



# Telemedicine / Telehealth Services

## Reimbursement Policy

### Purpose

Community Health Options (“Health Options”) reimburses clinically appropriate telehealth services occurring between the patient and remote provider. Reimbursement is subject to regular claim editing policies, Member benefits or certificate of coverage, eligibility, prior authorization requirements, and State Legislature.

### Definitions (as defined by Maine State Legislature)

- Asynchronous encounters: the interaction or consultation between an enrollee and the enrollee’s provider or between providers regarding the enrollee through a system with the ability to store digital information, including, but not limited to, still images, video, audio and text files, and other relevant data in one location and subsequently transmit such information for interpretation at a remote site by health professionals without requiring the simultaneous presence of the patient or the health professionals.
- Mobile health device: a wearable device used to track health and wellness, including, but not limited to, a heart rate and respiratory monitor, an electrocardiogram monitor and a glucose monitor.
- Store and forward transfers: transmission of an enrollee’s recorded health history through a secure electronic system to a provider.
- Synchronous encounters: real-time interaction conducted with interactive audio or video connection between an enrollee and the enrollee’s provider or between providers regarding the enrollee.
- Telehealth: the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers, and telemonitoring.
- Telemonitoring: the use of information technology to remotely monitor an enrollee’s health status via electronic means, allowing the provider to track the enrollee’s health data over time. Telemonitoring may be synchronous or asynchronous.

### Policy

Telemedicine and telehealth are used interchangeably within this policy as defining healthcare services provided to the patient by a qualified healthcare professional, both of which are at different locations while using information technology. Telemedicine services are considered “covered services” when all the following criteria are met:

- Service is medically appropriate and necessary
- Healthcare provider performing and billing the services is eligible to independently perform and bill the same service face-to-face. Telehealth is used as a substitute for face-to-face services at the same location within Health Options scope of coverage
- Information technology system complies with standards required under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Claim reports the place of service (POS):
  - “02” Telehealth Provider Other than in Patient’s Home or;

- “10” Telehealth Provided in Patient’s Home
- Claim includes appropriate telehealth Current Procedure Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code(s). Approved codes are listed on the CMS website at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- Claim includes modifiers for the services performed, as appropriate:
  - 93: synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system
  - 95: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system
  - FQ: The service was provided using audio-only communication technology
  - GO: telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
  - GQ: via asynchronous telecommunications system
  - GT: via interactive audio and video telecommunications system

Effective for services on and after October 1, 2023, covered medical telehealth/telemedicine services will be reimbursed at 80% of the fee schedule allowable amount. This does not apply to behavioral health providers.

Member cost sharing for telehealth services will be applied consistent with coverage for health care services provided face-to-face.

### Non-Covered Services

- Billed codes not on the CMS website for telehealth ‘approved codes’ will not be eligible for reimbursement: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- Q3014 – Site Facility Fee is not a payable service.

Non-covered services are not to be balance billed to the member.

### References/Resources

Centers for Medicare & Medicaid Services. *Telehealth Services*.

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Maine State Legislature (2021, June 21). *An Act Regarding Telehealth Regulations*. Public Law Chapter 291, L.D. 791. <http://legislature.maine.gov/>

State of Maine: Bureau of Insurance (2021, August 5). *Insurance Coverage for Services Provided Through Telehealth*. Bulletin 459. <https://www.maine.gov/pfr/insurance/>

### Related Policies

Facility Revenue Code Requirements  
Modifier Reference Guide

Paper Claims Submission  
Payment Integrity Audit

Outpatient & Professional Service Edits  
Professional Services

Replacement Claim Billing  
Routine Supplies, Services, & Medical Equipment

### Document Publication History

- 6/21/2023 Reimbursement as of 10/1/23 at 80% fee schedule allowable, excluding behavioral health providers.
- 6/08/2022 Emergency State Legislature updates. Added definitions, POS and modifiers. Removed distant site and Public Health Emergency exceptions.
- 4/27/2021 Annual review; no changes
- 3/17/2020 Initial publication

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This policy provides information on Community Health Options' claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures, and claims editing logic. Community Health Options reserves the right to amend a payment policy at its discretion. Policies are enforced unless underpinning direction stated otherwise.