

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 Reimburses¹

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.
 - 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
 - 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)

Coding²

Code	Description	Comments
Q3014	Telehealth originating site facility fee	Reimbursed for facility only
T1014	Telehealth transmission, per minute, (professional services bill separately)	Not Reimbursed

PAYMENT POLICIES

Modifier	Description	Comments
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunication system	Required when reporting an audio-only service is reported –See appendix T of the CPT manual
95	Synchronous telemedicine service rendered via a real-time interactive audio/video telecommunications system	Required when a non- specific telemedicine/telehealth code is reported – See appendix P of the CPT manual
FQ	Audio-only communication technology	To be used for counseling and therapy services provided using audio-only telecommunications. Only after the PHE ends. (Note: This modifier is effective for DOS beginning January 1, 2022)
FR	The supervising practitioner was present through two-way, audio/video communication technology	(Note: This modifier is effective for DOS beginning January 1, 2022)
GT	Via interactive audio/video telecommunication systems	Required when reporting an Interactive audio/video telehealth service
GQ	Asynchronous telecommunications system	Asynchronous telehealth services. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.
G0 (zero)	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke	None provided

Related Policies

Payment Policies

- 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
09/29/23	annual review; removed Behavioral Health Division of Financial Responsibilities from related policies

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.