19/2022
Last Revision Date:	05/18/2023
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 5

Disclaimer

Highmark Health Options reimbursement policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

POLICY PURPOSE

This policy was written with the intent to help providers who help serve the Medicaid population have an understanding how to bill telehealth services.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

Distant Site – A site at which a health care provider is legally allowed to practice in the state is located while providing health-care services by means of telemedicine or telehealth.

Originating Site – The site where the member is located at the time health care services are provided to the member by means of telehealth.

Remote patient monitoring – The use of synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a patient at an originating site. The information is then transmitted to a provider at a distant site for use in treatment and management of unstable/uncontrolled medical conditions that require frequent monitoring.

Telehealth – The use of information and communication technologies consisting of telephones, Remote Patient Monitoring devices or other electronic means to provide or support health care delivery. It occurs when the patient is at an originating site and the health care provider is at a distant site.

Telemedicine – A subset of Telehealth, the delivery of clinical health care and other services, as authorized under Delaware Medicaid, by means of real-time 2-way audio, visual, or other telecommunication or electronic communication, including the application of secure video conferencing or store and forward transfer technology to provide or support health care delivery, which facilities the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a health care provider legally allowed to practice in the State and practicing within the health care provider's scope of practice as would be practiced in-person with a patient, while such patient is at an originating site and the health care provider is at a distant site.

POLICY POSITION

Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient) that states can choose to cover under Medicaid. Note that the federal Medicaid statute does not recognize telemedicine as a distinct service.

Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine, they are often considered under the broad umbrella of telehealth services. Even though such technologies are not considered "telemedicine," they may nevertheless be covered and reimbursed as part of a Medicaid coverable service, such as laboratory service, x-ray service or physician services (under section 1905(a) of the Social Security Act).

BILLING AND REIMBURSEMENT

Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient). As such, states have the option/flexibility to determine whether (or not) to cover telemedicine; what types of telemedicine to cover; where in the state it can be covered; how it is provided/covered; what types of telemedicine practitioners/providers may be covered/reimbursed, as long as such practitioners/providers are "recognized" and qualified according to Medicaid statute/regulation; and how much to reimburse for telemedicine services, as long as such payments do not exceed federal upper limits.

HHO will continue to reimburse services for appropriate providers delivered via telemedicine at the same rates as in-person delivered services.

Coverage for telehealth and telemedicine are limited to the types of services already considered a covered benefit under Highmark Health Option plans and reimbursement for those services are based on that benefit determination. Coverages and reimbursements for telehealth services are limited to those services performed between a licensed clinician and a member/patient.

When a covered benefit, evaluation and management and consultation services delivered through telehealth may be reimbursed under the following conditions:

- Professional services rendered via an interactive telecommunication system are only eligible for reimbursement to the provider rendering the telemedicine services. A provider rendering face-to-face care should report the appropriate codes for the in-person services.
- The patient must be present at the time of all billed services. If state law requires a face-to-face examination PRIOR to the delivery of telemedicine services, the face-to-face services must be concluded and documented in the medical record prior to the initiation of any related telehealth visits.
- The referring, consulting, or distant provider should obtain written valid consent from the member agreeing to participate in services delivered via the means of telemedicine. The member has the right to refuse these services at any time and must be made aware of any alternatives, including any delays in service, need to travel, or risks associated with not having services provided via telemedicine.
- All services provided must be medically appropriate and necessary.
- Prior authorization for telehealth-delivery is not required, but the Distant Site provider must obtain prior approval for any other covered services which would normally require prior authorization. This applies for participating and non-participating providers.
- The consultation/evaluation and management service must take place via an interactive audio and/or video telecommunications system (unless exceptions are allowed by applicable laws). Interactive telecommunications systems must be multi-media communication which, at minimum, includes audio and video equipment permitting real-time (synchronous) consultation among the patient and practitioner at the Originating Site and the practitioner at the Distant Site.
- Thorough, appropriate documentation of telemedicine services and other communications relevant to the ongoing medical care of the patient should be maintained as part of the patient's medical record.
- Services billed which indicate telemedicine as the mode of service delivery but are not substantiated by either the claim form or written medical records are subject to disallowances in the course of an audit.
- Please note that valid consent is required to assure that the member agrees to receive service via Telehealth delivered service and to assure that the member retains a voice in their treatment. The member must be informed and given an opportunity to request an in-person assessment before receiving a Telehealth service. The member’s verbal consent must be documented in the member’s record. The Contractor shall not require written consent for the provision of Telehealth services.

LIMITATIONS

- HHO will reimburse up to three different consulting providers for separately identifiable telemedicine services provided to a member per date of service and only one originating facility fee is permitted per date, per member.
- HHO will not reimburse the referring provider at the originating facility on the same date of service unless the referring provider is billing for a separate identifiable covered service. Medical records must document that all of the components of the service being billed were provided to the recipient.
- Chart reviews, electronic mail messages, facsimile transmissions or internet services for online medical evaluations are not covered telehealth services.
- HHO shall not pay a facility fee for the Distant site- at a minimum, HHO shall pay for telehealth services delivered via telephone that meet the States guidelines (2023 MSA).

ELIGIBLE PROVIDERS

Providers performing and billing telemedicine services must be eligible to independently perform and bill the equivalent face-to-face service. Providers must be located in the United States to provide these services.

For services delivered through telehealth, healthcare practitioners must:

- Act within their scope of practice.

- Be licensed for the service for which they are providing to members.
- Be a participating provider with HHO or engaged in the process to become a participating provider.
- Be located within the continental United States.
- Provider at originating site and the provider at distant site must be licensed in Delaware or in the state in which the provider is located, if allowed under Delaware law to provide Telehealth services without a Delaware license through the Interstate Medical Licensure Compact or otherwise must be enrolled with DMAP.

BEHAVIORAL HEALTH

Examples of eligible Behavioral Health Telehealth services include (not an all-inclusive list):

- Evaluation and Management
- Behavioral Health
- Substance Abuse

MEMBER AND PROVIDER EDUCATION AND TRAINING

Members and providers should be educated about the availability of Telehealth, considerations for using Telehealth versus in person visits, applicable requirements and how to access Telehealth options. Members and providers should be ensured that Telehealth does not replace provider choice and/or member preference for in-person service delivery (2023 MSA).

PROCEDURE CODE(S)

Telehealth Coding Worksheet

ELIGIBLE MODIFIERS

Modifier 95- Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System:

- When reporting modifier 95 with listed codes below ensure all criteria have been met.
- The provider and patient are in different locations when the service is provided.
- The nature and amount of interaction and information are commensurate with the key components or requirements specified had the service been rendered face-to-face.

Modifier G0- Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke:

- Valid for all Telehealth distant sites codes with place of service code 02
- Critical Access hospital (Rev codes 096X-098X)

02-Telehealth Provided Other Than in Patient's Home – The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

The Contractor (HHO) shall ensure that providers use 02 Place of service as Place of Service for all Telehealth charges. Although a member's home can be an Originating Site, the Contractor (HHO) shall not pay an Originating Site fee if the Originating Site is the member's home.

Modifier	Description
95	Synchronous Telemedicine service rendered via a real time interactive audio and video telecommunications system.

G0	Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke.
GQ	Via asynchronous telecommunications system.
GT	Via interactive audio and video telecommunication systems.

NATIONAL PLACE OF SERVICE

Modifier	Description
02	Telehealth provided other than in patients home.
10	Telehealth provided in patients home.

Reference

https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html

https://www.dos.pa.gov/ProfessionalLicensing/Pages/Telemedicine-FAQs.aspx

POLICY UPDATE HISTORY

12.8.2022	Approved in Reimbursement Policy
12.19.2022	Approved in Governance