

Payment Policy: Telemedicine Services

Reference Number: NH.PP.14

Product Types: NH Medicaid

Effective Date: 09/01/2019

Last Review Date: n/a

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

Telemedicine, also referred to as Telehealth, allows health care professionals to evaluate, diagnose, and treat patients in remote locations using telecommunications technology. Telemedicine allows patients in remote locations to access medical expertise quickly, efficiently, and without travel.

Telemedicine is a reimbursable service when provided by medical and behavioral health specialist only, excluding primary care.

Policy Description

Telemedicine is the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment.

Reimbursement

Providers may furnish and receive reimbursement for covered, eligible telemedicine services, when provided at a distant site, in accordance with this policy and the provider's scope of licensure:

- Physician
- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Nurse Midwife
- Clinical Psychologist
- Clinical Social Worker
- Registered Dietitian or Nutrition Professional
- Certified Registered Nurse Anesthetist; or
- Other Behavioral Health Specialists licensed by the NH Board of Medicine

The originating site fee is not reimbursable in accordance with New Hampshire DHHS.

Medical/Behavioral health information must be communicated in real-time with the use of interactive audio and video communications equipment between the provider at the originating site and the member at the distant site. All services provided must meet medical appropriateness and necessity.

PAYMENT POLICY
Telemedicine Services

The telemedicine 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 member is maintained as part of the member’s medical record.

Sites of Service

An Originating Site is defined as the location of the member at the time the service is being rendered.

Eligible Originating Sites:

- Hospital
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Hospital-based or Critical Access Hospital-based renal dialysis center (including satellites)
- Skilled Nursing Facility (SNF) – managed by New Hampshire Department of Health and Human Services
- Community Mental Health Center (CMHC)
- Provider’s office
- Established vendor site

Documentation Requirements

Not Applicable.

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current 2019 manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT Code	Descriptor
90791 – 90792	Psychiatric diagnostic evaluation
90832 – 90838	Psychotherapy
90845	Psychoanalysis
90846 – 90847	Family psychotherapy
90863	Pharmacologic management with psychotherapy services performed
90951 – 90952, 90954 – 90955, 90957 – 90958, 90960 – 90961	End-stage renal disease (ESRD) services
92227 – 92228	Remote imaging for retinal disease

PAYMENT POLICY
Telemedicine Services

93228 – 93229	External mobile cardiovascular telemetry
93268 – 93272	External auto activated electrocardiographic rhythm event recording
93298 – 93299	Remote interrogation device evaluation
96116	Neurobehavioral status exam
96150 – 96151	Health and behavior assessment
96152 – 96154	Health and behavior intervention
99201 – 99205	New office or other outpatient visits
99211 – 99215	Established office or other outpatient visits
99231 – 99233	Subsequent hospital care
99241 – 99245	Office consultation
99251 – 99255	Inpatient consultation
99307 – 99310	Subsequent nursing facility care
99354 – 99355	Prolonged evaluation and management or psychotherapy service
99406 – 99407	Smoking and tobacco use cessation services
99408 – 99409	Alcohol or substance abuse screening
99495 – 99496	Transitional care management services

Place of Service Code	Descriptor
02	Telehealth

Modifier	Descriptor
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
GT	Via interactive audio and video telecommunications systems

ICD-10 Codes	Descriptor
NA	Not Applicable

Additional Information

Not Applicable

Related Documents or Resources

Not Applicable

References

1. [MLN Telehealth Services](#)

Revision History	
5/1/2019	Initial Draft

PAYMENT POLICY

Telemedicine Services

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and

PAYMENT POLICY

Telemedicine Services

LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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