

RB.021.A Professional Telehealth Services (Medicare)

Original Implementation Date : 1/1/2022
Version [A] Date : 1/1/2022
Last Reviewed Date: 11/1/2023

PRODUCT VARIATIONS

This policy only applies to Jefferson Health Plans (HPP) Medicare line of business.

This policy is intended to be generally consistent with Centers for Medicare & Medicaid Services (CMS) regulations and guidance for Professional Telehealth Services, including temporary accommodations made for the duration of the Federal Public Health Emergency (PHE). This policy bulletin will be updated when CMS releases any changes for 2024.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

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POLICY STATEMENT

Professional Telehealth Services are covered and eligible for reimbursement when all the following requirements are met:

- The service is medically necessary and is delivered using any of the following types of communication:
 - Telehealth visit
 - Virtual Check-ins
 - Telephone based evaluations
 - E-Visits
- The member seeking medical care is present at the time of service (i.e., real-time interaction between the member and the healthcare provider).
- Service must be rendered by HPP Physicians (PCP or Specialist), Nurse Practitioners (NP's), Certified Registered Nurse Anesthetists (CRNA), Physician Assistants (PA's), Registered dietitians, Nurse -midwives, Clinical Nurse specialist.

Jefferson Health Plans (HPP) follows CMS guidelines for telehealth/telemedicine services which include the following:

Health Partners Plans, Inc. (HPP), uses Jefferson Health Plans as the marketing name for some of its lines of business. Current lines of business are: Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans Medicare Advantage, Health Partners Plans Medicaid, and Health Partners Plans CHIP. All communications will specify the impacted line of business within the content of the message.

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Type of Service	Description of Service	Coding	Patient Relationship with Provider	Required Place of Service	Required Modifier	Requires Audiovisual Synchronous Real-time Communication
Telehealth Visits*	A visit with a provider that uses synchronous interactive audio and video telecommunications system.	99202-99205 99212-99215 (office or other outpatient visits)	New or Established	02 or 10	GT or 95	Yes
		G0425, G0426, G0427 (Telehealth Consultations, emergency department or initial inpatient)	New or Established	02 or 10	GT or 95	Yes
		G0406, G0407, G0408 (Follow-up inpatient telehealth consultations furnished to individuals in hospitals or SNFs)	New or Established	02 or 10	GT or 95	Yes
		98000-98005 98000-98005 <u>(Synchronous audio-video visit for the evaluation and management of a new or established patient)</u>	<u>New or Established</u>	<u>02 or 10</u>	<u>GT or 95</u>	<u>Yes</u>
Virtual Check-In	A brief (5-10-minute) check-in with a provider via telephone or other telecommunications device to	G2010	Established	02 or 10	--	No
		G2251	Established	02 or 10	--	No
		G2252	Established	02 or 10	--	No

Under Review

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Type of Service	Description of Service	Coding	Patient Relationship with Provider	Required Place of Service	Required Modifier	Requires Audiovisual Synchronous Real-time Communication
	determine whether an office visit or other service is needed for an established patient.					
	A remote evaluation of recorded video and/or images submitted by an established patient.	G2012	Established	02 or 10	--	No
		G2250	Established	02 or 10	--	No
Telephone Based Evaluations	Telephone services are non-face-to-face encounters originating from the Audio only visits for a new or established patient for evaluation or management of a problem provided by a qualified clinician. For telephone-based services, codes are time-based.	Physicians should use service codes 99441-99443 <u>98008-98016</u>	New or Established	02 or 10	--	No
		Non-physicians should use service codes 98966-98968.	Established	02 or 10	--	No
E-Visits	An established patient-initiated non-face-to-face communication through an online patient portal.	Physicians should use service codes 99421-99423	Established	02 or 10	--	No
		Non-physicians should use service codes 98970-98972	Established	02 or 10	--	No

***For telehealth visits (synchronous interactive audio and video telecommunications system) providers must report the appropriate Evaluation & Management (E&M) procedure code that would have applied had the service been provided in the office. In addition, providers must use the appropriate telehealth**

modifier, 95, GT. These types of visits shall be reimbursed in accordance with the provider's contract, Health Partners Plans fee schedules and the member's benefit plan.

Urgent Care Centers (UCC's) are NOT eligible to bill their case rate code (S9083) when Professional Telehealth Services are performed. If an UCC submits a claim with their case rate code when a service is rendered via telehealth, the claim will be denied. Only services rendered in person and face to face are eligible for case rate payment (S9083). UCC's are eligible for payment of Professional Telehealth Services if the policy criteria are met and the above Telehealth Visit procedure codes are explicitly included in the provider's contract with Health Partners Plans.

