	<b>JOHNS HOPKINS HEALTHCARE</b>	<b>Policy Number:</b> RPC.030 Effective Date: 06/01/2022 Revision Date:
	<b>Subject:</b> Telemedicine and Telehealth – Professional  <b>Department:</b> Provider Relations  <b>Lines of Business:</b> EHP, PPMCO, USFHP, AdvantageMD	Page 1 of 8

**ACTION**

- New Policy
- Repealed Policy Date: \_\_\_\_\_
- Superseded Policy Number: \_\_\_\_\_

The most current version of the reimbursement policies can be found on [www.jhhc.com](http://www.jhhc.com).


These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Johns Hopkins HealthCare (JHHC) benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services must be billed with ICD-10 codes, CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current Reimbursement Policies are not followed, Johns Hopkins HealthCare (JHHC) may:

- Reject or deny the claim
- Recover and/or recoup claim payment

JHHC reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state or commercial client contracts, or state, federal, or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHC strives to minimize these variations.

JHHC reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy on [www.jhhc.com](http://www.jhhc.com).

	<b>JOHNS HOPKINS HEALTHCARE</b>	<b>Policy Number:</b> RPC.030 Effective Date: 06/01/2022 Revision Date:
	<b>Subject:</b> Telemedicine and Telehealth – Professional  <b>Department:</b> Provider Relations  <b>Lines of Business:</b> EHP, PPMCO, USFHP, AdvantageMD	Page 2 of 8

**NOTE: For Telemedicine updates related to the temporary response to COVID-19, during the Federal PHE, go to the following webpages, for each product:**

- [Advantage MD Coronavirus \(COVID-19\)-Telemedicine/Telehealth](#)
- [EHP Coronavirus \(COVID-19\)-Telemedicine](#)
- [Priority Partners Coronavirus \(COVID-19\)-Telemedicine](#)
- [USFHP Coronavirus \(COVID-19\)-Telemedicine](#)

## **POLICY**

Johns Hopkins HealthCare LLC (JHHC) will reimburse Telehealth/Telemedicine and virtual health services when covered under plan benefits, and when technical requirements and billing guidelines are met. The appropriate modifiers and/or Place of Service (POS) must be used when the telehealth or telemedicine claims are submitted. Claim(s) that do not follow correct coding and billing guidelines may be denied.


For the purpose of this policy, the term Telehealth and Telemedicine are used interchangeably and encompass virtual healthcare services.

## **SCOPE**

This payment policy applies to telehealth/telemedicine and virtual health services reported on CMS-1500 claim forms or their electronic equivalent, to a JHHC product, from network and non-network physicians, providers, and suppliers.

## **DEFINITIONS**

**Asynchronous Telemedicine** - (Also called store and forward) Telemedicine encounters where medical images or information is transmitted in one direction at a time via electronic communications. Teleconsultation supports the delivery of healthcare at a distance via the asynchronous transmission of electronic medical information and associated or stand-alone digital images or video over a secure connection between healthcare providers for the purpose of obtaining an expert opinion or diagnostic support regarding the care of a patient (TRICARE, Ch. 7, Sec 22.1). An asynchronous telecommunications system in single media format does not include telephone calls, images transmitted via facsimile machines and text messages without

 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTHCARE</p>	<p><b>JOHNS HOPKINS HEALTHCARE</b></p>	<p><b>Policy Number:</b> RPC.030 Effective Date: 06/01/2022 Revision Date:</p>
	<p><b>Subject:</b> Telemedicine and Telehealth – Professional <b>Department:</b> Provider Relations <b>Lines of Business:</b> EHP, PPMCO, USFHP, AdvantageMD</p>	<p>Page 3 of 8</p>

visualization of the patient (electronic mail) (CFR § 410.78). (Under COMAR the store and forward model is not considered telemedicine; this service is covered for dermatology, ophthalmology, and radiology under Physician Services (COMAR 10.09.02.07).

