

Sanford Policy Health Plan	MemE-REB-029 Telehealth Benefit Reimbursement
	APPROVED BY: DIRECTOR, CARE MANAGEMENT, HEALTH PLAN
DATE REVIEWED/REVISED: 03/20/2020	WRITTEN BY: CODING VERIFIER

SCOPE:	All plans unless variations are specifically noted in the plan document
AFFECTED DEPARTMENT(S):	Operations, Claims, Care Management, Pharmacy, Utilization Management
IMPLEMENTED: 1/1/19	ISSUED: 1/1/19
REVIEW COORDINATOR:	Sanford Health Plan Benefit Committee, Sanford Health Telehealth Committee
NCQA REVIEW:	Not required
PROVIDER MANUAL PUBLICATION:	Yes

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2 **Due to the COVID-19 national emergency, the following changes made to this policy are in**
3 **effect for the duration of this emergency.**
- 4 a. **In accordance to CMS guidance issued March 17th, 2020, HIPAA compliance for**
5 **telehealth/telemedicine will not be enforced.**
 - 6 b. **Licensure requirements, outside of being currently-licensed and in good standing,**
7 **will be waived for North Dakota telehealth recipients.**
 - 8 c. **Audio-only to audio-only visits are covered at 100% to member cost-share.**
 - 9 d. **All telehealth including e-visits, video-visits, and telehealth visits will be covered at**
10 **100% for participating providers.**

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12 **REPLACES:** N/A
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14 **VENDOR(S):** None
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16 **RELATED POLICY(IES):** None
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18 **APPENDICES AND ATTACHMENTS:** None

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20 **POLICY APPLIES TO THE PRODUCTS/LINES OF BUSINESS BELOW; IF NOT LISTED, COVERAGE DOES NOT APPLY.**

Type	Fully funded Products	Self-funded	NDPERS	Medicare Supplement/Select	ND Medicaid Expansion
Product/Plan Name	Individual TRUE & Simplicity (on/off exchange), Elite 1 True, Simplicity, Signature, Legacy Small & Large Group, Good Samaritan Society	Bierschbach, Lloyd Companies, Lawrence & Schiller, Sanford Group Health, Midwestern Mechanical, Northern Plains Insurance Pool, SESDAC, Venture	NDPERS (Pre-retirees, Political subdivisions, State Employees)	If Medicare covers the service, Sanford Health Plan will cover as appropriate.	North Dakota Medicaid Expansion
LOB Code	CEX, CMA, CMN, CMO, COM, COX, GSM, IET, IEX, IND, IOT, IOX, LGS, LGT, LMT, SMT, SOT	BES, LLC, LNS, LNT, MWM, PIP, SES, SGH, VEN	NPS, NPP, NPR	EXCLUDES MNS, MSP, NPM	MDX

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PURPOSE: The purpose of this policy is to assist with determination of coverage and reimbursement of telehealth and telemedicine services. Should a conflict exist between this Policy and applicable statutes, the applicable statutes shall supersede.

This policy provides assistance in interpreting Sanford Health Plan benefit plans. This information is intended to serve only as a general reference resource regarding Sanford Health Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Sanford Health Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. The policy does not address all issues related to reimbursement for health care services provided to Sanford Health Plan Members.

Participating providers are responsible for submission of claims. If a Member sees a non-participating provider, Members are ultimately responsible for submission of claims. This reimbursement policy is intended to ensure that Members are reimbursed based on the code or codes that correctly describe the health care services provided. (For ND Medicaid Expansion (MDX), Members cannot be reimbursed directly by the Plan or its vendors. Claims must be filed by the provider, and when necessary, the provider must reimburse the Member after receiving funds from Sanford Health Plan for any costs the Member paid at the time of service exceeding applicable cost sharing.) Additionally, it is the expectation of the Plan that current codes and coding billing practices are utilized when claims are submitted (does not apply to Medicaid Expansion Members or claims).

Reviewers utilizing this policy must first establish the Member’s eligibility, identify any state and/or federal regulatory requirements, and reference the Member’s plan benefit plan documents (Summary Plan Description, Certificate of Insurance and Formulary) prior to use of this policy. If there is a conflict, the following will supersede this policy: federal and/or state regulatory requirements; physician or other provider contracts; the Member’s benefit coverage documents; and/or medical or drug policies. Sanford Health Plan reserves the right, in its sole discretion, to modify this policy as deemed necessary. This policy is to be used for informational purposes and coverage determination; it does not constitute medical advice.

