

Reimbursement Guide Name:	Telehealth- Medicare Advantage	Reimbursement Guide #:	RG-109
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Reimbursement Guide Information	
Owner Department:	Payment and Revenue Integrity
Owner:	Code Review Program Manager
Affected Departments:	Claims, Compliance, Provider Network Management, Quality Services, Payment & Revenue Integrity
Reimbursement Guide Applies To:	Medicare Advantage product lines
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Purpose of the Reimbursement Guide

This document outlines the reimbursement guidelines for telehealth services, incorporating the latest changes effective from January 1, 2025. The goal is to ensure equitable access to telehealth services while maintaining compliance with updated regulations.

Statement of the Reimbursement Guide

This reimbursement guide aims to define Telemedicine and Telehealth, clarify which services are eligible for reimbursement, and outline the criteria and requirements that must be met. It further details how FirstCarolinaCare reimburse for Telemedicine and Telehealth services. These services include instances where the physician or other qualified healthcare professional and the patient are not at the same location, and services are delivered via phone, Internet, or other communication devices.

Definitions

Telehealth	The use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.
Telemedicine	A subset of telehealth that involves the use of telecommunications technology to provide clinical services to patients without an in-person visit.

Procedure

1. Eligible Services

- 1.1 Evaluation and Management Visits: Real-time interactive audio and video and audio only communications between the patient and healthcare provider.
- 1.2 Follow-up Visits: Virtual visits for ongoing management of chronic conditions or post-treatment follow-ups.
- 1.3 Mental Health Services: Counseling and therapy sessions conducted via telehealth.
- 1.4 Remote Patient Monitoring: Use of digital technologies to collect medical and other health data from individuals in one location and electronically transmit that information securely to healthcare providers in a different location for assessment and recommendations.

2. Non-Eligible Services

- 2.1 Email or Text Consultations: Services provided solely through email or text messaging.
- 2.2 Non-Clinical Communications: Administrative communications that do not involve direct patient care.
- 2.3 Services Not Medically Necessary: Any telehealth service that does not meet the criteria for medical necessity as defined by the health plan.

3. Criteria for Reimbursement

- 3.1 Provider Eligibility: Services must be provided by licensed healthcare professionals who are authorized to provide telehealth services within their scope of practice.
- 3.2 Technology Requirements: Telehealth services must be delivered using secure, HIPAA-compliant technology to ensure patient privacy and data security.
- 3.3 Documentation: Providers must maintain thorough documentation of the telehealth encounter, including the reason for the visit, patient consent, and clinical findings.
- 3.4 Patient Consent: Providers must obtain and document patient consent for telehealth services prior to the encounter.

4. Billing and Coding

- 4.1 Providers must use appropriate billing codes as defined by the health plan to ensure accurate processing and reimbursement of claims. See Code/Description table in [Reference 3](#) below .
- 4.2 Telehealth services must be submitted on the appropriate claim form and when appropriate a modifier to distinguish between different forms of telehealth (synchronous vs asynchronous, audio vs audio/video, etc.).
- 4.3 Telehealth services must be reported with place of service code 02 or 10
 - 02- Telehealth Provided Other than in Patient’s Home
 - 10- Telehealth Provided in Patient’s Home
- 4.4 For dates of service after 1/1/2025 providers should continue to use the appropriate Office/Outpatient Evaluation and Management service with the appropriate modifier and place of service. Health Alliance will not reimburse the new CPT Telehealth codes (98000-98015) on Medicare Advantage claims.

References

- 1. American Medical Association. *Current Procedural Terminology (CPT®) Professional Edition 2025*. American Medical Association; 2025.
- 2. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- 3. [Codes/Descriptions](#)

History	
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