

MEDICAL ASSOCIATES HEALTH PLANS OPERATIONS POLICY AND PROCEDURES MANUAL

POLICY NUMBER:	79
POLICY TITLE:	Telehealth Reimbursement
POLICY STATEMENT:	Reimbursement guidelines for telehealth and virtual health services

This reimbursement policy applies to Telehealth or telemedicine services reported using the CMS 1500 Health Insurance Claim form or its electronic equivalent. This policy applies to all products, all network and non-network providers.

Telehealth Place of Service and Modifier 95

Medical Associates Health Plan will consider for reimbursement the following telehealth services when they are rendered via audio and video and reported with either Place of service 02 or 10 OR modifier 95.

Services must be recognized by the Centers for Medicare and Medicaid Services (CMS) and recognized by the American Medical Association (AMA).

A list of codes eligible for Telehealth can be found on the CMS site
<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Eligible Care Providers

As described by CMS, the types of care provider eligible to deliver Telehealth Services include for example:

- Physician
- Nurse Practitioner
- Physician Assistant
- Nurse-Midwife
- Registered Dietician
- Clinical Psychologist
- Clinical Social Worker

In addition, Medical Associates considers the following care providers eligible to deliver certain Telehealth services: Therapy providers to include physical therapy, occupational therapy, speech therapy

Physical Health, Occupational, and Speech Therapy

Medical Associates Health Plan will reimburse certain physical, occupational and speech therapy (PT/OT/ST) Telehealth services provided by qualified health care professionals rendered via interactive audio and video technology.

Telehealth Eligible PT/OT/ST service codes are as follows:

92507, 92521, 92522, 92523, 92524, 97110, 97112, 97116, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97535, 97750, 97755, 97760, 97761

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Services submitted on a CMS 1500 form or its electronic equivalent should include:

- The appropriate place of service code 02 or 10
- Code(s) from the above list of specific physical, occupational and speech therapy Telehealth services

All PT/OT/ST Telehealth visits must be performed using live, interactive video conferencing that involves the presence of both parties at the same time and a communication link between them that allows a real time audio and visual interaction to take place. E-mailing “stored” exercise videos and discussing or reviewing by phone is not reimbursable.

Audio Only Telehealth

Medical Associates Health Plan aligns with the AMA and will consider for reimbursement the services included in Appendix T of the CPT code set with are appropriate for reporting real-time, interactive audio only telehealth, when appended with modifier 93 and reported with POS 02 or 10.

The list of approved audio only codes is as follows:

90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 92507, 92508, 92521, 92522, 92523, 92524, 96040, 96110, 96116, 96121, 96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171, 97802, 97803, 97804, 99406, 99407, 99408, 99409, 99497, 99498

Communication Technology-Based Services (CTBS) and Remote Physiologic Monitoring (RPM)

These services are eligible to be considered for reimbursement under this policy and are described in the CMS Physician Fee Schedule.

Examples include

- Electronic Visits (E-visits)
- Virtual Check-ins
- Remote Physiologic Monitoring
- Interprofessional Telephone/Internet/Electronic Health Record Consultations

NOTE: CTBS and RPM services are never rendered in person and therefore should be reported with POS 02 or 10 and/or a telehealth modifier (95, GT, GQ, G0)

The list of approved CTBS or RPM codes is as follows:

98970, 98971, 98972, 98975, 98976, 98977, 98978, 98980, 98981, 99091, 99421, 99422, 99423, 99446, 99447, 99448, 99449, 99451, 99452, 99453, 99454, 99457, 99458, 99473, 99474, G2010, G2012, G2250, G2251, G2252, G9037

Communication Technology-Based and Other Related Services Not Reimbursed

CTBS and other related services are not eligible for reimbursement according to the CMS PFS. Consistent with CMS, Medical Associates Health Plan will not separately reimburse for HCPCS code T1014 assigned a non-payable status.

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