Sanford Health Plan may utilize tools developed by third parties, such as but not limited to Milliman Care Guidelines® (MCG), Evi® etc., to assist with administration of benefits. Third party resources are intended to be used in connection with independent professional medical judgement of a qualified health professional and do not constitute the practice of medicine or medical advice. In policies where third party resource(s) may be applicable and utilized, final benefit determination will be based on available evidence based medical criteria in conjunction with designated clinical personnel, including registered nurses (RN) and physicians (MD, DO) employed by the plan.

GENERAL CLAIMS PROCEDURE

1. Determine if the service is noted in the benefit plan documents (list documents: COI, COC, etc.)
 - a. If Yes – continue to 2
 - b. If No – deny
2. Determine if Medical/Pharmacy need to review the claim or if there is a Pre-Authorization requirement
 - a. If Yes, and no Authorization forward to Medical / Pharmacy for review
 - b. If Yes, and Authorization is in the system – proceed to 3
 - c. If No – proceed to 3 (Specific auto adjudication criteria)

BENEFIT CONSIDERATIONS: Benefit coverage for telehealth services is available only for the person(s) who are covered under the benefit plan document. Before use of this policy, the Member’s plan document should be reviewed for benefits, limitations and/or exclusions. Sanford Health will cover telehealth as outlined below or per the plan document(s) with a Sanford Health Plan-approved, subject to state/federal laws, credentialing, and licensure requirements, physician or surgeon, nurse practitioner, physician assistant, nurse-midwife, clinical nurse specialist, clinical psychologist, clinical social worker, registered dietician or nutrition professional.

Additional coverage for North Dakota Commercial and Individual Members only: Podiatrists, chiropractors, optometrists, pharmacists, physical therapists, dentists, audiologists and speech-language pathologists, occupational therapists, respiratory care practitioners, addiction counselors, counselors or genetic counselors. For self-funded plans, coverage is dependent on plan design as reviewed and accepted by the Plan Sponsor. Plan benefits are reviewed at minimum on an annual basis and are subject to change per the client or groups determination (if applicable). Reference the plan document(s) for full details.

75 The Centers for Medicare and Medicaid Services (CMS) have authorized specific Originating Sites as eligible for furnishing a
 76 Telehealth/Telemedicine service. Utilizing CMS guidelines, originating sites eligible for furnishing a covered service by Sanford
 77 Health Plan include, but are not limited to: the office of a physician or practitioner, hospitals (inpatient or outpatient), critical
 78 access hospitals (CAHs), rural health clinics (RHCs), federally qualified health centers (FQHCs), hospital- or CAH-based renal
 79 dialysis centers (including satellites), skilled nursing facilities (SNFs), ambulatory surgical centers (ASCs), laboratories, and
 80 community mental health centers (CMHCs). Additionally, Sanford Health Plan allows E-Visits / Video Visits via internet initiated
 81 by patient or group homes. Member cost share may apply if an originating site fee is billed; claims will be processed per the
 82 Member's benefit plan.

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 84 The originating site of the patient is determinative of whether the provider may continue care. If the originating site is a state
 85 where the provider is licensed, the call may continue. However, should it become known that the originating site is somewhere
 86 other than where the provider is located, the telehealth/telemedicine call must be terminated. The provider should be ready
 87 and able to direct the patient to another provider. These are initiated through consumer devices via telehealth platforms such
 88 as mobile health apps, kiosks, and web-based video available through electronic health record (EHR) portals and may be
 89 eligible for reimbursement if it is listed as a covered service for the member's benefit plan.

