

Telehealth Reimbursement

In addition to self-pay, Medicare, Medicaid and many private payers offer some form of reimbursement for telehealth delivered services, however policies vary by state and payer.

Medicare

Reimbursement for telehealth delivered services is only made if certain requirements are met. When billing, a modifier must be used to indicate the service took place via telehealth, GT if done via live video or GQ if done asynchronously/store-and-forward. To determine if a service qualifies for reimbursement under Medicare, the following must be met:

<u>Type of Service</u>: Medicare will only reimburse for a specific set of CPT/HCPCS code. Each year, Medicare may approve for additional codes to be reimbursed. See Table 1 at the end of the document for the codes that are approved for reimbursement for CY 2016. Medicare will only reimburse for live video. The only exception is when the service is provided by a federal demonstration project in Hawaii or Alaska, in which case, they will also reimburse for store-and-forward.

<u>Geographic & Originating Site</u>: In order to be reimbursed for live-video telehealth, the patient must be located in a non-Metropolitan Statistical Area (MSA) or a rural Health Professional Shortage Area (HPSA). The Health Resources Services Administration (HRSA) maintains a Medicare telehealth payment eligibility search tool (http://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx) to determine if the specific location of an originating site qualifies. Additionally, Medicare limits the originating sites eligible to receive services through telehealth to the following facilities:

- Provider offices
- Hospitals
- Critical access hospitals
- Rural health clinics
- Federally qualified health centers

- Skilled nursing facilities
- Community mental health centers
- Hospital-based or critical access hospital-based renal dialysis centers

These sites are also eligible for a facility fee from Medicare to compensate for the use of their facility.

<u>Provider Restriction</u>: Only the following list of distant site providers qualify to deliver services and receive reimbursement via telehealth through Medicare:

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse midwives
- Clinical nurse specialists
- Clinical psychologists and clinical social workers
- Registered dietitians or nutrition professionals

Medicaid & Private Payers

CMS give states the ability to determine their own Medicaid policies related to telehealth which results in different policies across all 50 states and the District of Columbia. Medicaid policies may contain limitations such as the ones found in Medicare or additional requirements such as obtaining informed consent. Private payer policies may be dictated by state laws and also may vary greatly from payer to payer. While some private payer laws mandate coverage of services delivered via telehealth, they may not necessarily mandate that the reimbursement rate be equal to what it would be had the service been provided in person. The Center for Connected Health Policy (CCHP) maintains a 50 State Telehealth Laws and Reimbursement Report (www.cchpca.org) that provides state Medicaid policies as well as what private payer laws exist.

The following chart identifies states that provide some form of reimbursement in their Medicaid program for live video, store and forward and/or remote patient monitoring (RPM). The chart also provides a column showing which states have laws impacting private payers. *Please be advised that each Medicaid program and private payer law has its own caveats, requirements and restrictions associated with the various modalities. Additionally, policies and laws change frequently.* See CCHP's 50 State Telehealth Laws and Reimbursement Report and/or reference the appropriate State's Medicaid program provider manual for detailed information regarding telehealth reimbursement.

Telehealth Reimbursement Summary Chart

Information current as of March 2016.

	Medicaid Live Video	Medicaid Store and Forward	Medicaid RPM	Private Payer Law
AL	Х		Х	
AK	Х	Х	Х	Х
AZ	Х	Х		Х
AR	Х			Х
CA	Х	Х		Х
со	Х		Х	Х
СТ	Х			Х
DC	Х			Х
DE	Х			Х
FL	Х			
GA	Х			Х
н	Х			Х
ID	Х			
IL	Х	Х	Х	Х
IN	X		Х	Х

Telehealth Reimbursement Summary Chart (cont.)

	Medicaid Live Video	Medicaid Store and Forward	Medicaid RPM	Private Payer Law
IA	Х			
KS	Х		Х	
КҮ	Х			Х
LA	Х		Х	Х
ME	Х		Х	Х
MD	Х			Х
MA				Х
MI	Х			Х
MN	Х	Х	Х	Х
MS	Х	Х	Х	Х
МО	Х			Х
MT	Х			Х
NE	Х			Х
NV	Х			Х
NH	Х			Х
NJ	х			
NM	Х	Х		Х
NY	Х		Х	Х
NC	Х			
ND	Х			
ОН	Х			
ОК	Х			Х
OR	X			X
PA	Х			
RI				X*
SC	Х		Х	

^{*}Law becomes effective at a later date.

