



Claims Payment Policy

Subject: Telehealth and Telemedicine

Application: Medicare Advantage, Commercial and Medicaid Products

Policy number: CP2008102

Related policies: N/A

Effective date: Commercial: 07/2008

Medicare Advantage: 02/2009

Revision date: 06/2018

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Overview

Telehealth is a method of delivering health care services via *electronic information and telecommunications technologies*. The following policy outlines how Humana plans reimburse *telehealth* services.

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Medicare Advantage Payment Policy

In addition to the policy, claims payments are subject to other plan requirements for the processing and payment of claims, including, but not limited to, requirements of medical necessity and reasonableness and applicable referral or authorization requirements.

For services provided January 1, 2017, or after, Original Medicare (OM) requires the use of *place of service (POS) code 02* on professional claims for *telehealth, telemedicine and interprofessional telephone or internet assessment and management services*. For services provided before January 1, 2018, OM required *telehealth, telemedicine and interprofessional telephone or internet assessment and management services* to be identified with *modifier GT*.

Humana Medicare Advantage (MA) plans cover and identify *telehealth, telemedicine, and interprofessional telephone or internet assessment and management services* consistent with OM.

A Humana MA plan may have a *supplemental benefit* that covers specific *telehealth, telemedicine and interprofessional telephone or internet assessment and management services*. For additional details, providers and members are advised to contact Humana to verify whether a Humana MA plan has the *supplemental benefit*.

Commercial Payment Policy

In addition to the policy, claims payments are subject to other plan requirements for the processing and payment of claims, including, but not limited to, requirements of medical necessity and reasonableness and applicable referral or authorization requirements.

Humana commercial plans identify *telehealth, telemedicine and interprofessional telephone or internet assessment and management services* by requiring the use of *modifier GT, modifier 95 or POS code 02*.

Humana commercial plans cover *telehealth, telemedicine and interprofessional telephone or internet assessment and management services* with the following exception:

- Internet-only *telemedicine* services, Current Procedural Terminology (CPT®) codes 99444 and 98969, are not covered unless provided pursuant to a Humana *telemedicine* vendor partnership or when required by an applicable state mandate.

Medicaid Payment Policy

In addition to the policy, claims payments are subject to other plan requirements for the processing and payment of claims, including, but not limited to, requirements of medical necessity and reasonableness and applicable referral or authorization requirements.

Humana Medicaid plans cover *telehealth, telemedicine and interprofessional telephone or internet assessment and management services* consistent with federal law and state Medicaid agency requirements.

Definitions of *Italicized Terms*

- ***Electronic information and telecommunication technology:*** Technologies and devices which enable secure electronic communications and information exchange and typically involve the application of secure real-time audio/video conferencing or similar services, remote monitoring, or store and forward medical data technology to provide or support health care services.
- ***Interprofessional telephone or internet assessment and management service:*** A telephone or internet consultation in which a patient's treating physician or other qualified health care professional requests the opinion and or treatment advice of a physician with specific specialty expertise to assist the treating physician or other qualified health care professional in the diagnosis and or management of the patient's problem without the need for the patient's face-to-face contact with the consultant. (CPT codes 99446 through 99449)
- ***Modifier 95:*** Services delivered via telemedicine.
- ***Modifier GT:*** Services delivered via interactive video and video telecommunication systems. (For Medicare, effective January 1, 2018, modifier GT is only appropriate for use by critical access hospitals.)

- **Place of service code 02:** The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)
- **Supplemental benefit:** A primarily health-related item or service, covered as a benefit by a specific MA plan, that Medicare part A, B and D would not cover as a benefit. A supplemental benefit is distinguished from such extended offerings as riders.
- **Telehealth:** A means to deliver health services to a patient at a different physical location than the health professional using electronic information or telecommunications technologies consistent with applicable state and federal law.
- **Telemedicine:** A sub-set of telehealth which is the diagnosing and treating of patients using electronic information and telecommunications technologies consistent with applicable state and federal law.

References

- U.S. Government Publishing Office website. Code of Federal Regulations. <http://www.gpo.gov>. [Title 42, Part 410.78. Telehealth Services.](#)
- U.S. Government Publishing Office website. Code of Federal Regulations. <http://www.gpo.gov>. [Title 42, Part 414.65. Payment for Telehealth Services.](#)
- Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual. <http://www.cms.gov>. [Chapter 12, Section 190.](#)
- Centers for Medicare & Medicaid Services website. Medicare Learning Network. <http://www.cms.gov>. [Telehealth Services.](#)
- Centers for Medicare & Medicaid Services website. Place of Service Code Set. <http://www.cms.gov>. [Place of Service Codes for Professional Claims.](#)
- American Medical Association's CPT and associated publications and services.

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