



### Policy Information

<b>Policy Title</b>	Telehealth Reimbursement	<b>Current Version Publish Date</b>	3/2025
<b>Version</b>	2	<b>Original Effective Date</b>	6/2023
<b>Policy Identifier</b>	79	<b>Next Review Date</b>	Annual

### Policy Applicability (LOB)

<b>Medicare Cost Commercial</b>	ALL		
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### Policy Statement and Purpose

**POLICY STATEMENT:** Reimbursement guidelines for telehealth and virtual health services.

**SCOPE:** This reimbursement Policy applies to Telehealth or telemedicine services reported on the CMS1500 Health Insurance Claim form or its electronic equivalent. This policy applies to all products, all network and non-network providers.

### Policy Definitions

<b>Communication Technology-Based Services (CTBS)</b>	Services furnished via telecommunications technology and considered under virtual care but not considered Telehealth services.
<b>Electronic Visit (e-Visit)</b>	Communication between a patient and provider through an online patient portal with an established patient-provider relationship.
<b>Physician or Other Qualified Health Care Professional</b>	Per the CPT book, a Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
<b>Remote Physiologic Monitoring</b>	Collecting of vitals and physiologic information by the patient that is then sent to the health care professional for interpretation and monitoring of the data.
<b>Telehealth/Telemedicine</b>	Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.
<b>Virtual Check-In</b>	A brief check-in with the provider with an established patient-provider relationship.

### Policy Provisions and Required Procedures

**POLICY:**

**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.

Place of service 02 indicates that healthcare services were provided through telehealth, but not in the patient's home and will be reimbursed based on the facility physician fee schedule.

Place of service 10 indicates that healthcare services were provided through telehealth where the patient is located at home/residential site and will be reimbursed based on the non-facility physician fee schedule.

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

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, 96041, 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:

98016, 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, G0546, G0547, G0549, G0550, G0551, G2010, 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 nonpayable status

Codes 98000-98015 were assigned by CMS a payment status code of "I" due to their crosswalk to existing telehealth eligible codes (E/M visit codes 99202-99205, 99211-99215) appended with place of service (POS) 02 or 10 to identify them as telehealth. CMS Payment status of I = not valid for Medicare purposes; therefore MAHP will not recognize these codes for Medicare and Commercial coverage.

#### **Related Policies**

#### **Related Training**

#### **Related Job Aids**

#### **Related Workflows**

#### **References**

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services  
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services  
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets  
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

#### **Exhibits/Attachments**

### **Business and Regulatory Requirements**

#### **Description of Business / Regulatory Requirements and CMS Required Reports**

#### **Policy Owners /Reviewers [by Title/Name/Date]**

<b>Medical Associates Health Plans</b>			
<b>Medical Associates Board of Directors</b>			
<b>History</b>			
<i>Date of revision</i>	<i>Summary of changes</i> 3/2025 New format; added Place of service 02 and 10 reimbursement clarification.		