Telehealth/Telemedicine

Policy
Harvard Pilgrim reimburses medically necessary telehealth/telemedicine services consistent with applicable state mandates and the service is a covered benefit.

Services include, but are not limited to:
- Interactive audio-video technology
- Remote patient monitoring devices
- Audio-only telephone
- Online adaptive interviews

Prerequisite(s)
Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to Referral, Notification and Prior Authorization for more information.

HMO/POS/PPO
A referral is required for specialist services for HMO and in-network POS members.

Open Access HMO and POS
For Open Access HMO and Open Access POS products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses Telehealth/Telemedicine
Harvard Pilgrim reimburses Telehealth/Telemedicine services when all the following conditions are met:
- Services rendered are clinically appropriate, medically necessary covered services and are within the provider’s scope of license
- When the patient is present at the time of service and has consented to the telemedicine/telephone encounter
- The encounter that satisfies the elements of the patient-provider relationship, as determined by the relevant healthcare regulatory board of the state where the patient is physically located.
- The telemedicine/telephone encounter when it is an appropriate substitute for a face-to-face encounter.
- Only the provider rendering the telemedicine/telephone encounter may submit for reimbursement
- The service is conducted over a secured and encrypted channel and a permanent record of online communications relevant to the ongoing medical care and follow-up of the patient is maintained as part of the patient’s medical record.
- Services that are provided using a HIPAA compliant platform.

Harvard Pilgrim Does Not Reimburse
- Patient communication that is incidental to an E&M service which may include, but not limited to:
  - Reporting of test results (including COVID-19)
  - Provision of educational materials
  - Administrative matters, including but not limited to, scheduling, registration, updates to billing information, reminders, and requests for medication refills or referrals or ordering of diagnostic studies
  - Contacting a patient in follow-up to a previous in-office, telephone, or telemedicine visit
- A telehealth/telemedicine service that occurs the same day as a face-to-face visit, unless it is a separate and clinically distinct service
- Telehealth/Telemedicine E&M service that is performed on the same day as a surgical procedure, unless it is a significant and separately identifiable service, or it is above and beyond the usual preoperative and postoperative care associated with the procedure
- Services that require equipment and/or direct hands-on care that cannot be provided remotely
• Telehealth transmission, per minute

**Member Cost-Sharing**

Services are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible), as applicable.

Harvard Pilgrim reimburses services to contracted providers when the service is a covered benefit. Benefits may vary greatly among employer groups. For benefit determination, call the Provider Service Center at 800-708-4414.

**Provider Billing Guidelines and Documentation**

**General Billing Information**

• Effective for dates of service on or after March 1, 2023, medical Telehealth/Telemedicine services will be reimbursed at 80% of the fee schedule/allowable amount.
  o Telehealth/Telemedicine services provided by Behavioral Health providers will continue to be reimbursed at the applicable in-person fee schedule/allowable amount in accordance with regulatory guidance
  o Telehealth/Telemedicine services provided by Medical and Behavioral Health providers to New Hampshire and Connecticut members will continue to be reimbursed at the applicable in-person fee schedule/allowable amount in accordance with New Hampshire and Connecticut regulatory guidance.

**Professional providers:**

• As of dates of service on or after September 1, 2022, all Telehealth/Telemedicine services must be reported with the appropriate Place of Service (POS) and the appropriate modifier.

• Place of service (POS):
  – 02: Telehealth provided other than in patient’s home
  – 10: Telehealth provided in patient’s home

• Telehealth/Telemedicine modifier:
  – Modifier 93: Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
  – Modifier 95: Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System
  – Modifier GT: Via Interactive Audio and Video Telecommunications Systems

• Any Telehealth/Telemedicine service submitted without the appropriate POS and/or modifier may be denied

• A Telehealth/Telemedicine modifier is not required to be appended for any procedure code with “telephone” or “telehealth” in the code description. For example, Q3014,98966 or 99441. Reporting at telephonic or telehealth procedure code clearly indicates that the service was provided via a telehealth modality. These services should be reported with the appropriate POS only

**Facility providers:**

• All Telehealth/Telemedicine services must be reported with the appropriate Revenue code and the appropriate Telehealth/Telemedicine modifier (Modifier 93, 95 or GT)

**Coding**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3014</td>
<td>Telehealth originating site facility fee</td>
<td>Reimbursed for facility only</td>
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<tr>
<td>T1014</td>
<td>Telehealth transmission, per minute, (professional services bill separately)</td>
<td>Not Reimbursed</td>
</tr>
<tr>
<td>Modifier</td>
<td>Description</td>
<td>Comments</td>
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<td>----------</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>93</td>
<td>Synchronous telemedicine service rendered via telephone or other real-time</td>
<td>Required when reporting an audio-only service is reported – See appendix</td>
</tr>
<tr>
<td></td>
<td>interactive audio-only telecommunication system</td>
<td>T of the CPT manual</td>
</tr>
<tr>
<td>95</td>
<td>Synchronous telemedicine service rendered via a real-time interactive</td>
<td>Required when a non-specific telemedicine/telehealth code is reported –</td>
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<tr>
<td></td>
<td>audio/video telecommunications system</td>
<td>See appendix P of the CPT manual</td>
</tr>
<tr>
<td>FQ</td>
<td>Audio-only communication technology</td>
<td>To be used for counseling and therapy services provided using audio-only</td>
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<td></td>
<td></td>
<td>telecommunications. Only after the PHE ends. (Note: This modifier is</td>
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<td></td>
<td></td>
<td>effective for DOS beginning January 1, 2022)</td>
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<tr>
<td>FR</td>
<td>The supervising practitioner was present through two-way, audio/video</td>
<td>(Note: This modifier is effective for DOS beginning January 1, 2022)</td>
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<td></td>
<td>communication technology</td>
<td></td>
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<tr>
<td>GT</td>
<td>Via interactive audio/video telecommunication systems</td>
<td>Required when reporting an Interactive audio/video telehealth service</td>
</tr>
<tr>
<td>GQ</td>
<td>Asynchronous telecommunications system</td>
<td>Asynchronous telehealth services. Except for demonstrations in Alaska</td>
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<td></td>
<td></td>
<td>and Hawaii, all telehealth must be interactive.</td>
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<tr>
<td>G0 (zero)</td>
<td>Telehealth services for diagnosis, evaluation, or treatment, of symptoms of</td>
<td>None provided</td>
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<tr>
<td></td>
<td>an acute stroke</td>
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</table>

**Related Policies**

**Payment Policies**
- Behavioral Health-Division of Financial Responsibilities
- CPT and HCPCS Level II Modifiers
- Evaluation and Management
- Non-Covered Services

**Publication History**
- 07/01/22: original documentation for dates of service on or after September 1, 2022
- 03/01/23: added effective for dates of service on or after 3/1/2023, some telehealth/telemedicine services will be reimbursed at 80% of fee schedule/allowable amount

1This policy applies to the products of Harvard Pilgrim Health Care and its affiliates — Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company — for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

2The table does not include all provider claim codes related to E&M services.