Telehealth

Last Reviewed Date: December 1, 2019
Related Policies:
Modifier Payment Policy
Provider Responsibilities
Virtual Check-in Payment Policy

Policy

This policy applies to the Medicaid, Health and Recovery Plans ("HARP"), Essential Health Plans, Commercial, Child Health Plus, and Medicare Advantage lines of business.

MVP provides reimbursement for a limited number of TeleHealth Services furnished by a TeleHealth Provider to an eligible member via (1) TeleMedicine, (2) Store and Forward Technology; (3) Remote Image Monitoring; and/or (4) through MVP's MyVisitNow® (each as defined below) as a substitution for an in-person visit (if those services would have been covered if delivered in person).

MVP shall not reimburse any individual or entity for services that are provided (i) via audio-only, fax-only, or email-only transmissions or (ii) for the purpose of providing individual practitioner services for individuals with developmental disabilities, as set forth in 14 N.Y.C.R.R. § 635.13.4.

Reimbursement for TeleHealth Services is subject to the delivery of such services in accordance with applicable state and federal law, regulation, and agency guidance, which may include, but is not limited to New York Public Health Law §§ 2999-cc; 2999-dd; New York Social Services Law § 367-u; New York Insurance Law §§ 3217-h, 4306-6; 14 N.Y.C.R.R. §§ 596; 679; 635; 830; and 42 C.F.R. § 135.

Reimbursement for Telepsychiatry and other Telemental Health Services provided by Office of Mental Health licensed providers under NYS Mental Hygiene Law is addressed in MVP's Telemental Health Payment Policy.

Definitions

Different health care services may fall under different governing law, even within the State of New York. In the event that the definition of any specific term defined herein and the definition of the same term in any applicable state or federal statute, regulation or agency guidance (a "Legal Definition"), the Legal Definition shall control.

Distant Site

The location at which a Telehealth Provider is located while delivering health care services by means of telehealth.

MyVisitNow®

MVP's mobile application which uses electronic information and communication technologies to deliver health care services to Members at a distance including but not limited to Telehealth consultation, and communication with MVP's Participating Providers, Online Care Network ("OCN").

Originating Site

A site at which a Member is located at the time health care services are delivered to him or her by means of Telehealth Originating Sites shall be limited to: (1) facilities licensed under NYS PHL Articles 28 and 40; (2) facilities as defined in Subdivision Six of Section 1.03 of the Mental Health Hygiene Law; (3) certified and non-certified day and residential

programs funded or operated by the Office for People with Developmental Disabilities (OPDD); (4)private physician's, or dentist's offices located within the State of New York; (5) any type of adult care facility licensed under Title 2 of Article 7 of the Social Services law; (6) public, private, and charter elementary and secondary schools, school age children's programs, and child day care centers within the State of New York; and (7) the Member's place of residence located within the state of New York or other temporary location located within or outside the state of New York.[1]

Remote Patient Monitoring

The use of synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a Member at an Originating Site; this information is transmitted to a provider at a Distant Site for use in the treatment and management of medical conditions that require frequent monitoring. Such technologies may include additional interaction triggered by previous transmissions, such as interactive queries conducted through communication technologies or by telephone. Such conditions shall include, but not be limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding. Remote patient monitoring shall be ordered by a physician licensed pursuant to Article 130 of the New York Education Law, a nurse practitioner licensed pursuant to Article 139 of the New York Education Law, or a midwife licensed pursuant to Article 141 of the New York Education Law with which the patient has a substantial and ongoing relationship.

Store and Forward Technology

The asynchronous, secure electronic transmission of a Member's health information in the form of Member-specific digital images and/or pre-recorded videos from a TeleHealth Provider at an Originating Site to a TeleHealth Provider at a Distant Site.

TeleHealth or TeleHealth Services

Use of electronic information and telecommunications by Telehealth Providers to deliver health care services, which shall include the assessment, diagnosis, consultation, treatment, education, care management, and/or self-management of a Member. TeleHealth includes Telemedicine, Store and Forward Technology, Remote Patient Monitoring and services provided through MVP's MyVisitNow®. Services or communications by audio-only (e.g. telephone, fax, skype, etc.) do not qualify as a TeleHealth Services when used alone and not in support of Telemedicine, Store and Forward, Remote Patient Monitoring or MVP's MyVisitNow®.[2]

