



Claims Payment Policy

Subject: Telehealth and Other Virtual Services

Application: Medicare Advantage

Published date: 04/2023

Related policies: [COVID-19 Telehealth and Other Virtual Services](#)

Disclaimer: The intended audience of this medical claims payment policy is health care providers who treat CarePlus members. This policy is made available to provide information on certain CarePlus claims payment policies. This policy is a guideline only and does not constitute medical advice, guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy does not govern whether a procedure is covered under a specific member plan or policy, nor is it intended to address every claim situation. Claims may be affected by other factors, such as: state and federal laws and regulations, provider contract terms, and our professional judgment. This policy is subject to change or termination by CarePlus. CarePlus has full and final discretionary authority for its interpretation and application. No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise without express written permission from CarePlus. When printed, this version becomes uncontrolled.

Overview

Telehealth is a method of delivering health care services via *electronic information and telecommunications technologies*. Not all health care services delivered via *electronic information and telecommunication technology* are considered *telehealth* services. Examples of other health care services delivered via *electronic information and telecommunications technologies* that are not *telehealth* services include interprofessional services and remote monitoring services.

The following policy outlines how CarePlus plans reimburse *telehealth* and other virtual services.

[Medicare Advantage Payment Policy](#)

[Definitions of *Italicized Terms*](#)

[References](#)

[General CarePlus Resources](#)

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.

The following policy applies to only professional services.

This policy does not apply for services rendered during the COVID-19 Public Health Emergency (PHE). For guidance applicable to dates of service during the COVID-19 PHE, refer to CarePlus' [COVID-19 Telehealth and Other Virtual Services Claims Payment Policy](#).

Note: CarePlus allows an originating site fee, reported by *HCPCS code Q3014*, to facilities that provide administrative support for a professional's provision of a *telehealth* service if the patient is physically present at that facility. The originating site fee is not a *telehealth* service. The professional who provided the *telehealth* service is not eligible to receive reimbursement for the originating site fee in addition to the *telehealth* service provided.

Original Medicare Telehealth Services

CarePlus requires a provider to submit a charge for an *Original Medicare telehealth service* according to the applicable Centers for Medicare & Medicaid Services (CMS) guidance for the date of service. CarePlus Medicare Advantage (MA) plans allow *Original Medicare telehealth services* consistent with the applicable CMS guidance for the date of service. CarePlus MA plans deny charges for *Original Medicare telehealth services* that do not satisfy the applicable CMS guidance, including billing guidance regarding the appropriate place of service (POS) code or modifier, for the date of service.

For further information on the service codes that may be reported as an *Original Medicare telehealth service*, see CMS's [List of Telehealth Services](#).

Note: CarePlus MA plans are applying the same coverage-related waivers to *Original Medicare telehealth services*, as authorized by the Consolidated Appropriations Act, 2023.

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.
- ***HCPCS code Q3014:*** Telehealth originating site facility fee.
- ***Original Medicare telehealth services:*** Telehealth services covered by Original Medicare under Section 1834(m) of the Social Security Act.
- ***Telehealth:*** A means to deliver health care 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. Telehealth services include telemedicine services and are also known as virtual visits.

References

- U.S. Government Publishing Office website. Code of Federal Regulations. Title 42. [Section 410.78 – Telehealth Services](#). www.ecfr.gov.
- U.S. Government Publishing Office website. Code of Federal Regulations. Title 42. [Section 414.65 – Payment for Telehealth Services](#). www.ecfr.gov.
- U.S. Government Publishing Office website. Federal Register, Vol. 84, No. 73. Department of Health and Human Services. [Final Rule CMS-4185-F](#). www.govinfo.gov.
- U.S. Department of Health and Human Services website. [Telehealth Policy Changes After the COVID-19 Public Health Emergency](#). telehealth.hhs.gov.
- Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual. [Chapter 12 – Physicians/Nonphysicians](#)



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[Practitioners](#). Section 190 – Medicare Payment for Telehealth Services. www.cms.gov.

- Centers for Medicare & Medicaid Services website. [List of Telehealth Services](#). www.cms.gov.
- Centers for Medicare & Medicaid Services website. Medicare Learning Network. [MLN Fact Sheet: Telehealth Services](#). www.cms.gov.
- Centers for Medicare & Medicaid Services website. [Place of Service Code Set: Place of Service Codes for Professional Claims](#). www.cms.gov.
- Centers for Medicare & Medicaid Services HCPCS Level II and associated publications and services.
- American Medical Association's CPT and associated publications and services.

General CarePlus Resources

- [Availability](#) – Providers can register for access to information on a variety of topics such as eligibility, benefits, referrals, authorizations, claims and electronic remittances.
- [Education and news](#) – This page can help you find clinical guidelines, educational tools, Medicare and Medicaid resources, our provider magazine and other resources to help you do business with us.
- [Medical and pharmacy coverage policies](#) – CarePlus publishes determinations of coverage of medical procedures, devices and medications for the treatment of various conditions. There may be variances in coverage among plans.