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 91 • Telemedicine/telehealth is covered when conducted under the settings and practitioner criteria above, as well as
 92 when **ALL** of the following criteria are met:
- 93 ○ Services must be medically appropriate and necessary
 - 94 ○ Evaluation, management and consultation services using synchronous technologies may be considered
 95 medically necessary when **ALL** of the following conditions apply:
 - 96 ▪ The patient must be present at the time of consultation
 - 97 ▪ The consultation must take place via an interactive audio and/or video telecommunications system and
 98 the provider must be able to examine the patient in real-time. Interactive telecommunications systems
 99 must be multi-media communication that, at a minimum, include audio equipment permitting real-time
 100 consultation with the patient and the consulting practitioner
 - 101 ▪ A permanent record of telemedicine communications relevant to the ongoing medical care of the patient
 102 should be maintained as part of the patient medical record
 - 103 ▪ Services delivered through a telemedicine modality shall be provided by a health care professional who is
 104 licensed, registered, or otherwise authorized to engage in his or her health care profession in the state
 105 where the patient is located
 - 106 ▪ Appropriate informed consent is obtained which includes all of the information that applies to routine
 107 office visits as well as a description of the potential risks, consequences and benefits of telemedicine
 - 108 ○ Evaluation, management and consultation services using asynchronous technologies (any type of online patient-
 109 provider consultation where electronic information is exchanged involving the transmission via secure servers)
 110 may be covered when **ALL** of the following criteria are met:
 - 111 ▪ Services shall be provided by a health care professional who is licensed, registered, or otherwise
 112 authorized to engage in his or her health care profession, as evidenced by the credentialing and
 113 licensing requirements of Sanford Health Plan
 - 114 ▪ The extent of services provided via telemedicine modality includes at least a problem focused history
 115 and straight forward medical decision making as defined by the CPT manual
 - 116 ▪ Services delivered via telemedicine modality should not be billed more than once within 7 days for the
 117 same episode of care or be related to an evaluation and management service performed within 7
 118 days. E-visits billed within the post-operative period of a previously completed major or minor surgical
 119 procedure will be considered part of the global payment for the procedure and not paid separately
 - 120 ○ Telemonitoring (the use of information technology to monitor patients at a distance) is a covered benefit
 121 for Members who have a history of cardiac conditions including heart failure (HF) and hypertension,
 122 COPD, uncontrolled diabetes, and mental health and/or substance use disorders (MH/SUD):
 - 123 ▪ Recent hospitalization(s) with a primary diagnosis of HF/COPD/CV
 124 conditions/Diabetes/MH/SUD
 - 125 ▪ A history of failing to adhere to their treatment plan and are at risk for an acute episode
 - 126 ▪ Emergency Department visits in the recent past for treatment of cardiac conditions including heart
 127 failure and hypertension, COPD, uncontrolled diabetes, mental health and/or substance use disorders

180 For non-emergent health issues, coverage includes but is not limited to: diagnoses, consultation and treatment.
 181 Prescriptions (if prescribed) are covered separately under the Plan's prescription drug benefit, reference the Member's
 182 formulary for details.

184 The following services will be covered under the Telehealth Benefit Reimbursement Policy: For self-funded plans, coverage is
 185 dependent on plan design; reference the plan document(s) for full details.

ICD-10 Code(s)	Description
NA	Not specified; diagnosis must be deemed medically necessary for telehealth by practitioner and/or provider.

CPT Code	Description
NA	Not specified; visit must be deemed medically appropriate for telehealth by practitioner and/or provider.

187 **MODIFIERS / PLACE OF SERVICE CODES**

Modifier	Description
02	Telehealth - the location where health services and health related services are provided or received, through telecommunication technology
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system
GQ	Via asynchronous telecommunication systems
GT	Via interactive audio and video telecommunications systems

189 **LIMITATIONS AND EXCLUSIONS**

190 The following items are considered exclusions by the plan. For self-funded plans, coverage is dependent on plan design;
 191 reference the plan document(s) for full details.

Code	Description
NA	Services for excluded benefits
NA	Services for diagnoses excluded by a Member's benefit policy
NA	Services not medically appropriate or necessary
NA	Installation or maintenance of any telecommunication devices or systems
NA	Provider initiated e-mail
NA	Appointment scheduling
NA	A service that would similarly not be charged for in a regular office visit
NA	Reminders of scheduled office visits
NA	Requests for a referral
NA	Consultative message exchanges with an individual who is seen in the provider's office on the same day as a telemedicine visit for the same condition
NA	Clarification of simple instructions
NA	Naturopaths/homeopaths
98966-98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment
99441-99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment
G9481-G9485	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project
G9486-G9489	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project
T1014	Transmission fees (Telehealth transmission, per minute, professional services bill separately)
T5999	Supply, not otherwise specified (Report with Revenue code 0590 for setup of "Smart Phone" application, initial coaching call, and first month monitoring)

194 **DEFINITION(S):**

195 **Asynchronous Telecommunication:** Medical information is stored and forwarded to be reviewed at a later time by a physician
 196 or healthcare practitioner at a distant site. The medical information is reviewed without the patient being present. (Also referred to
 197 as store-and-forward telehealth or non-interactive telecommunication.) Reported on claims by the use of modifier GQ.

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 199 **E-visits (online medical evaluations):** type of telemedicine providing the ability for health providers to interact with members
 200 through a secured electronic channel. Members typically receive medical advice and treatment by answering a questionnaire
 201 about their problem(s).

