



REIMBURSEMENT POLICY STATEMENT

OHIO MEDICAID

Original Issue Date		Next Annual Review		Effective Date	
10/31/2013		07/01/2019		07/01/2018	
Policy Name				Policy Number	
Telemedicine Services				PY-0084	
Policy Type					
Medical	Administrative	Pharmacy	REIMBURSEMENT		

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. SUBJECT

Telemedicine Services

B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment.

Telemedicine is used to support health care when the provider and patient are physically separated. Typically, the patient communicates with the provider via interactive means that is sufficient to establish the necessary link to the provider who is working at a different location from the patient. CareSource will reimburse participating providers, for telemedicine services, who are credentialed to deliver telemedicine services rendered to CareSource members, as set forth in this policy.

C. DEFINITIONS

- **Asynchronous store and forward technologies** - is the transfer of a patient's medical information, through the use of a camera or recording device, that is sent via telecommunication to another site for consultation.
- **Distant Site (Hub)** - is the location of the physician or provider rendering health care services.
- **Electronic service delivery** (electronic therapy, cyber therapy, e-therapy, etc.) - is counseling, social work or marriage and family therapy in any form offered or rendered primarily by electronic or technology-assisted means.
- **Originating Site (Spoke)** - is the location where the patient is physically located when services are provided.
- **Place of Service Codes (POS)** - are codes that specifically indicate where a service or procedure was performed.
- **Telemedicine** - is the direct delivery of services to a patient via synchronous, interactive, real-time electronic communication that comprises both audio and video elements.
- **Telemedicine vendor** - is the participating provider with CareSource that renders the telemedicine services.

D. POLICY

- I. CareSource does not require prior authorization for Telemedicine services.
- II. Telemedicine services may be reimbursed according to Ohio Medicaid guidelines and using appropriate CPT and/or HCPCS and modifier codes.
- III. Practitioners providing select behavioral health services via "electronic service delivery" must:
 - A. Conduct an initial face-to-face meeting, which may be by video/audio electronically, to verify client identity.
 - B. Obtain written, informed consent to include discussion of risks of electronic service delivery.
 - C. Provide links to websites of certification bodies and licensure boards.



- D. Identify appropriately training professionals to provide local assistance.
 - E. Maintain confidentiality, including use of encryption methods.
- IV. Reimbursement may be made for the following health care services delivered at the distant site:
- A. Evaluation and management services characterized as **ANY** of the following:
 1. Office or other outpatient services
 2. Office or other outpatient consultations
 3. Inpatient consultations
 - V. The originating site is responsible for documenting the medical necessity of the health care service provided through the use of telemedicine, for securing the informed consent of the patient, and for developing and maintaining progress notes.
 - VI. The distant site is responsible for maintaining documentation of the health care service delivered through the use of telemedicine and for sending progress notes to the originating site for incorporation into the patient's records.

Note: Although telemedicine/telehealth services do not require a prior authorization CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

- VII. Addition information regarding behavioral health services can be found at:
http://bh.medicareid.ohio.gov/Portals/0/Providers/FINAL%20BH%20Manual%20V%201.4_12042017.pdf

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting CMS approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the appropriate Ohio Medicaid fee schedules:

<http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>

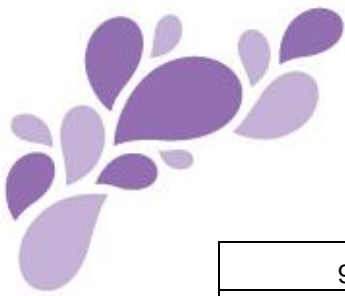
<http://www.medicareid.ohio.gov/PROVIDERS/FeeScheduleandRates/SchedulesandRates.aspx#1682653-outpatient-hospital-behavioral-health-services>

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced sources for the most current coding information.**

CPT Codes	Definition
99201	New patient – Office or other outpatient visit, including problem focused history, problem focused exam, straightforward medical decision-making.
99202	New patient – Office or other outpatient visit, including expanded problem focused history, expanded problem focused exam, straightforward medical decision-making.
99203	New patient – Office or other outpatient visit for the evaluation and management of the member, including a detailed history, a detailed examination and medical decision making of low complexity.
99204	New patient – Office or other outpatient visit for the evaluation and management of the member, including a comprehensive history, a



	comprehensive examination and medical decision making of moderate complexity.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.
99211	Established patient – Office or other outpatient visit for the evaluation and management of the member that may not require the presence of physician or other qualified health care professional.
99212	Established patient – Office or other outpatient visit for the evaluation and management of the member, including at least two of the following components: problem focused history, problem focused exam, straightforward medical decision-making.
99213	Established patient – Office or other outpatient visit for the evaluation and management of the member, including at least two of the following components: an expanded problem focused history, an expanded problem focused exam and medical decision making of low complexity.
99214	Established patient – Office or other outpatient visit for the evaluation and management of the member, including at least two of the following components: a detailed history, a detailed examination and medical decision making of moderate complexity.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.
99354	Prolonged evaluation and management or psychotherapy service(s); first hour
99355	Prolonged evaluation and management or psychotherapy service(s) each additional 30 minutes
90791	Psychiatric Diagnostic Evaluation w/o Medical
90792	Psychiatric Diagnostic Evaluation w/ Medical
90832	Individual Psychotherapy - 30 minutes
90834	Individual Psychotherapy – 45 minutes
90837	Individual Psychotherapy – 60+ minutes
90833	Individual Psychotherapy w/ E/M Service
90836	Individual Psychotherapy w/ E/M Service
90838	Individual Psychotherapy w/ E/M Service
90846	Family Psychotherapy w/o patient – 50 minutes
90847	Family psychotherapy (conjoint, w/ patient present) – 50 minutes
90849	Multiple-family group psychotherapy
90853	Group Psychotherapy (not multi-family group)
90863	Pharmacologic management
96101	Psychological Testing
96111	Developmental Testing



96116	Neurobehavioral Status Exam
96118	Neuropsychological Testing
H0036	Community Psychiatric Supportive Treatment – Individual or Group
H0001	SUD Assessment
H0004	SUD Individual Counseling
H0005	SUD Group Counseling
H0006	SUD Case Management
Q3014	Telehealth originating site facility fee
Modifier	Description
GT	Via interactive audio and video telecommunication systems
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

F. RELATED POLICIES/RULES

N/A

G. REVIEW/REVISION HISTORY

DATE		ACTION
Date Issued	10/31/2013	
Date Revised	11/29/2016	
	02/22/2018	Added additional information regarding behavioral health practitioner's responsibilities, 1 modifier and 21 behavioral health codes.
Date Effective	07/01/2018	

H. REFERENCES

1. Telemedicine | Medicaid.gov. (2017, December 1). Retrieved December 1, 2017 from <https://www.medicaid.gov/medicaid/benefits/telemmed/index.html>
3. OAC - 5160-1-18 Telemedicine. (2015, January 2). Retrieved December 1, 2017 from <http://codes.ohio.gov/oac/5160-1-18>
4. Fee Schedule Rates-Appendix DD to rule 5160-1-60. (2017, January 1). Retrieved December 1, 2017 from <http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>
5. OAC - 4757-5-13 Standards of practice and professional conduct: electronic service delivery (internet, email, teleconference, etc.). (2016, July 1). Retrieved December 1, 2017 from <http://codes.ohio.gov/oac/4757-5-13>
6. Chapter 5160-27 Community Mental Health Agency Services. (2017, January 1). Retrieved December 1, 2017 from <http://codes.ohio.gov/oac/5160-27>

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.