



Reimbursement Policy	
Title: Emergency Telemedicine for Minnesota Health Care Program (MHCP) Members	
Policy Number: E-RP-P-400D	Application: Medicaid
Last Updated: 10/21/2020	Effective Date: March 6, 2020
Related Policies: Emergency Telemedicine Policy (Excluding Minnesota Health Care Programs) Telephone and Virtual Care Services	

Disclaimer: This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.

This Emergency Policy does not pertain to Elderly Waiver Services. Please see the MN DHS Bulletins #20-48-01 and #20-25-01 for service & billing guidance on remote delivery of Elderly Waiver services.

This Emergency Policy is effective for claims with dates of service starting March 6, 2020. This Emergency Policy will remain in effect until the later of: the duration of the federally declared Public Health Emergency (PHE) or February 1, 2021.

Summary:
Telemedicine or Telehealth is the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. These medical services do not involve direct, in-person contact.

Policy Statement:

I. For Minnesota Health Care Programs (MHCP) only:

To be eligible for reimbursement, providers must meet the Provider Assurance Requirements for Telemedicine required by the Minnesota Department of Human Services. These requirements can be found in the Medica Provider Administrative Manual at www.medica.com. The member (patient) must be at an originating site and the provider is at a distant site; payment is allowed for the following services:

Interactive audio and video communications that permit real-time communication between the distant site physician or practitioner and the recipient. The services must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to a face-to-face encounter. Note: During the COVID-19 Public Health Emergency Period, if the video component is inaccessible, that requirement may be waived (*some codes are only available with simultaneous video*).

- “Store and Forward,” which means the asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site for the purpose of providing or supporting health care delivery, which facilitates the assessment, diagnosis, consultation, treatment, education, and care management of a patient’s health care (this service is identified by appending the GQ modifier to the procedure code). Medical information may include without limitation: video clips, still images, X-rays, MRIs, EKGs, laboratory results, audio clips and text. The physician at the distant site reviews the case without the patient being present. Store and Forward substitutes for an interactive encounter with the patient present (i.e., the patient is not present in real-time).

Originating Site

The originating site is the location of a member at the time the service is being furnished via a telecommunication system. Authorized originating sites are listed below:

- Office of physician or practitioner;
- Hospital (inpatient or outpatient);
- Critical-access hospital (CAH);
- Rural health clinic (RHC) and federally qualified health center (FQHC);
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF);
- End-stage renal disease (ESRD) facilities;
- Community mental health center;
- Dental clinic;
- Residential facilities, such as a group home and assisted living; and
- Home
- School
- Correctional facility-based office

Distant Site

“Distant Site” means a site at which a licensed health care provider is located while providing health care services or consultations by means of telemedicine. Providers billing for these services should use Place of Service (POS) ‘02’ or the appropriate telemedicine modifier to distinguish they are billing for “Distant site” telemedicine services.

Eligible Providers

The following provider types are eligible to provide telemedicine services:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Licensed Professional Clinical Counselor
- Licensed Marriage & Family Counselor
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Pharmacist
- Certified genetic counselor
- Podiatrist
- Speech therapist
- Physical therapist
- Occupational therapist
- Audiologist
- Public health nursing organization
- Mental health professional, when following the requirements and service limitations listed in the Telemedicine Delivery of Mental Health Services sections
- Community health worker, when meeting the criteria listed in Minnesota Statute 256B.0625 Subd. 49
- Licensed Drug & Alcohol Counselor
- Doula (pre and postnatal care only) who are registered with the Minnesota Department of Health (MDH) and are certified by one of the organizations listed in the Minnesota Health Care Programs (MHCP) Provider Manual

Eligible Services

The Current Procedural Terminology (CPT[®]) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a telemedicine service may be the same codes that describe an encounter when the health care provider and patient are at the same site. Examples of telemedicine services include but are not limited to the following:

- Consultations
- Telehealth consults: emergency department or initial inpatient care
- Subsequent hospital care services with the limitation of one telemedicine visit every 30 days per eligible provider
- Subsequent nursing facility care services
- End stage renal disease services
- Individual and group medical nutrition therapy
- Individual and group diabetes self-management training with a minimum of one hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training
- Smoking cessation

- Alcohol and substance abuse (other than tobacco) structured assessment and intervention services
- Elderly Waiver Services

Two-Way Interactive Video Consultation in an Emergency Room (ER) Two-way interactive video consultation may be billed when no physician is in the ER and the nursing staff is caring for the patient at the originating site. The ER physician at the distant site bills the ER CPT codes with place of service 02. Nursing services at the originating site would be included in the ER facility code.

