

# Telehealth

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*AmeriHealth Caritas Ohio claim payment policies and the resulting edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT®), the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10); and the National Uniform Billing Code (NUBC).*

*Other factors affecting reimbursement may supplement, modify, or in some cases supersede medical/claim payment policy. These factors may include but are not limited to: legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services.*

## Policy Overview

This policy describes payment of claims for telehealth services by providers contracted with AmeriHealth Caritas Ohio.

Per Ohio Administrative Code (OAC) rule 5160-1-18, telehealth is the direct delivery of health care services to a patient via synchronous, interactive, real-time, electronic communication comprising both audio and video elements; or activities that are asynchronous and do not have both audio and video elements.

Reimbursement for covered telehealth services may be made to eligible providers. Providers must submit clean claims, consistent with Ohio Department of Medicaid (ODM) telehealth and other billing guidelines, using appropriate CPT and/or HCPCS codes and their modifiers. Services must be medically necessary. For practitioners who render services to an individual through telehealth for a period longer than twelve consecutive months, the telehealth practice or practitioner is expected to conduct at least one in-person annual visit or refer the individual to a practitioner or their usual source of clinical care that is not an emergency department for an in-person annual visit. Please refer to OAC rule 5160-1-18 for the complete list of covered services, eligible provider types, and provider responsibilities for telehealth.

## Exceptions

This policy does not apply to claims for telehealth services defined by OAC rule 5122-29-31 by behavioral health providers who are Ohio Department of Mental Health and Addiction Services certified under OAC rule 5160-27-01.

## Coding

**Procedure(s):** Please refer to the ODM telehealth billing guidelines for the list of procedure codes that can be rendered as telehealth services. Per OAC rule 5160-1-18, a communication between practitioners regarding a patient, without the patient present in the communication, is not considered telehealth unless the same communication is considered a billable health service in a non-telehealth setting.

**Modifier(s):** Modifier GT must be appended to the procedure code to indicate a telehealth service. When applicable, a patient location modifier must also be appended. Please refer to the ODM's telehealth billing guidelines for the list of patient location modifiers.

**Place of Service (POS):** In most cases, the POS code reported on a claim for telehealth services must reflect the physical location of the treating practitioner:

- POS 02 (Telehealth Provided Other Than in Patient's Home) will only be accepted on claims for telehealth services by Home Health Service providers.
- Claims with POS 10 (Patient's Home) will not be accepted for telehealth services.
- Claims with POS 09 (Prison/Correctional Facility) will not be accepted, as services to inmates in a penal facility or a public institution are not covered.

Refer to the POS code set maintained by CMS, and to ODM telehealth billing guidelines for further specifications.

## Definitions

### Telehealth

Telehealth is the direct delivery of health care services to a patient via synchronous, interactive, real-time, electronic communication comprising both audio and video elements; or activities that are asynchronous and do not have both audio and video elements. Conversations or electronic communication between practitioners regarding a patient without the patient present is not considered telehealth unless the service would allow billing for practitioner-to-practitioner communication in a non-telehealth setting.

### GT-Via interactive audio and video telecommunication systems

Modifier GT is used to indicate telehealth services.

### Practitioner Site

Practitioner Site is the physical location of the treating practitioner at the time a health care service is provided via telehealth.

### Patient Site

Patient Site is the physical location of the patient at the time a health care service is provided via telehealth.

## Applicable Claim Types

Line of Business	Facility	Professional
Medicare	No	No
Medicaid	No	Yes
ACA Exchange	No	No

## Edit Sources

- I. *Current Procedural Terminology (CPT®)*, *Healthcare Common Procedure Coding System (HCPCS)*, *International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10)*, and associated publications and services.
- II. Ohio Administrative Code 5160-1-18 *Telehealth*: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-18>
- III. Ohio Department of Medicaid (ODM) *Telehealth Billing Guidelines*: <https://medicaid.ohio.gov/resources-for-providers/billing/billing>
- IV. Centers for Medicare and Medicaid Services (CMS) *POS Code Set*: [https://www.cms.gov/Medicare/Coding/place-of-servicecodes/Place\\_of\\_service\\_code\\_set](https://www.cms.gov/Medicare/Coding/place-of-servicecodes/Place_of_service_code_set)

## Attachments

N/A

## Policy History

11/15/2022	AmeriHealth Caritas Implementation
11/15/2022	Reimbursement Policy Committee Approval