Telehealth

Frequently asked questions to support physicians working with CarePlus

CarePlus is providing answers to the most frequently asked questions about telehealth policies.

Service Availability

QUESTION: What services does CarePlus allow when provided via telehealth and other electronic information and telecommunications technologies?

ANSWER: For a particular service to be reimbursed when provided via telehealth, it must be possible to provide all necessary components of the code with the real-time interactive technology used. Please see CarePlus' Telehealth and Other Virtual Services policy for more information about what telehealth services are allowed under CarePlus Medicare Advantage (MA) plans.

Note: CarePlus MA plans apply the telehealth service coverage-related waivers authorized by the Consolidated Appropriations Act of 2023.

QUESTION: Does CarePlus allow audio-only telehealth services?

ANSWER: While CarePlus encourages providers to use real-time interactive audio and video technology, CarePlus does allow audio-only telehealth services, subject to the limitations outlined in CarePlus' Telehealth and Other Virtual Services policy. For telehealth services provided by an out-of-network provider for a CarePlus MA member, this includes the same limitations the Centers for Medicare and Medicaid Services (CMS) has established, as indicated in its List of Telehealth Services.

Billing

QUESTION: What place of service (POS) code should be reported for telehealth services?

ANSWER: Appropriate POS coding may vary depending on the member's specific plan. For guidance on POS code reporting for telehealth services provided to a CarePlus MA member, please refer to CarePlus' Telehealth and Other Virtual Services policy.

Note: The POS code billed for a service will determine whether that service is reimbursed with a facility or non-facility rate.

QUESTION: How does CarePlus handle claims with POS code 10?

ANSWER: CarePlus accepts POS code 10 on claims for dates of service beginning Jan. 1, 2022. CarePlus plans apply a telehealth benefit, when applicable, to claims reported with POS code 10.

QUESTION: How should audio-only telehealth services be reported?

ANSWER: CarePlus requires providers to identify an audio-only service with modifier 93.

Risk Adjustment

QUESTION: The Centers for Medicare & Medicaid Services (CMS) has announced that Medicare will pay for certain services conducted by telephone and has added such audio-only services to the list of Medicare telehealth services. Does this mean these audio-only services are acceptable for risk adjustment purposes?

ANSWER: CMS published an interim final rule on April 30, 2020 waiving the video requirement for certain telephone evaluation and management (E/M) services, as Medicare beneficiaries may not have access to or prefer not to utilize real-time interactive audio-video technology required for Medicare telehealth services. These qualifying E/M services have been added to the list of Medicare telehealth services and are acceptable if performed using a real-time interactive audio system. However, this interim final rule applies to Original Medicare coverage criteria and does not address the criteria for Medicare Advantage risk adjustment data eligibility. Based on CMS' April 10, 2020 health plan management system (HPMS) memo and updates made on Jan. 15, 2021, and May 4, 2022, CarePlus maintains that in order for these services to qualify for risk adjustment they must be performed using interactive audio telecommunication simultaneously with video telecommunication to permit real-time interactive communication.

QUESTION: How should physician and healthcare professionals bill services that CMS has covered when provided as real-time interactive audio and video?

ANSWER: For synchronous telemedicine services rendered via real-time interactive audio telecommunication systems, use Current Procedural Terminology (CPT®) telehealth modifier "95" with appropriate place of service (POS). As referenced in the May 4, 2022 CMS memo, effective January 1, 2022, there are two code options to indicate the place of service (POS) when a service provided via telehealth is submitted: 1) POS 02 for telehealth services provided other than in patients home, or 2) new POS 10 for telehealth services provided in patients home (which is a location other than a hospital or other facility where the patient receives care in a private residence). Telehealth services provided by synchronous, real-time interactive audio and video, with modifier '95', appropriate POS and common CPT and Healthcare Common Procedure Coding System (HCPCS) codes are exemplified in the table below, titled "COVID-19 telehealth and other virtual services eligible for risk adjustment".

QUESTION: How should physician and health care professionals bill services that CMS has covered when provided as audio only?

ANSWER: Although services may be covered when provided as audio-only, CarePlus requests that providers bill audio only services using telephonic Current Procedural Terminology (CPT®) codes 99441-99443 in order to identify services as being audio only and therefore, not eligible for MA risk adjustment. Billing the telephonic CPT code will clearly indicate that the service was provided as audio only.

If providers have previously submitted audio only visits with CPT codes other than telephonic CPT codes, CarePlus requests providers to correct the service that was billed by submitting corrected claims for those visits using telephonic

CPT codes in order identify them as audio only services. **Note:** Correcting the service that was billed requires a corrected claim, which is a different process than submitting a diagnosis code deletion request.