TeleHealth Provider

Includes the following, so long as such individuals are duly licensed in accordance with New York State Education Law: (i) physician; (ii) physician's assistant; (iii) dentist; (iv) nurse practitioner (v)registered professional nurse (vi) podiatrist; (vii) optometrist (viii) psychologist (ix) licensed social worker; (x) speech language pathologist, (xi) audiologist; (xii) licensed midwife; (xiii)physical therapist; (xiv)occupational therapist. TeleHealth Providers shall also include the following individuals: (i) person certified as a diabetes educator by the National Certification Board or affiliated with a program certified by the American Diabetes Association the American Association of Diabetes Educators, the Indian Health Services, or any other national accreditation organization approved by the federal Centers for Medicare and Medicaid Services ("CMS") ; (ii) a person who is a certified asthma educator by the National Asthma Educator Certification Board or successor national certification board; (iii) a person who is a certified genetic counselor by the American Board of Geriatric Counseling, or a successor national certification board (iv) alcoholism and substance abuse counselors credentialed by the New York State Office of Alcoholism and Substance Abuse Services ("OASAS") or by a credentialing

[1] Authorized Originating Sites for Medicare Advantage may differ. See Medicare Variation for Authorized Originating Site and Distant Site TeleHealth Providers:

[2] Pursuant to 42 C.F.R. § 135, TeleHealth Services for the Medicare Advantage Product shall include (i) those services included under the traditional Medicare telehealth benefit and (ii) subject to certain conditions set forth herein, any service available under Medicare Part B, but not payable under the original Medicare telehealth benefit

entity approved by OASAS pursuant to applicable law, and (v) providers authorized to provide services and service coordination under the early intervention program set forth in Article 25 of the New York Public Health Law . Telehealth Providers shall also include the following entities: (i) a "hospital" as that term is defined in Article 28 of the New York Public Health Law, including residential health care facilities serving special populations; (ii)a "home care agency" as that term is defined in Article 36 of the New York Public Health Law; (iii) a "hospice" as that term is defined in Article 40 of the New York Public Health Law, ; (iv) clinics licensed or certified under Article 16 of the New York Mental Hygiene Law; and (v) certified and non-certified residential programs funded by the Office for People With Developmental Disabilities ("OPWDD"). A TeleHealth Provider shall also include any other provider as determined by the New York State Department of Health ("DOH"), the New York State Office of Mental Health, OASAS, or OPWDD who provides TeleHealth Services in compliance with all applicable state and federal laws and in accordance with MVP Protocols.

Telemedicine

The use of synchronous, two-way electronic audiovisual communications to deliver clinical health care services, which shall include the assessment, diagnosis, and treatment of a Member while the Member is at an Originating Site and the Telehealth Provider is at a distant site.

Billing/Coding Reimbursement Guidelines

Generally.

Providers must submit claims for TeleHealth Services using the appropriate CPT or HCPCS code for the applicable professional service.

TeleHealth Services must be billed with Place of Service ("POS") 02, identifying the location where health services and health-related services are provided or received.

If all or part of a TeleHealth Service is undeliverable due to a failure of transmission or other technical difficulty, MVP will not provide reimbursement for the TeleHealth Service.

Billing For Professional Services Provided Via Telemedicine

Providers should submit claims for Telemedicine using the appropriate CPT or HCPCS code for the professional service and append Telemedicine Modifier 95, via interactive audio and video telecommunications systems (for example: 99201 95).

Modifier GT, Telehealth Services rendered via interactive audio and video telecommunications system must be used when Modifier 95 does not apply. All other modifiers must be attached as appropriate, please see MVP's Modifier Payment Policy.

For Medicaid Products, licensed physicians may bill for TeleHealth Services provided in an Article 28 Facility setting; however, the APG payment for all other TeleHealth Providers providing TeleHealth Services in an Article 28 Facility setting are included in MVP's APG payment to the Article 28 Facility.

There is no separate payment for TeleHealth Services provided by individual TeleHealth Providers in Diagnostic and Treatment Centers. MVP's APG payment to the Diagnostic and Treatment Center is all-inclusive.

For New York Commercial and Medicare Advantage Products MVP follows CMS guidelines and will only reimburse for CPT and HCPCS codes outlined by CMS.

Telehealth Services

You must use an interactive audio and video telecommunications system that permits real-time communication between you at the distant site, and the beneficiary at the originating site.

Transmitting medical information to a physician or practitioner who reviews it later is permitted only in Alaska or Hawaii Federal telemedicine demonstration programs.

