

## TELEHEALTH

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Telehealth is the use of telecommunications and information technology to provide access to physical, mental, and behavioral health care across distance.

### POLICY DEFINITIONS

*Digital Health* consists of online digital evaluation and management (E/M) services<sup>1</sup> which are patient-initiated services with health care professionals. These are not real-time services. Patients initiate services through HIPAA-compliant secure platforms which allow digital communication with the health care professional. Online digital evaluation and management services are for established patients only. These services do not include nonevaluative electronic communications of test results, scheduling of appointments, or other communication that does not include evaluation and management.

*Distant Site* is the location of the health care professional.

*Originating Site* is the location of the patient.

*Synchronous Telehealth* is two-way, real-time interactive communication between a patient and their health care provider using technology such as interactive video/television, audio/visual secure online digital portals, and videoconferencing. Synchronous telehealth involves two collaborating sites: an “originating site” and a “distant site.” The patient is located at the originating site and the health care professional is located at the distant site.

*Audio-Only Telephone Services* can be delivered by using older-style “flip” phones or a traditional “land-line” phones that only support audio-based communication. Only certain services are covered using audio-only telephone services (see linked list of covered services below).

*Telehealth* is an umbrella term which includes digital health and synchronous two-way real-time interactive audio/visual services. It does not include store and forward services.

### COVERED SERVICES

ND Medicaid covered codes are published here: [Telehealth Covered Services](#)

### REQUIREMENTS

All qualified telehealth services must:

- Meet the same standard of care as in-person care.
- Be medically appropriate and necessary with supporting documentation

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<sup>1</sup> Physicians and other qualified professionals whose scope of practice include E/M services may bill for E/M digital health visits. These professionals include physicians, nurse practitioners, physician assistants, and optometrists.

included in the patient's clinical medical record.

- Be provided via secure and appropriate equipment to ensure confidentiality and quality in the delivery of the service. The service must be provided using a HIPAA-compliant platform.
- Use appropriate coding as noted in the following tables. Health care professionals must follow CPT®/HCPCS coding guidelines.

### **DIGITAL HEALTH EVALUATION AND MANAGEMENT SERVICES**

Cumulative online digital evaluation and management (E/M) services occurring within a seven-day period beginning with the health care professional's review of the patient-generated inquiry. Included services not separately billable:

- For the same or a related problem within seven days of a previous E/M service,
- Related to a surgical procedure occurring within the postoperative period of a previously completed procedure,
- Any subsequent online communication that does not include a separately reported E/M service.
- E/M services related to the patient's inquiry provided by qualified health care professionals in the same group practice.

Separate reimbursement may be allowed for:

- Online digital inquiries initiated for a new problem within seven days of a previous online digital E/M service.

Permanent documentation storage (electronic or hard copy) of the encounter is required.

### **AUDIO ONLY TELEPHONE E/M SERVICES**

Services must be initiated by an established patient or guardian of the established patient.

Do not report this service if:

- It is decided that the patient will be seen within 24 hours or at the next available urgent visit appointment,
- There is an E/M service for the same or a similar problem within the previous seven days
- The patient is within a postoperative period and related to the surgical procedure.

### **PROFESSIONAL CLAIMS**

Modifier	93	Synchronous telehealth service rendered via telephone or other real-time interactive audio-only
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		telecommunication system.
HCPCS Code(s)	Q3014	Telehealth originating site facility fee (If applicable. Cannot be billed if patient is outside of the healthcare facility, or for digital health services).
Place of Service	02	Telehealth provided in a location other than the patient's home.
	10	Telehealth provided in patient's home.

### INSTITUTIONAL CLAIMS

Applicable Revenue Codes(s)	780	Telehealth – facility charges related to the use of telehealth.
HCPCS Code(s)	Q3014*	Telehealth originating site facility fee (If applicable. Cannot be billed if patient is outside of the healthcare facility, or for digital health services).
Applicable Modifier(s)	GT or 95	Via interactive audio and video telecommunication systems. Billed by performing health care professional for real-time interaction between the professional and the patient who is located at a distant site from the reporting professional.  Modifiers are not required for Medicare primary claims.
	93	Synchronous telehealth service rendered via telephone or other real-time interactive audio-only telecommunications system.

\* HCPCS Code Q3014 must be billed in conjunction with Revenue Code 780 to indicate the originating site facility fee.

### PAYMENT LIMITATIONS

Audio-only telephone services (CPT™ 99441-99443) are only available through December 31, 2024.

Payment will be made only to the distant health care professional during the telehealth session. No payment is allowed to a professional at the originating site if their sole purpose is the presentation of the patient to the professional at the distant site.

Payment will be made to the originating site as a facility fee only in the following places of service office, inpatient hospital, outpatient hospital, or skilled nursing facility/nursing facility. There is no additional payment for equipment, technicians, or other technology or personnel utilized in the performance of the telehealth service.

Payment is made for services provided by licensed professionals enrolled with ND Medicaid within their licensed scope of practice only. All service limits set by ND Medicaid apply to telehealth services.

### **INDIAN HEALTH SERVICES AND TRIBAL 638 FACILITIES**

Telehealth services provided by an Indian Health Service (IHS) facility or a Tribal 638 Clinic functioning as the distant site, are reimbursed at the All-Inclusive Rate (AIR), regardless of whether the originating site is outside the “four walls” of the facility or clinic.

### **FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS**

Revenue code 0780 should only be reported along with Q3014 when the FQHC is the originating site. When providing telehealth services to patients located in their homes or another facility, FQHCs and RHCs should continue to bill the revenue codes listed in the FQHC and RHC portions of this manual along with the CPT® or HCPCS code for the service rendered appended with modifier GT or 95.

Refer to the FQHC and RHC portions of this manual for the revenue codes to bill for the various services.

### **NONCOVERED SERVICES**

Services that are not covered include:

<b>Type of Noncovered Service</b>	<b>CPT®/HCPCS Code</b>
Store and forward	G2010
Virtual check-in	G2012
Interprofessional services	99446-99449, 99451
Digital Assessment and Management Services	98970-98972

### **REFERENCE CITATIONS**

42 CFR 410.78 - Telehealth services

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.78>

Telehealth coverage from Medicaid.gov

<https://www.medicaid.gov/medicaid/benefits/telemed/index.html>