**Distant Sites** are defined as a location where a qualifying healthcare professional, licensed in the state, is offering telehealth services to a patient receiving services at an Originating Site.

**E-Consultation** - An asynchronous dialogue initiated by a physician or other qualified health care professional seeking a specialist consultant's expert opinion without a face-to-face patient encounter with the consultant.

**E-Visits** - Non-face-to-face patient initiated communications with physicians or certain other practitioners using online patient portals without going to the doctor's office.

**Interactive Telecommunications System** - A multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system (CFR § 410.78).


**Modifier G0:** Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke.

**Modifier GT:** Via interactive audio and video telecommunications system.

**Modifier GQ:** Via asynchronous telecommunications system.

**Modifier 93:** Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system. This modifier is used when the medical services provided between the physician/other qualified health care professional and a patient are solely through audio-only technology. The AMA CPT Appendix T, is a listing of CPT codes that may be used for reporting audio-only services when appended with Modifier 93.

**Modifier 95:** Synchronous telemedicine services rendered via real-time interactive audio and video telecommunications system. Modifier 95 is applicable to certain codes that can be found in AMA, CPT documents. Check current CPT documents for the appendix on CPT Codes That May Be Used for Synchronous Telemedicine Services. These procedures codes are billed when electronic communication using interactive telecommunications equipment include, at a minimum, audio and video. In addition, codes that are appropriate for use with modifier 95 are indicated with a star (★) throughout the AMA, CPT codebook.

 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTHCARE</p>	<p><b>JOHNS HOPKINS HEALTHCARE</b></p>	<p><b>Policy Number:</b> RPC.030 Effective Date: 06/01/2022 Revision Date:</p>
	<p><b>Subject:</b> Telemedicine and Telehealth – Professional <b>Department:</b> Provider Relations <b>Lines of Business:</b> EHP, PPMCO, USFHP, AdvantageMD</p>	<p>Page 4 of 8</p>

**Online Digital Visits** - Digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit is warranted (AMA, 2020).

**Originating Sites** are defined as a location where the patient received a telehealth service by a qualifying healthcare professional. Originating Sites can include, but are not limited to, the following:


- The offices of physicians or practitioners
- Hospitals (inpatient or outpatient services)
- Critical Access Hospitals (CAH)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital based or CAH based Renal Dialysis Centers (including satellites)- Independent  
Renal Dialysis Facilities are not eligible
- Skilled Nursing Facilities (SNF)
- Community Mental Health Centers (CMHC)
- The patient’s residence

**Place of Service (POS) Codes 02 and 10** – Defined as the location where health services and health related services are provided or received, through telecommunication technology.

- **02** – Telehealth provided in a location other than the patient home. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
- **10** – Telehealth provided in the patient’s home. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

**Remote Monitoring: Patient or Physiologic (RPM) and Therapeutic (RTM)** – Each use digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment, recommendations, and interventions. This can include blood pressure, weight, pulse, pulse oximetry, respirations, respiratory flow rates and blood sugar monitoring. The data must be collected and transmitted to the provider via one or more medical devices, as defined by the FDA.

- **Remote Patient Monitoring** – services may only be performed by a physician or qualified health care practitioner (nurse practitioners and physician assistants); no chronic

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE</p>	<p><b>JOHNS HOPKINS HEALTHCARE</b></p>	<p><b>Policy Number:</b> RPC.030 Effective Date: 06/01/2022 Revision Date:</p>
	<p><b>Subject:</b> Telemedicine and Telehealth – Professional <b>Department:</b> Provider Relations <b>Lines of Business:</b> EHP, PPMCO, USFHP, AdvantageMD</p>	<p>Page 5 of 8</p>

condition or treatment plan is required; at least 30 minutes of professional time is dedicated to the patient per 30-day period

- Remote Physiologic Monitoring** – services may be performed by physician, qualified health care practitioner, or staff under the supervision of the physician; must monitor an acute care or chronic condition, where data is used to develop and manage a treatment plan; may include initial set-up and education on use of equipment, daily recordings or alerts, and 20 or more minutes a month of interactive treatment management between the patient and provider.
- Remote Therapeutic Monitoring** – services performed by, or under the directed supervision of, a physical or occupational therapist billing for the service, for the remote monitoring and management of non-physiological patient data related to therapy services. This includes general medicine care, such as musculoskeletal status, and medication and therapy adherence and response. It also includes the adherence and response to medication and therapy.