CY 2019 Medicare Telehealth Services

Service	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406–G0408
Office or other outpatient visits	99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	99307–99310
Individual and group kidney disease education services	G0420–G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training	G0108–G0109
Individual and group health and behavior assessment and intervention	96150–96154
Individual psychotherapy	90832–90838
Telehealth Pharmacologic Management	G0459
Psychiatric diagnostic interview examination	90791–90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90963
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2–11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90964
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12–19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90965
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older	90966
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	90967
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 2–11 years of age	90968
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 12–19 years of age	90969

Service	HCPCS/CPT Code
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	90970
Individual and group medical nutrition therapy	G0270, 97802–97804
Neurobehavioral status examination	96116
Smoking cessation services	G0436, G0437, 99406, 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	G0396, G0397
Annual alcohol misuse screening, 15 minutes	G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443
Annual depression screening, 15 minutes	G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	G0446
Face-to-face behavioral counseling for obesity, 15 minutes	G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	99496
Advance Care Planning, 30 minutes	99497
Advance Care Planning, additional 30 minutes	99498
Psychoanalysis	90845
Family psychotherapy (without the patient present)	90846
Family psychotherapy (conjoint psychotherapy) (with patient present)	90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	99355
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)	99356

Service	HCPCS/CPT Code
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)	99357
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	G0438
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	G0439
Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	G0508
Telehealth Consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	G0509
Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making	G0296
Interactive Complexity Psychiatry Services and Procedures	90785
Health Risk Assessment	96160, 96161
Comprehensive assessment of and care planning for patients requiring chronic care management	G0506
Psychotherapy for crisis	90839, 90840
Prolonged preventive services	G0513, G0514

A physician, NP, PA, or CNS must furnish at least one ESRD-related "hands on visit" (not telehealth) each month to examine the beneficiary's vascular access site.

Billing for the Originating and Distant Site

An Originating Site and Distant Site operating under the same Tax Identification Number ("TIN") or within the same provider network will be reimbursed for the Distant Site only. In such cases, the Distant Site is responsible for reimbursing the Originating Site.

Medicaid Requirements for Authorized Originating Site and Distant Site

Article 28 Originating Site may bill for TeleHealth Services under APGs using the appropriate CPT code for the visit only when a qualified TeleHealth Provider is present with the Member and has provided billable face-to-face services (e.g., "facetime" encounter) with the Distant Site.

When TeleHealth Services are provided at an Article 28 Originating Site and a qualified TeleHealth Provider is not present with the Member at the time of the encounter, the Originating Site should bill Q3014 for the audio-visual connection only. The Distant site should bill using APGs for TeleHealth Services using the appropriate CPT code for the service provided, appended with the "GT" modifier.

Medicare Variation for Authorized Originating Site and Distant Site TeleHealth Providers

Medicare Telehealth services include office visits, psychotherapy, consultations, and certain specified medical or health services Unless otherwise provided in the Members' benefit plan and MVP Protocols, Medicare limits TeleHealth

Services reimbursement by geographic and Originating Site restrictions. The Originating Site must be in a Health Professional Shortage Area ("HPSA") or a county outside of any Metropolitan Statistical Area ("MSA"). and the authorized Originating Site are limited to:

1. Provider offices.
2. Hospitals
3. Critical Access Hospitals (CAH)
4. Rural Health Clinics
5. Federally Qualified Health Centers
6. Hospital based or CAH-based Renal Dialysis Centers (including satellites)
7. Skilled Nursing Facilities
8. Community Mental Health Centers
9. Renal Dialysis Facilities (and home for End State Renal Disease)
10. Homes of Members with End-Stage Renal Disease getting home dialysis
11. Mobile Stroke Units.

NOTE: variations for Substance Use Disorder or co-occurring mental health disorders are addressed in MVP's Telemental Health Payment Policy.

Additional Telehealth Benefits for Medicare Advantage

Medicare Advantage plans may provide "Additional Telehealth Benefits," at locations mutually determined by MVP, the Member, and the Telehealth Provider, including a Member's home. Additional Telehealth Benefits include Covered Services available under Medicare Part B, but not payable under the original Medicare Telehealth benefit and identified by MVP as clinically appropriate to furnish through electronic exchange when the physician or provider providing services is not in the same location as the Member. To check a members eligibility and benefits go to mvphealthcare.com/provider and log in using your online account. Only properly credentialed in-network Medicare providers are eligible to provide and receive reimbursement for "additional telehealth benefits" under Medicare.

Billing And Payment For Store And Forward Technology

Payment for TeleHealth Services provided via Store and Forward Technology shall be made to the consulting physician. The physician must submit claims for the CPT Code for the professional service and attach Modifier GQ (via asynchronous telecommunications system). Modifier GQ may only be submitted with Store and Forward Technology.

