

# Chapter 33

## Telehealth

**NOTE:** Please review the following detail for specific processes and expectations with South Country Health Alliance (South Country). South Country may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines. For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at [MHCP Provider Manual](#)

**Billing Information** – Please review the [South Country Provider Manual Chapter 4 Provider Billing](#) for general billing processes and procedures.

Telehealth is defined as the delivery of health care services or consultations through the use of real time two-way interactive audio and visual communication to provide or support health care delivery and facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a member's health care while the member is at an originating site and the licensed health care provider is at a distant site. Providers providing health care services by telehealth will be held to the same standards and conduct as providers for in-person health care services.

Telehealth allows payment for the following services:

- Secure interactive audio and video telecommunications that permit real-time communication between the distant site physician or practitioner and the member. The services must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to a face-to-face encounter.
- **"Store and Forward"**: The asynchronous electronic transfer or transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site. Medical information may include, but is not limited to, 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; the patient is not present in real-time.
- Audio-only communication between the health care provider and the patient (until July 1, 2027).

### Distant site

Site at which the health care provider is located while providing health care services or consultations by means of telehealth, which can include the provider's home.

### Originating site

The site at which the member's located at the time health care services are provided to them of telehealth, which can include the member's home. For purposes of store and forward technology, the originating site also means the location at which the health care provider transfers or transmits information to the distant site.

### Equipment

Specific telecommunications equipment is not required as a condition of coverage provided the health care provider uses equipment that complies with current industry interoperable standards

and with the standards required under HIPAA Public Law 104-191. A health care provider may not require a member to pay for a specific communication technology or application.

## Eligible Providers

To be eligible for reimbursement, providers must self-attest that they meet all of the conditions of the South Country Health Alliance (South Country) telehealth policy by completing the [Provider Assurance Statement for Telehealth](#) form, which you will find in our forms section under the Contracted Providers and Non-Contracted Providers options.

South Country covers medically necessary services and consultations delivered by a health care provider through telehealth. A health care provider means a health care professional who is licensed or registered by the state to perform health care services within the provider's scope of practice according to state law.

Dental providers may refer to the latest version of [South Country Provider Manual Chapter 20 Dental Services](#) for additional information and guidance on teledentistry services.

## Eligible Members

Telehealth coverage applies to all South Country members.

## List of Telehealth Services

The CPT and HCPC codes that describe a telehealth service are generally the same codes that describe an encounter when the health care provider and patient are at the same site.

Examples of telehealth services include but are not limited to the following:

- Consultations;
- Telehealth consults: emergency department or initial inpatient care;
- Subsequent hospital care services;
- 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; and
- Audio only (until July 1, 2027).  
Audio-only communication will be covered if:
  - There is a scheduled appointment and the standard of care for that particular service can be met through the use of audio-only communication.
  - Substance use disorder (SUD) treatment services and mental health services delivered without a scheduled appointment when initiated by the member while in an emergency or crisis situation and a scheduled appointment was not possible due to the need of an immediate response.

## **Telehealth for Indian Health Services, Tribal 638 facilities, Federally Qualified Health Centers and Rural Health Clinics**

*Indian Health Services, Tribal 638 facilities, federally qualified health centers and rural health clinics that provide services through telehealth via audio-only will not receive the encounter rate (federal all-inclusive rate for IHS or Tribal 638 facilities). Only a face-to-face or video call with audio is allowed to receive the encounter rate (federal all-inclusive rate for IHS or Tribal 638 facilities) under the State Plan Amendment.*

### **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 codes and the consulting physician bills the consultation E/M code with Place of Service 02

### **Non-Covered Services**

The following limitations apply:

- Payment is not available for sending materials to a member, other provider or facility

Telehealth does not include:

- 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 (for example, Skype);
- Prescription renewals;
- Scheduling a test or appointment;
- Clarification of issues from a previous visit;
- Reporting test results;
- Non-clinical communication; and
- Communication between health care provider and a member that consists solely of email or fax.

### **Authorization Requirements**

Prior authorization is required for health care services delivered through telehealth if prior authorization is required before the delivery of the same service through in-person contact.

### **Documentation**

Providers must have documentation of services provided and must have followed all clinical standards to bill for telehealth or telephonic telehealth.

As a condition of payment, providers must document each occurrence of a health service delivered through telehealth to a South Country member. Documentation records for services delivered through telehealth must meet the requirements set forth in [Minnesota Rules, 9505.2175](#), subparts 1 and 2, and must document:

1. the type of service delivered through telehealth;

2. the time the service began and the time the service ended, including an a.m. and p.m. designation;
3. the provider's basis for determining that telehealth is an appropriate and effective means for delivering the service to the member;
4. the mode of transmission used to deliver the service through telehealth and records evidencing that a particular mode of transmission was utilized;
5. the location of the originating site and the distant site;
6. if the claim for payment is based on a physician's consultation with another physician through telehealth, the written opinion from the consulting physician providing the telehealth consultation; and
7. compliance with the criteria attested to by the provider in accordance with paragraph (b).

### **Billing Telehealth Services**

Submit claims for telehealth services using the CPT or HCPC code that describes the services rendered. Include the 93 modifier when billing for services provided via audio only (telephone communication).

All claims for telehealth services require Place of Service 02 or 10. Place of Service 02 certifies that the service meets the telehealth requirements and service is provided other than patient's home. Place of service 10 certifies that the service meets the telehealth requirements and service is provided in patient's home.

When reporting a service with Place of Service 02 or 10, you are certifying that you are rendering services to a patient located in an eligible originating site via an interactive audio and visual telecommunications system.

Outpatient facilities (Ambulatory Payment Classifications or Ambulatory Surgical Center claims) will continue to use telehealth modifiers on their claims.

Providers who service SUD H2035/HQ on type of bill 89X should continue to use telehealth modifiers on their claims.