Federally Qualified Health Centers (FQHC's) are NOT eligible to bill their prospective payment system (PPS) case rate code (T1015) when Professional Telehealth Services are performed. If an FQHC submits a claim with their case rate code when a service is rendered via telehealth, the claim will be denied. Only services rendered in person and face to face are eligible for PPS case rate payment (T1015). FQHC's are eligible for fee-for-service payment of Professional Telehealth Services if the policy criteria are met and in accordance with the then current Medicare CMS billing and payment policy.

Telephone-based evaluations, Virtual check-ins, and E-Visits must not be reported as an E&M since there are specific codes for these types of services and the level of reimbursement may vary.

POLICY GUIDELINES

- 1) Professional Telehealth Services would typically NOT occur more than once per week for the same episode of care. Providers may be subject to an audit if increased frequency occurs.
- 2) Authorization is not required for Professional Telehealth Services alone.
- 3) Providers are expected to report the most appropriate Current Procedural Terminology (CPT[®]), or Healthcare Common Procedure Coding System (HCPCS) code and applicable modifier for Professional Telehealth Services provided.
- 4) Professional providers performing telemedicine services must report the appropriate modifier and place-of-service to represent telemedicine services for payment.
- 5) Telephone codes ~~90008-90016 99441-99443~~, 98966-98968 should not be reported when originating from a related E/M service provided within the past seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. Telephone call codes should not be reported for postop visits.

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- 6) Payment of Professional Telehealth Services may be impacted by CCI edits.
- 7) For providers paid on a capitation basis, services delivered through telehealth are considered included in capitation and are not separately payable.
- 8) HPP reserves the right to audit Professional Telehealth Services to evaluate:
 - a. Compliance with this policy or related state and federal regulations
 - b. Effectiveness and impact to our members
 - c. Quality of care
- 9) Nurse Practitioners (NP's), Certified Registered Nurse Anesthetists (CRNA) Physician Assistants (PA's), Registered dietitians, Nurse -midwives, & Clinical Nurse specialist are required to perform services within the scope of their license.

CODING

CMS code list for Telehealth services: [List of Telehealth Services for Calendar Year 2023 \(ZIP\)](#) [List of Telehealth Services for Calendar Year 2025 \(ZIP\)](#) Updated 12/21/24 4/9/25

Field Code Changed

BENEFIT APPLICATION

COST-SHARING

Cost-sharing may apply for some Professional Telehealth Services based on the benefit plan.

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

Professional Telehealth Services: Services performed by professional providers using technology to evaluate and communicate with members are limited to telehealth visits, virtual check-ins, telephone based-evaluations, and e-visits.

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Telehealth Visits: A visit with a provider that uses synchronous interactive audio and video telecommunications system.

Virtual check-ins: A brief (5-10-minute) check-in with a provider via telephone or other telecommunications device to determine whether an office visit or other service is needed for an established patient. A remote evaluation of recorded video and/or images submitted by an established patient.

Telephone-based evaluations: Telephone services are non-face-to-face (audio only) encounters originating from the established patient for evaluation or management of a problem provided by a qualified clinician.

E-Visits: An established patient-initiated non-face-to-face communication through an online patient portal.

Interactive telecommunications system: Multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient and distant site physician or practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

Synchronous interaction: A real-time interaction between a patient and a health care provider located at a distant site.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

Policy Bulletins are developed by Jefferson Health Plans (JHP) to assist in administering plan benefits and constitute neither offers of coverage nor medical advice.

This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2025 review. Code additions and revisions		
2023 Review	A	1/1/2022
This is a new policy	A	1/1/2022

REFERENCES

- Centers for Medicare & Medicaid Services CMS Medicare Learning Network. Telehealth Services June 2023. <https://www.cms.gov/files/document/mln900705-telehealth-services.pdf>
- Centers for Medicare & Medicaid Services. MLN Matters. New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19. May 2023. <https://www.cms.gov/files/document/se20016-new-expanded-flexibilities-rhcs-fqhcs-during-covid-19-phe.pdf>
- Centers for Medicare & Medicaid Services. List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/TelehealthCodes>
- Centers for Medicare & Medicaid Services. Medicare Telemedicine Health Care Provider Fact Sheet. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2025² - updated December~~May~~ 2024³. <https://www.cms.gov/files/zip/list-telehealth-services-calendar-year-2022-updated-01052022.zip>
- Code of Federal Regulations. 42 CFR § 410.78 <https://ecfr.federalregister.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.78>
- Novitas Solutions. Telehealth Services. <https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00027460>

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Commented [7R6]: agree

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Commented [CZ8]: @Essex, Leeann reference comment #5 links to correct updates for 2025 but link states calendar year 2022- does this need to be changed?