**Synchronous Telemedicine** - Involve interactive, electronic information exchange in at least two directions in the same time period. Allows the delivery of health care at a distance via real-time, two-way transmission of digitized video images between two or more locations. Providers and/or providers and patients can exchange medical information for the purpose of obtaining an expert opinion, diagnostic support regarding the care of a patient, and/or direct patient care (TRICARE, Ch. 7, Sec 22.1).

**Technology-Assisted Communication** - Multimedia communication equipment permitting two-way real-time interactive communication between a patient at an originating site and a distant site provider at a distant site (COMAR, 10.09.49.02).

**Telehealth service** - The use of electronic information and telecommunications technologies to support long distance clinical health care, patient and professional health-related education, public health, and health administration. Typically, telehealth describes provider to provider interaction, or indirect provider to patient interaction.

**Telemedicine service** - The use of a telecommunication system to provide services for the purpose of evaluation and treatment when the patient is at one location and the rendering provider is at another location.

**Transitional Care Management Services (TCM)** - Services provided to a new or established patient whose medical and/or psychosocial problems required moderate or high complexity medical decision-making during transitions in care. Transitions include from an inpatient (acute hospital, psychiatric hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, hospital observation, or skilled nursing facility, to the patient’s community setting. TCM

 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTHCARE</p>	<p><b>JOHNS HOPKINS HEALTHCARE</b></p>	<p><b>Policy Number:</b> RPC.030 Effective Date: 06/01/2022 Revision Date:</p>
	<p><b>Subject:</b> Telemedicine and Telehealth – Professional <b>Department:</b> Provider Relations <b>Lines of Business:</b> EHP, PPMCO, USFHP, AdvantageMD</p>	<p>Page 6 of 8</p>

services include a face-to-face visit within the specified time frame in combination with non-face-to-face services including medical record review, medication reconciliation, care coordination with home health agencies, patient/caregiver education. The physician or other qualified health care professional may delegate specific services to licensed clinical staff under his or her direction. The contact may be direct (face-to-face), telephonic, or by electronic means. (AAFP, 2020).

**Virtual Check-in** - Brief patient initiated virtual technology-based communication service with physicians or certain other practitioners where the communication is not related to a medical visit within the previous 7 days and doesn't lead to a medical visit within the next 24 hours (or soonest appointment available). (Medicare.gov, 2020).

## **BILLING GUIDELINES**


Johns Hopkins HealthCare LLC may reimburse for services recognized by the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA). Providers may find a list of these services on the CMS website: [Telehealth Services List](#).

- **AdvantageMD** and **EHP** will follow CMS Claims Processing guidelines,
- **PPMCO** will follow COMAR and MDH guidelines, and
- **USFHP** will follow Tricare guidelines.

For more detailed information, see the **REFERENCES** section for links to sources.

### **General Considerations for Telehealth:**

1. Covered services rendered as a telehealth service follow the same preauthorization requirements as if the service was rendered face-to-face.
2. When using a telemedicine procedure code, a modifier is not necessary. Only codes that are not traditional telemedicine procedure codes require the modifier.
3. Per CMS, the originating site facility fee, HCPCS code Q3014, is only billable with POS 11 (an office visit).
4. Per the *Preserve Telehealth Access Act of 2021*, **PPMCO** will permit services to be rendered via audio-only telehealth during the period July 1, 2021 through June 30, 2023.
5. JHHC does not reimburse for the technical fees or costs for the provision of telemedicine services.