If at any time DOH or any other applicable agency limits TeleHealth Services using Store and Forward Technology to limited services or disciplines, only those services or disciplines may be billed.

The Distant Site provider must provide the requesting Originating Site Provider with a written report of the consultation for payment to be made.

Vermont Variation

Teleophthalmology or teledermatology services may be provided by Store and Forward Technology.

Billing For Remote Patient Monitoring (RPM)

RPM must be orders by a New York licensed physician, nurse practitioner or midwife who has examined the Member and with whom the Members has an established, documented, and ongoing relationship. Member health information or data may be received at the Distant Site by a New York licensed registered nurse.

The use of RPM must be determined to be medically necessary and must be discontinued when the Member's condition is determined to be stable/controlled. RPM requires a minimum of 30 minutes per month to be spent collecting and

interpreting the Member's RPM data. In addition to TeleHealth Services, Members must be periodically seen in-person by a health care provider.

Certified Home Health Agencies ("CHHA") are not eligible for RPM TeleHealth Services to a Member if the Members is receiving home health care services through the CHHA.

MVP shall pay a daily fee of note more than $4.00 for each day RPM equipment is used to monitor a Member's health; however, the maximum rate for RPM per Member per month may not exceed $36.00.

CPT Code 99091 must be billed for the collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the Member and/or caregiver to the Provider and must not be submitted more than once per month and must be billed on the last day of the month the services were performed.

Medicare Variation for Remote Patient Monitoring (RPM)

RPM requires the RPM device to be a medical device as defined by the U.S. Food and Drug Administration (FDA), and the service ordered by a physician or other qualified health care professional.

The Member must be documented it in the Member's medical record.

RPM services must be initiated during a face-to-face visit with the provider for new Members or Members not seen by the provider within one year.

CPT Code 99453 is specific to RPM and must be billed for RPM of physiologic parameter(s) (e.g. weight, blood pressure, pulse oximetry, respiratory flow rate), for initial set-up and Member education on use of equipment.

CPT CODE 99454 is specific to RPM and must be billed for RPM of physiologic parameter(s) (e.g. weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.

CPT Code 99453 is reported once for each episode of care, documents the initial set-up and Member education, specifically on the use of the device. At the same time, CPT Code 99454 is submitted for providing the device and for daily recordings or programmed alert transmissions for a 30-day period. Both codes may only be reported if the RPM is 16 days or more. These codes are not used for the treatment or management of the condition.

CPT Code 99457 for RPM for physiologic treatment management services, requires 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month and interactive communication with the Member/caregiver during the month and is reimbursed monthly.

- CPT Code 99091 must not be billed in the same 30 day period as 99457.

Billing For Telehealth Provided By myVisitNow®

Effective January 1, 2017 TeleHealth will be covered without Distant Site and Originating Site requirements under certain health benefit plans when provided through MVP's MyVisitNow® mobile application. Please check Member benefits to ensure the Member is covered for TeleHealth through MyVisitNow®. Providers who want to provide Telehealth Services through MVP's myVisitNow® may contract with OCN to become an OCN provider.

Reimbursement Guidelines

Reimbursement for the Distant Site provider in New York for Medicare, Child Health Plus, and Commercial Products will be based on the CMS allowed telehealth codes referenced in this Policy and reimbursed at 100% of the applicable contracted fee schedule.

Reimbursement for the Distant Site provider for Medicaid and Essential Plan will follow NYS Medicaid requirements and pay at 100% of the applicable contracted Government Programs fee schedule.

Reimbursement for the Distant Site provider for Vermont for all products will follow Vermont state requirements and pay at 100% of the physicians contracted fee schedule.

Originating Site Facility Fee is reimbursed a flat fee of $25.

Reimbursement Guidelines for MyVisitNow®

Online Care Network Participating Providers please see the Online Care Network Participating Physician Group Agreement.

Exclusions

Remote consultations between Providers, without a Medicaid Member present, including for the purposes of teaching or skill building, are not TeleHealth Services and are not reimbursable under this TeleHealth Payment Policy, please refer to the Virtual Check-in Policy for guidelines.

The acquisition, installation and maintenance of telecommunication devices or systems is not reimbursable.

Notification/Prior Authorization Requests

Notifications/Prior Authorization Request

References

CMS Telehealth Services

CMS – Physician Fee Schedule

NYS Medicaid Telehealth Update

VT State Telemedicine Requirement

History

September 1, 2018	Policy approved
December 1, 2019	Updated Medicaid Expansion, Medicare Expansion. Medicare Codes.