If the ER physician requests the opinion or advice of a specialty physician at a "hub" site, the ER physician bills the ER CPT. The consulting physician bills the consultation evaluation and management (E/M) code with the place of service 02.

Coverage Limitations

The following limitations apply:

- Recommendations and best practices specified by the Centers for Disease Control and Prevention and the Commissioner of Health);
- Payment is not available for sending materials to a member, other provider or facility;
- Out-of-state coverage policy applies to services provided via telemedicine. Consultations performed by providers who are not located in Minnesota and contiguous counties require authorization prior to the service being provided;
- Payment will be made for only one reading or interpretation of diagnostic tests such as X-rays, lab tests, and diagnostic assessments; and
- The following are not covered under telemedicine:
 - Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (e.g., Skype),
 - Prescription renewals,
 - Scheduling a test or appointment,
 - Clarification of issues from a previous visit,
 - Reporting test results,
 - Non-clinical communication, and
 - Communication via telephone, email or facsimile.
 - Day treatment
 - Partial hospitalization programs
 - Residential treatment services
 - Case management face to face contact

Preventive Care Provided via Telemedicine

Medica has made the decision to temporarily allow preventive care services, CPT 99381-99387 and 99391-99397, to be provided via telemedicine services during the PHE period beginning June 1, 2020. Providers may perform all or portions of a preventive medicine visit that can be done so appropriately and effectively via telemedicine services. Services that require face-to-face interaction may be provided at a later date, however, providers may only bill one preventive medicine code to cover both the portion done



via telemedicine and any necessary face-to-face interaction associated with the preventive care service. Codes for diagnostic services may be separately billed per standard coding guidelines.

Rural Health Clinics (RHC and Federally Qualified Health Centers (FQHC)

Medica will be following CMS guidance for telemedicine distant site services rendered at a RHC or FQHC. For telemedicine services furnished during the PHE period, RHCs must report HCPCS code G2025 on their claim or electronic equivalent, along with the CG modifier (*Modifier 95 may also be appended but is not required*).

For FQHC’s furnishing telemedicine distant site services during the PHE period, claims must be submitted with three HCPCS/CPT codes components:

- The FQHC Prospective Payment System (PPS) specific payment code (G0466-G0470);
- The HCPCS/CPT code that describes the services furnished via telehealth along with modifier 95;
- And G2025 with modifier 95.

These claims will be paid according to CMS guidance for the RHC’s all-inclusive rate (AIR) or the FQHC prospective payment system (PPS) rates through February 1, 2021, or the duration of the PHE if extended.

II. For all other Non-MHCP members:

Information on reimbursement for Telemedicine services for Non-MHCP members can be found under Medica’s Reimbursement Policy titled “[Emergency Telemedicine \(Excluding Minnesota Health Care Program Members\)](#)” which is available on medica.com.

For telephone and virtual services, refer to the [Telephone and Virtual Care Services](#) reimbursement policy and/or the [Virtual Care Coverage Policy](#).

Modifiers :
Modifier 95 – Synchronous telemedicine services rendered via a real-time interactive audio and video telecommunications systems (<i>May only be appended to the services listed in Appendix P</i>)
Modifier GT - Via interactive audio and video telecommunications systems
Modifier GQ – Via asynchronous telecommunication system
Modifier G0 (G Zero)- Telehealth services furnished for purposes of diagnosis, evaluation or treatment of symptoms of an acute stroke
Modifier CG- RHCs shall report modifier CG on one revenue code 052x and/or 0900 service line per day, which includes all charges subject to coinsurance and deductible for the visit.

Definitions:
POS 02 - The location where health services and health related services are provided or received through telecommunication technology

Code Lists:
Emergency Telemedicine Services Code List

Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFs)
MHCP Provider Manual

Effective Date:	March 6, 2020
Revision Updates:	
10/21/2020	Code list update
07/17/2020	PHE date expansion
6/12/2020	Preventive Medicine verbiage added
06/04/2020	End Date update
05/12/2020	RHC & FQHC verbiage added; EW Guidance added
04/16/2020	Updated Distant Site verbiage
04/02/2020	Updates to DHS Requirements
04/02/2020	Code list update

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