

Reimbursement Policy

Policy:	RP-202001	Initial Effective Date:	04/01/2020
SUBJECT:	Telemedicine	Revised Effective Date:	03/01/2020
		Last Revised Date:	04/01/2022

Applicability: This Reimbursement Policy will be applicable to the following Medical Mutual companies and products:

- Medical Mutual of Ohio, Medical Mutual Services, LLC (except Mutual Health Services, unless noted below), Medical Health Insuring Corporation of Ohio, MedMutual Life Insurance Company
 - Commercial and Marketplace (Fully-Insured and Self-Funded)
 - Medicare Advantage
- Mutual Health Services

Definition: Telemedicine refers to the practice of medicine using electronic communications, information technology, or other means when the healthcare provider and patient are in different locations. Telemedicine typically involves use of secure electronic communications to provide or enhance healthcare delivery by replicating a traditional doctor-patient encounter.

There are several different approaches to healthcare delivery in telemedicine. Synchronous telemedicine involves either on-demand or scheduled virtual visits that allow real-time face-to-face analysis and treatment. Synchronous telemedicine can improve convenience, access, and efficiency of care. Asynchronous telemedicine consists of e-visits, which may not include any direct interaction between provider and patient. Instead, asynchronous telemedicine involves acquiring medical data from the patient and then sending it to a doctor or medical specialist where it is reviewed without the patient being present. Telephonic, audio-only communications are generally considered telemedicine if the provider is acting within their professional scope of practice.

For the purposes of this Reimbursement Policy, the terms **telemedicine** and **telehealth** may be used interchangeably. The term **originating site** refers to the location of the patient receiving telemedicine services, while **distant site** refers to the location of the provider.

Reimbursement Policy: The Company considers services that are defined by the Centers for Medicare & Medicaid Services (CMS) as telehealth services to be eligible for reimbursement when reported using the **Place of Service (POS) code 02 (telehealth provided other than in patient's home)** or the **POS code 10 (telehealth provided in patient's home)**.

Reimbursement Policy

NOTE: The Company recognizes, but does not require, **modifier GT** (*via interactive audio and video telecommunications systems*) for reporting telemedicine services.

NOTE: Services that require the patient to be physically present (e.g., physical exam) are not eligible for reimbursement when reported as telemedicine.

The Company considers telemedicine services that involve asynchronous communication to be eligible for reimbursement if asynchronous telemedicine is a covered benefit under the member's benefit plan.

Telemedicine services **must** be delivered by a physician, physician's assistant, or advanced practice nurse (i.e., registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner), unless applicable law requires coverage for telemedicine services provided by other practitioner types.

Services that require face-to-face interactions should **not** be reported as telephone-only telemedicine.

The Company does **not** consider services other than those defined by CMS as telehealth services to be eligible for reimbursement.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its reimbursement process. The Company may deny reimbursement when it has determined that the services performed/billed are not separately payable regardless of coding used and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service as well as itemized bills and justification of level of operating room billed. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the procedure performed regardless of how the procedure was coded by the Provider.

The POS code 02 (telehealth provided other than in patient's home) or the POS code 10 (telehealth provided in patient's home) must be used to identify a service as telemedicine. Telemedicine claims submitted without POS code 02 or POS code 10 are not eligible for reimbursement.

The Company considers services reported using the GQ modifier (via asynchronous telecommunications systems) to be eligible for reimbursement if asynchronous telemedicine is a covered benefit under the member's benefit plan.

The Company does not consider facility fees for the originating site or for the distant site to be eligible for reimbursement.

Reimbursement Policy

Sources of Information:

- 39 Ohio Rev. Code. § 3902.30. (2022). Coverage for telemedicine services. Available at <http://codes.ohio.gov/orc/3902.30>. Accessed January 25, 2022.
- 39 Ohio Rev. Code. § 3922.01. (2012). Definitions. Available at <http://codes.ohio.gov/orc/3922.01>. Accessed January 25, 2022.
- 47 Ohio Rev. Code. § 4723.01. (2017). Nurse definitions. Available at <http://codes.ohio.gov/orc/4723.01>. Accessed January 25, 2022.
- 47 Ohio Rev. Code. § 4743.09. (2022). Available at <http://codes.ohio.gov/orc/4743.09>. Accessed January 25, 2022.
- Centers for Medicare & Medicaid Services. (2019). Telehealth services. *Medicare Learning Network*. Available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctshs.pdf?utm_campaign=2a178f351b-EMAIL_CAMPAIGN_2019_04_19_08_59. Accessed March 8, 2021.
- Federation of State Medical Boards. (2014). Model policy for the appropriate use of telemedicine technologies in the practice of medicine: Report of the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup. Available at: https://www.fsmb.org/siteassets/advocacy/policies/fsmb_telemedicine_policy.pdf. Accessed March 8, 2021.
- Marcoux RM and Vogenberg, FR. (2016). Telehealth: Applications from a legal and regulatory perspective. *Pharm Ther*; 41(9):567-570.

Reimbursement Policy

Revised:

- 04/01/2020 Policy created.
- 03/01/2020 Revised Effective Date. *Note: In response to the Coronavirus COVID-19 outbreak, we understand the importance of telemedicine services in accordance with the Centers for Disease Control and Prevention's direction to practice social distancing and to promote self-quarantine if patients are feeling ill or have been exposed to the virus. To best support this, the effective date of this policy has been revised to 03/01/2020.*
- 04/01/2022 Telephonic, audio-only communication clarified in definition and policy; asynchronous telemedicine language changed to reflect coverage if asynchronous telemedicine is a covered benefit; defined providers eligible for reimbursement for telemedicine services; notes added to clarify that face-to-face interactions should not be reported as telephone-only; services that require physical presence are not eligible for reimbursement when reported as telemedicine; and added references to new POS code 10.