Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Telehealth/Telemedicine

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted providers for medically necessary telehealth/telemedicine services consistent with applicable state mandates and in accordance with member benefits.

Prerequisites

Applicable Point32Health referral, notification and authorization policies and procedures apply.

Harvard Pilgrim Health Care members refer to Referral, Notification and Authorization
Tufts Health Plan members refer to Referral, Prior Authorization, and Notification Policy

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected

Point32Health Reimburses

Telehealth/telemedicine services when the following conditions are met:

- Services rendered are clinically appropriate, are an appropriate substitute for an in-person assessment and/or treatment, and are within the provider's scope of license
- The patient is present at the time of service and has consented to the telemedicine/telephone encounter
- The location of the patient and the location of the provider are documented
- The encounter satisfies the elements of the patient-provider relationship, as determined by the relevant healthcare regulatory board of the state where the member is physically located
- Services are provided using a HIPAA compliant platform
- Online communications conducted over a secured and encrypted channel relevant to the ongoing medical care and follow-up of the patient, when a permanent record is maintained as part of the patient's medical record

Point32Health Does *Not* Reimburse

- Patient communication that is incidental to an E&M service which may include, but not limited to:
  - Administrative matters, including scheduling, registration, updates to billing information, reminders, or requests for medication refills or referrals or ordering of diagnostic studies
  - Contacting a patient in follow-up to a previous office, telephone, or telemedicine visit
  - Provision of educational materials
  - Reporting of test results
- A telehealth/telemedicine service that occurs the same day as a face-to-face visit, unless it is a separate and clinically distinct service
- A 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

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding

Place of Service (POS)	Description
02	Telehealth provided other than in patient's home
10	Telehealth provided in patient's home (A location other than a hospital or other facility where the patient receives care in a private residence)

Modifier	Description
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunication system- Required when 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
FQ	Audio-only communication technology- To be used for counseling and therapy services provided using audio-only telecommunications
FR	The supervising practitioner was present through two-way, audio/video communication technology
GT	Via interactive audio/video telecommunication systems
GQ	Asynchronous telecommunications system- Limited to federal demonstration projects in Alaska and Hawaii
G0 (zero)	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

Providers must bill the following code combination(s) for telehealth services:

Product(s)	POS	Modifier(s)	
Commercial Tufts Health Direct Tufts Health RITogether	02 or 10	93 95 GT	
Tufts Medicare Preferred HMO/PPO	02 or 10	93 95 FQ FR	GQ GT G0
Tufts Health Plan SCO Tufts Health Together Tufts Health One Care	02 or 10	93 95 FQ	FR GQ GT (institutional claims only)

Reimbursement Amounts for Medical Services

The following table explains reimbursement amounts for commercial (including Tufts Health Direct) products, in accordance with state and/or federal regulatory guidance. Percentages are based on the provider's applicable fee schedule/allowed amount and the state in which the member resides.

Service Type	MA	ME	RI	NH	CT
Medical	80%	80%	80%*	100%	100%
Behavioral Health	100%	100%	100%	100%	100%

**PCPs and Registered Dieticians/Nutritionists are compensated at 100% of the in-person rate for medical services.*

Note: The following products are compensated at 100% of the applicable in-person fee schedule/allowable amount for both medical and behavioral health services:

- Senior Products (Tufts Medicare Preferred and Tufts Health Plan SCO)
- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

Other Information

- Any telehealth/telemedicine service submitted without the appropriate POS and/or modifier may be denied
- Do not append telehealth/telemedicine modifiers to procedure codes that are inherently telehealth services as indicated by the code description (e.g., 98966 or 99441). These codes should be reported with the appropriate POS only
- Providers should bill with the appropriate license-level modifier when applicable
- Report facility claims with the appropriate revenue codes, CPT/HCPCS codes, and modifiers
  - Harvard Pilgrim Health Care accepts modifiers 93, 95 or GT
  - Modifier GT may only be appended to facility claims for Tufts Health Plan Senior Care Options (SCO), Together, and One Care

Related Policies and Resources

Payment Policies

Harvard Pilgrim Health Care
- CPT and HCPCS Level II Modifiers
- Evaluation and Management Services

Tufts Health Plan
- Evaluation and Management Professional
- Modifiers

Publication History

07/01/2024: Policy moved to new template; includes all lines of business

Background and disclaimer information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.