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Reimbursement Policy

Telemedicine Services

Policy Number: 2102
Version Number: 5
Version Effective Date: 10/16/2021

Product Applicability	☐ **All Plan⁺ Products**
Well Sense Health Plan	**Boston Medical Center HealthNet Plan**
☐ Well Sense Health Plan	☒ MassHealth MCO
☐ NH Medicare Advantage	☒ MassHealth ACO
	☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct
	☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

⁺ *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Definitions

Originating site - the location of the member at the time the service is being provided. There are no geographic or facility restrictions on originating sites. A member may receive telehealth services while located within their own home, or any other appropriate site, provided that the provider complies with all applicable laws and regulations, including those related to privacy and data security.

Provider Reimbursement

Telehealth is the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.

Except for those services identified as categories of service ineligible for delivery via telehealth below, a provider may deliver any medically necessary covered service to a member via any telehealth modality, in accordance with MassHealth All Provider Bulletin 327 provided that such services are payable under that provider type.

The following categories of service are ineligible for deliviery via telehealth:

- Ambulance Services
- Ambulatory Surgery Services
- Anesthesia Services
- Certified Registered Nurse Anesthetist Services
- Chiropractic Services
- Hearing Aid Services
- Inpatient Hospital Services
- Laboratory Services
- Nursing Facility Services
- Orthotic Services
- Personal Care Services
- Prosthetic Services
- Renal Dialysis Clinic Services
- Surgery Services
- Transportation Services
- X-Ray/Radiology Services

Billing and Reimbursement Rates

All providers billing on a UB/837I must include the “GT” modifier when submitting claims for services rendered via telehealth.

All providers billing on a 1500/837P must include the place of service "02" when submitting claims for services rendered via telehealth. Additionally, effective 10/16/2021, for any such professional claim providers must include:

- Modifier 95 to indicate services rendered via audio-video telehealth;
- Modifier 93 to indicate services rendered via audio-only telehealth; and/or
- Modifier GQ to indicate services rendered via asynchronous telehealth.

Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods.

Providers will not be reimbursed a facility fee for originating sites.

Service Limitations

The following services are not reimbursable:

- Services rendered by non-secure electronic communication such as fax.
- Services which are already not reimbursable or covered when rendered to the member in a non-telemedicine capacity.

Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

POS Code	Description
02	Telehealth: the location where health services and health related services are provided or received, through telehealth telecommunication technology

Telemedicine Modifier		Instructions
Modifier	**Description**	
GT	Services rendered via interactive audio and video telecommunications systems	Bill on a 837I/UB-04 only
95	Services rendered via audio-video telehealth	Bill on a 837P/1500 only
93	Services rendered via audio-only telehealth	Bill on a 837P/1500 only
GQ	Services rendered via asynchronous telehealth	Bill on a 837P/1500 only

Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
03/20/2018	05/01/2018	Payment Policy	Payment Policy Committee

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
12/6/2018	New product applicability box, modifier table updated	01/01/2019	Payment Policy Committee
02/16/2021	Changes to align MA G.L., Part III, Title V, Chapter 260	01/01/2021	Payment Policy Committee
12/14/2021	Added required modifier use for 837P/1500 effective 10/16/2021	10/16/2021	Payment Policy Committee
04/19/2022	Revised Modifier "v3" to Modifier "93", per MassHealth APB 327 correction	10/16/2021	Payment Policy Committee

Other Applicable Policies

- General Billing and Coding Guidelines, 2119
- General Clinical Editing and Payment Accuracy Review Guidelines, 2120
- Provider Preventable Conditions and Serious Reportable Events, 2100
- Physician and Non-Physician Practitioners, 2096

References

- Masshealth All Provider Bulletin 324
- Masshealth All Provider Bulletin 327
- 42 CFR 410.78 - Telehealth services
- Contract between New Hampshire Medicaid Care Management, and Boston Medical Center HealthNet Plan
- Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners
- TITLE XII, Public Safety and Welfare, Chapter 167, Public Assistance to Blind, aged, or Disabled Persons, and to Dependent Children, Section 167:4-d, Medicaid Coverage of Telehealth Services
- TITLE XXX , Occupations And Professions, Chapter329, Physicians And Surgeons, Section RSA 329:1-d

Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.