QUESTION: Are there any additional documentation requirements associated with telehealth services?

ANSWER: As a best practice, CarePlus recommends documenting in the medical record whether a visit was conducted via interactive audio telecommunication simultaneously with video telecommunication or through other virtual mechanisms, such as audio only.

QUESTION: If a telehealth consultation discusses and addresses a Medicare Risk Adjustment (MRA) condition, will CMS recognize the diagnosis for risk adjustment purposes?

ANSWER: In order to submit the diagnoses from a visit for risk adjustment purposes, the visit must be an allowable inpatient, outpatient or professional service, ***AND*** the visit must be a face-to-face encounter. In its May 4, 2022, HPMS memo, CMS reiterated its guidance that telehealth services provided interactive audio telecommunication simultaneously with video telecommunication satisfies the face-to-face requirement for purposes of risk adjustment eligibility.

COVID-19 telehealth and other virtual services eligible for risk adjustment

	Medicare-covered services	Qualifies for MRA	Physician location	Submission Place of Service (POS)	Common CPT® and HCPCS codes
Telehealth (interactive audio telecommunication simultaneously with video telecommunication)	✓	✓	Home/office/facility	Use CPT telehealth modifier "95" with any POS**	99201 – 99215 (office or outpatient visits) G0425 – G0427 (telehealth consultations, emergency department or initial inpatient)
Telephonic visit (audio only)	✓	✗	Home/office/facility	Any POS	99441 -- 99443
Virtual check-in (5 – 20 min. visit)	✓	✓*	Home/office/facility	Any POS	G2010, G2012, G2252
E-visit (use of patient portal)	✓	✗	Home/office/facility	Any POS	99421, 99422, 99423

** G2010, G2012 and G2252 qualify for a risk adjustment encounter data system (EDS) submission and should be used for visits that use interactive audio telecommunication simultaneously with video telecommunication. CarePlus maintains that any service rendered that is audio only does not meet the face-to-face requirement for risk adjustment. Therefore, if an audio-only visit is conducted, use the telephonic evaluation and management (E/M) codes (e.g. 99441 – 99443), as appropriate.*

*** Effective 1/1/2022, for a service provided via telehealth (i.e., modifier '95' is used), there are now two code options to indicate the place of service (POS): 1) POS 02 for telehealth services provided other than in patients home, or 2) new POS 10 for telehealth services provided in patients home (which is a location other than a hospital or other facility where the patient receives care in a private residence).*

HEDIS and Star ratings

QUESTION: If a telehealth consultation discusses and addresses a HEDIS® / Stars quality gap, will CarePlus capture that measure and give providers credit?

ANSWER: From a HEDIS perspective, telehealth is always acceptable for numerator compliance, unless the National Committee for Quality Assurance specifically excludes telehealth within its technical specifications. In the most recent guidance, these exclusions only apply to HEDIS measures targeting child and adolescent care. As always, it is important that related claims are coded appropriately and that services are documented accurately and completely in your patients' outpatient medical record.

Telephonic and interactive video/audio consultations can be administered for the following HEDIS measures:

a. Medication Reconciliation Post-Discharge (MRP)
b. Care for Older Adults (COA) – Medication Review, Functional Status Assessment and Pain Screening
c. Transitions of Care (TRC) – Two of the four composite measures may be addressed via telehealth: Patient Engagement After Inpatient Discharge (TRC-PED) and Medication Reconciliation Post-Discharge (TRC-MRP)
d. Follow-up after Emergency Department Visit for Patients with Multiple Chronic Conditions (FMC)

During a telehealth visit, information can also be gathered from patients regarding the administration and results of prior care. Submission of medical records with this care documented addresses these Stars HEDIS measures:

a. Eye Exam for Patients with Diabetes (EED) and Hemoglobin A1c Control for Patients with Diabetes (HBD)
b. Breast Cancer Screening (BCS)
c. Colorectal Cancer Screening (COL)

Additionally, healthcare providers are able to have conversations with their patients that impact HEDIS and other Stars measures that relate to care coordination and medication management. These discussions may also improve your patient's experience and adherence with care plans and maintenance medication for chronic conditions.

Prescriptions can be provided for the following medications:

a. Osteoporosis medications to address Osteoporosis Management in Women Who Had a Fracture (OMW)
b. Statins for Statin Therapy for Patients With Cardiovascular Disease (SPC) and Statin Use in Persons with Diabetes (SUPD)