 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTHCARE</p>	<p><b>JOHNS HOPKINS HEALTHCARE</b></p>	<p><b>Policy Number:</b> RPC.030 Effective Date: 06/01/2022 Revision Date:</p>
	<p><b>Subject:</b> Telemedicine and Telehealth – Professional <b>Department:</b> Provider Relations <b>Lines of Business:</b> EHP, PPMCO, USFHP, AdvantageMD</p>	<p>Page 7 of 8</p>

**Non-Telehealth Services:**

Unless specific benefits are provided under the member’s contract, JHHC consider services for the following indications ineligible/not meeting requirements as a telehealth service:

1. Request for medical refills or referrals, OR:
2. Reporting of test results, OR:
3. Provision of education materials, OR:
4. Scheduling, OR:
5. Registration or updating billing information, OR:
6. Reminders, OR:
7. Interpretation of lab or radiology services by providers who are non-licensed (for telemedicine services)

**PAYMENT METHODOLOGY**

Covered telemedicine claims will be reimbursed at the same rate as in-person office visits for the same service.


**EXCLUSIONS**

**AdvantageMD:** At this time, modifier 93 is not recognized by CMS Medicare. Providers should continue to report modifier 95 for telehealth services and bill the place of service equal to what it would have been had that service been furnished in person.

**USFHP:** With the exception of coverage provided during the PHE, per the Tricare policy, Audio-only telephone services excluded by [32 CFR 199.4\(g\)\(52\)](#) do not meet the definition of interactive telecommunications systems and are excluded. Also, facility fee payment is excluded when the originating site is the patient’s home or location other than where the provider typically provides services (i.e., office, clinic).

**EXEMPTIONS**

N/A

	<b>JOHNS HOPKINS HEALTHCARE</b>	<b>Policy Number:</b> RPC.030 Effective Date: 06/01/2022 Revision Date:
	<b>Subject:</b> Telemedicine and Telehealth – Professional <b>Department:</b> Provider Relations <b>Lines of Business:</b> EHP, PPMCO, USFHP, AdvantageMD	Page 8 of 8

## REFERENCES

Medicare [42 CFR § 410.78](#) - Telehealth services

Medicare [42 CFR § 414.65](#) - Payment for telehealth services

CMS, Medicare Managed Care Manual, [Chapter 4, Section 30.2](#) – Supplemental Benefits Extending Original Medicare Benefits

CMS, Medicare Claims Processing Manual [Chapter 12, Section 190](#) Medicare Payment for Telehealth Services

CMS MLN Booklet on Telehealth Services ([MLN901705 June 2021](#))

CMS [MLN Matters Number: MM12427](#), October 2021, New/Modifications to the Place of Service (POS) Codes for Telehealth

CMS MLN Article [MM12549](#), January 2022, CY2022 Telehealth Update Medicare Physician Fee Schedule.

U.S. Department of Health and Human Services (HHS), Telehealth website for providers: <https://telehealth.hhs.gov/providers/>

Code of Maryland Regulations ([COMAR](#)) [10.67.06.31](#) Benefits - Telemedicine Services

Code of Maryland Regulations ([COMAR](#)) [10.09.49](#) Telehealth Services

Code of Maryland Regulations ([COMAR](#)) [10.09.96](#) Remote Patient Monitoring

Maryland Medicaid [Telehealth Program Manual pdf](#) (last updated April 2020)

Maryland Medicaid [Remote Patient Monitoring](#) webpage

[Maryland Medicaid Provider Guidance](#), Revised July 16, 2021 (regarding Telehealth services)

TRICARE Policy Manual 6010.60-M, April 1, 2015, [Chapter 7, Section 22.1 Telemedicine](#)

TRICARE Policy Manual 6010.60-M, April 1, 2015, [Chapter 2, Section 8.1 Remote Physiologic Monitoring](#)

## APPROVALS

Reimbursement Policy Committee      Date: April 12, 2022

Review/Revision Dates: