

# Telehealth

Reimbursement Policy ID: RPC.0008.0100

Recent review date: 02/2024

Next review date: 12/2025

*Keystone First reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Keystone First reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Keystone First may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all healthcare services billed on a CMS-1500 form or its electronic equivalent, and, when specified, billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

This Keystone First policy outlines reimbursement criteria for telehealth services reported on professional claim form CMS-1500.

## Exceptions

N/A

## Reimbursement Guidelines

Keystone First recognizes the role of new and emerging technologies in the evolving healthcare landscape. Practitioner services historically defined by the in-person, physical meeting of patient and provider at the provider's office or other location are now routinely rendered using an array of HIPAA-compliant interactive telecommunication technologies commonly known as "telehealth," "virtual care," "e-visits," or "telemedicine." Telehealth services are classified according to how the patient's information is transmitted to the provider.

- **Synchronous** telehealth services involve live interaction between patient and provider and are either via audio alone or simultaneous audio and video.
- **Asynchronous "store and forward"** telehealth occurs when the patient's medical information is electronically transmitted to the provider, but not on a live basis.

Consistent with the Centers for Medicare & Medicaid Services (CMS) and Pennsylvania Medicaid, Keystone First deems certain provider services suitable for delivery via telehealth and considers telehealth services eligible for reimbursement when submitted on a clean claim with the place of service (POS) that reflects the patient’s location at the time telehealth services were provided and procedure codes, diagnosis codes, and modifiers compatible with the telehealth concept.

**Telehealth place of service (POS) codes**

POS code	POS description
02	Telehealth services provided to a patient not at home
10	Telehealth services provided to a patient who is at home.

**Telehealth modifiers**

Modifier	Modifier description
95	Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system.
GT	Telehealth services rendered via interactive audio and video telecommunication systems.

**Definitions**

**Telehealth**

Telehealth is defined as the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies. Live video conferencing, mobile health apps, “store and forward” electronic transmission, and remote patient monitoring (RPM) are examples of technologies used in telehealth.

**Edit Sources**

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare & Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI) in Medicaid.
- VI. Applicable Pennsylvania Medicaid Fee Schedule(s).

**Attachments**

N/A

**Associated Policies**

N/A

## Policy History

02/2024	Reimbursement Policy Committee Approval
08/2023	Policy Implemented by Keystone First removed from Policy History section
01/2023	Template revised <ul style="list-style-type: none"><li>• Preamble revised</li><li>• Applicable Claim Types table removed</li><li>• Coding section renamed to Reimbursement Guidelines</li><li>• Associated Policies section added</li></ul>