Telehealth Reimbursement Summary Chart (cont.)

	Medicaid Live Video	Medicaid Store and Forward	Medicaid RPM	Private Payer Law
SD	Х			
TN	Х			Х
TX	Х	1	Х	X
UT	Х		Х	
VT	Х		Х	Х
VA	Х	Х		Х
WA	Х	Х	Х	X*
wv	Х			
WI	Х			
WY	Х			

^{*}Law becomes effective at a later date.

Providers may also contact their regional telehealth resource center (RTRC) for additional information.

California Telehealth Resource Center	California
www.caltrc.org	
Great Plains Telehealth Resource Center	Iowa, Minnesota, Nebraska, North Dakota, South Dakota,
www.gptrac.org	Wisconsin
Heartland Telehealth Resource Center	Kansas, Missouri, Oklahoma
www.heartlandtrc.org	
Mid-Atlantic Telehealth Resource Center	Delaware, District of Columbia, Kentucky, Maryland, New Jersey,
www.matrc.org	North Carolina, Pennsylvania, Virginia, West, Virginia
Northeast Telehealth Resource Center	Connecticut, Maine, Massachusetts, New Hampshire, New
www.netrc.org	Jersey, New York, Rhode Island, Vermont
Northwest Regional Telehealth Resource Center	Alaska, Idaho, Montana, Oregon, Utah, Washington, Wyoming
www.nrtrc.org	
Pacific Basin Telehealth Resource Center	Hawaii, Pacific Basin
www.pbtrc.org	
South Central Telehealth Resource Center	Arkansas, Mississippi, Tennessee
www.learntelehealth.org	
Southeast Telehealth Resource Center	Alabama, Florida, Georgia, South Carolina
www.setrc.us	
Southwest Telehealth Resource Center	Arizona, Colorado, New Mexico, Nevada, Utah
www.southwesttrc.org	
TexLa Telehealth Resource Center	Louisiana, Texas
http://www.texlatrc.org/	
Upper Midwest Telehealth Resource Center	Illinois, Indiana, Michigan, Ohio
www.umtrc.org	

Table 1. CPT/HCPCS Codes Eligible for Medicare Reimbursement if Delivered Via Telehealth (CY 2016)

Telehealth Service	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPCS codes G0420 & G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 & G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150–96154
Individual psychotherapy	CPT codes 90832–90834 & 90836–90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age (YoA) to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents (effective on and after 1/1/2016)	CPT code 90963
ESRD-related services for home dialysis per full month, for patients 2-11 YoA to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents (effective on and after 1/1/2016)	CPT code 90964
ESRD-related services for home dialysis per full month, for patients 12-19 YoA to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents (effective on and after 1/1/2016)	CPT code 90965
ESRD-related services for home dialysis per full month, for patients 20 YoA and older (effective on and after 1/1/2016)	CPT code 90966
Individual and group medical nutrition therapy	HCPCS code G0270 & CPT codes 97802– 97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPCS codes G0436 & G0437 & CPT codes 99406 & 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0396 & G0397

Annual alcohol misuse screening, 15 minutes	HCPCS code G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS code G0443
Annual depression screening, 15 minutes	HCPCS code G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	HCPCS code G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	HCPCS code G0446
Face-to-face behavioral counseling for obesity, 15 minutes	HCPCS code G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	CPT code 99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	CPT code 99496
Psychoanalysis	CPT codes 90845
Family psychotherapy (without the patient present)	CPT code 90846
Family psychotherapy (conjoint psychotherapy) (with patient present)	CPT code 90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	CPT code 99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	CPT code 99355
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service) (effective for services furnished on and after 1/1/2016)	CPT code 99356
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service) (effective for services furnished on and after 1/1/ 2016)	CPT code 99357
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	HCPCS code G0438
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	HCPCS code G0439

Other: Some codes that Medicare reimburses deliver services through technology, but Medicare does not view these situations as services being delivered via telehealth. For example, for remote retinal screening, codes 92227 and 92228 are used to bill for remote retinopathy imaging:

- CPT code 92227 Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral.
- CPT code 92228 Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral

A similar situation exists for a Chronic Care Management Service code 99490. While these codes may have telehealth technology elements present in the service, CMS does not regard the service as being delivered via telehealth. This non-telehealth labeling also means that these codes do not face the same restrictions telehealth delivered services do such as the geographic restrictions, facility limitations and provider restrictions and use of the GT or GQ modifiers.