202
 203 **Interactive Audio and Video / Telecommunication / Interactive Audio and Visual Transmissions:** Medical information that
 204 is communicated in real-time with the use of interactive audio and video communications equipment. The real-time
 205 communication is between the patient and a distant physician or healthcare specialist who is performing the service reported.
 206 The patient must be present and participate throughout the communication. Reported on claims by the use of modifier GT.

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 208 **Originating Site:** site where a patient is located at the time health care services are delivered to the patient via telehealth. The
 209 originating site, along with the health care professional, is also responsible for maintaining a complete record of the patient's
 210 care, disclosing the record to the patient, and following applicable state/federal regulations regarding medical record retention
 211 and confidentiality.

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 213 **Provider-Patient Relationship:** As a prerequisite to providing telehealth services to a patient, a provider-patient relationship
 214 (or a bona-fide relationship in North Dakota) must be established. A provider-patient relationship encompasses several
 215 parameters:

- 216 1. Verify and authenticate the location and identity of the patient.
- 217 2. Disclosing and validating provider's identity and applicable credentials
- 218 3. Obtaining consent for treatment
- 219 4. Establishing a diagnosis through review of patient history, mental status, and appropriate diagnostic/laboratory
 220 testing.
- 221 5. Discussing the diagnosis and its evidentiary basis to the patient, including the risks and benefits of different
 222 treatment options.
- 223 6. Ensure appropriate follow-up care for the patient
- 224 7. Providing a visit summary to the patient.

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 226 However, a provider-patient relationship need not be established when the patient is seeking urgent or emergent care, care is
 227 given through cross-coverage, or when the patient's primary care physician agrees to monitor the patient's care and emergency
 228 treatment.

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 230 **Store-and-forward Technology:** secure electronic information, imaging, or data, including audio, video, and data
 231 communication that is transferred or recorded or otherwise stored for asynchronous delivery of health services to a patient.

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 233 **Telemedicine and Telehealth:** health care services through the use of HIPAA-compliant electronic information, imaging, and
 234 communication technologies by a health care professional to deliver health care services to a patient, including interactive audio-
 235 video, interactive audio with store and forward, store-and-forward technology, and remote patient monitoring. This includes the
 236 use of electronic media for consultation relating to health care diagnosis or treatment of a patient in real time or through the use
 237 of store-and-forward technology. Audio-only telephone, email or fax are not included.

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 239 Some systems allow remote assessment and monitoring of patient status. The devices collect physiological data through
 240 medical peripherals and transmit the information to an agency over telephone lines or wireless computer networks. Examples
 241 include blood pressure/pulse meter, ECG lead, thermometer, weight scale, pulse oximeter, glucose meter and PT/INR device.
 242 These medical services do not involve direct, in-person patient contact.
 243 Telehealth does not include the delivery of health care services through an audio-only telephone, electronic mail message, text
 244 message, mail service, fax, or any combination or the aforementioned.

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 246 **Video Visits:** Video interactions between a patient and provider, where the patient is at home or work on a web camera
 247 speaking with a provider. Access points may include mobile smart phones, tablets, or computers.

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249 **RESOURCE(S):**

- 250 1. American Medical Association, Current Procedural Terminology (CPT®) Professional Edition and associated publications
251 and services
- 252 2. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- 253 3. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code
254 Sets
- 255 4. MLN Matters Number: MM8553, [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8553.pdf)
256 [MLN/MLNMattersArticles/Downloads/MM8553.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8553.pdf)
- 257 5. MN Stat. 62A.672
- 258 6. NDCC Sections: 26.1-36-09.15; 54-52.1-04.13; 43-17-44, 43-17-45, 43-62-14.1, 43-17-01, 43-17-02, 43-17-2.3, 43-17-1-02,
259 43-17.1-05, 43-17.1-5.1, 43-17.1-06
- 260 7. SDCL 58-17
- 261 8. Telehealth Services, [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcfsctsh.pdf)
262 [MLN/MLNProducts/downloads/telehealthsrvcfsctsh.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcfsctsh.pdf)
- 263 9. Telemedicine, <http://www.legis.nd.gov/information/acdata/pdf/50-02-15.pdf>
- 264 10. Telemedicine and Telehealth, <https://www.healthit.gov/topic/health-it-initiatives/telemedicine-and-telehealth>

265 **POLICY IS SUBJECT TO THE FOLLOWING AUDITS:** Annual internal audit