

Telehealth

Reimbursement Policy ID: RPC.0008.0100

Recent review date: 04/2024

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. 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 Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include 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 health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when 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
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, 10th 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)
- VI. Pennsylvania Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

04/2024	Revised preamble
03/2024	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">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section
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