

Reimbursement for Telehealth Services

Introduction to Telehealth Reimbursement

In Maryland, private payors (payors) and managed care organizations (MCOs)¹ are required by law² to provide reimbursement for diagnosis, consultation, and treatment delivered using telehealth in the same manner that in-person services are covered. The law prohibits distinguishing between rural and urban patients when determining coverage and does not allow a lifetime dollar maximum for telehealth services; however, services may have an annual dollar maximum, as permitted by federal law.

Getting Paid for Telehealth Services

Private Payors

The law requires that payors reimburse providers for covered health care services that are appropriately delivered via telehealth.³ Additionally, reimbursement cannot be denied solely because services were delivered via telehealth and not in-person. The law permits payors to impose utilization review requirements, such as preauthorization, as long as they are the same requirements as when the health care service is provided in-person. In general, providers should:

- Deliver telehealth services that meet the requirements of in-person encounters between a provider and patient;⁴
- Ensure all medical record documentation demonstrates appropriate delivery of telehealth service and is of quality to withstand a utilization review;
- Use the appropriate Current Procedural Terminology (CPT)⁵ or Healthcare Common Procedure Coding System (HCPCS) codes with the appropriate “GT”⁶ modifier to indicate the service was provided via telehealth; and
- Ensure that the health care services delivered via telehealth are covered benefits under the individual’s policy.

Medicaid

The Maryland Medicaid Telehealth Program (Telehealth Program)⁷ was established to allow providers to deliver medically necessary services via telehealth and improve access to health care services and health outcomes. To facilitate the delivery of services via telehealth, the Telehealth Program requires reimbursement for telehealth services in the same manner as in-person visits on a fee-for-service basis.⁸ In order to qualify for reimbursement:

¹ Managed Care Organizations contract with Medicaid to deliver health benefits and additional services on a set per member per month payment. More information is available at: www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/managed-care-site.html.

² Md Code, Insurance Art., §15–139. Available at: mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=gin§ion=15-139&ext=html&session=2015RS&tab=subject5.

³ Telehealth is the use of medical information shared through two-way audio and video and other forms of telecommunication technology, including mobile communication devices and remote monitoring devices, with the goal of improving a patient’s health status. More information is available at: mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=gin§ion=15-139&ext=html&session=2015RS&tab=subject5.

⁴ COMAR 10.09.02.04- Physician Services, Covered services. Available at: www.dsd.state.md.us/comar/comarhtml/10/10.09.02.04.htm

⁵ Current Procedural Terminology (CPT®) material is copyrighted by the American Medical Association. More information is available at: www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-products-services/licensing/information.page?

⁶ “GT” modifier indicates services were delivered “via interactive audio and video telecommunication systems.” More information is available at: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf

⁷ COMAR 10.09.49, Telehealth Services. Available at: www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.09.49.*

⁸ More information on the Maryland Medicaid Telehealth Program can be found at: mmcp.dhmh.maryland.gov/Documents/Telehealth%20Program%20Manual%205.3.16.pdf.

- Health care providers must be enrolled in the Maryland Medical Assistance Program;
- Participants must be enrolled in the fee-for-service program or a HealthChoice MCO;
- Health care providers must request preauthorization for services as required by the patient's Medicaid carrier;
- Providers must register with the Maryland Department of Mental Health and Hygiene as an originating⁹ or distant¹⁰ site provider before rendering telehealth services;
- Ensure the visit is delivered and billed in the same manner as an in-person encounter between the provider and patient.¹¹

Medicare

In recent years, Medicare has expanded reimbursement for telehealth services through modifications to the Physician Fee Schedule (PFS).^{12, 13} On an annual basis, the public has the opportunity to submit a request to add or delete covered telehealth services.¹⁴ Under the current PFS, to qualify for reimbursement:

- Distant site providers must be one of the following: physician; nurse practitioner; physician assistant; nurse-midwife; clinical nurse specialist; certified registered nurse anesthetist; clinical psychologist; clinical social worker; registered dietitian or nutrition professional;
- Medicare beneficiaries must be at an originating site located in a Health Professional Shortage Area or a county outside of a metropolitan statistical area.¹⁵
- The provider must use real-time audio and video telecommunications systems permitting two-way, real-time interactive communication between the patient and provider.

Remarks

In recent years, more payors are seeing the value of telehealth for increasing access to care, especially for patients in the rural populations of the Eastern Shore and Western Maryland, and expanding coverage for telehealth services.^{16, 17} As the shift to value based care delivery¹⁸ is underway, telehealth is emerging as a way to improve the quality of health care delivery while controlling costs.¹⁹

⁹ Originating site is defined as the “location of an eligible Medicaid participant at the time the service being furnished via technology-assisted communication occurs, which is a site approved by the Department to provide telehealth services.”

¹⁰ Distant site is defined as a “site approved by the Department to provide telehealth services, at which the licensed distant site provider is located at the time the service is provided via technology-assisted communication.”

¹¹ COMAR 10.09.02.04- Physician Services, Covered services. Available at: www.dsd.state.md.us/comar/comarhtml/10/10.09.02.04.htm

¹² The PFS is a complete listing of the maximum fees used by CMS to reimburse providers on a fee-for-service basis. More information is available at: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html

¹³ Centers for Medicare and Medicaid Services. *Medicare Telehealth Services Fact Sheet*. Available at: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcfsctsht.pdf

¹⁴ Centers for Medicare and Medicaid Services. *Telehealth*. Available at: www.cms.gov/Medicare/Medicare-General-Information/Telehealth/index.html.

¹⁵ Metropolitan Statistical area consists of one or more counties containing a core urban area of 50,000 or more population and adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core. For more information, please visit: www.census.gov/population/metro/

¹⁶ Mcaskill, R. mHealth Intelligence. *Increased Reimbursement has Physicians Embracing Telehealth*, March 11, 2015. Available at: mhealthintelligence.com/news/increased-reimbursement-has-physicians-embracing-telehealth.

¹⁷ Herman, B. Modern Healthcare. *Virtual reality: More insurers are embracing telehealth*, February 20, 2016. Available at: www.modernhealthcare.com/article/20160220/magazine/302209980.

¹⁸ Value based care delivery is a new form of reimbursement that incentivizes providers to focus on health care delivery that improves health care quality and outcomes.

¹⁹ Ibid. 16