**Benefit Coverage**

|  |
| --- |
| **Covered Benefit for lines of business including**: |
| Health Benefit Exchange (HBE), Medicare-Medicaid Plan (MMP) Integrity |
| **Excluded from Coverage:** |
| RiteCare (MED), Substitute Care (SUB), Children with Special Needs (CSN), Rhody Health Partners (RHP), Extended Family Plan (EFP) |

**Description:**

Telemedicine is not a distinct medical specialty. Telemedicine applies to the delivery of clinical health-care services by means of real time, two-way electronic audiovisual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health-care delivery, which facilitate the assessment, diagnosis, treatment, and care management of a patient's health care while such patient is at an originating site and the health-care provider is at a distant site, consistent with applicable federal laws and regulations.

 **The originating sites authorized by law are:**

1. The offices of physicians or practitioners
2. Hospitals
3. Critical Access Hospitals (CAHs)
4. Rural Health Clinics
5. Federally Qualified Health Centers
6. Hospital-based or CAH-based Renal
7. Dialysis Centers (including satellites) Note: Independent Renal Dialysis Facilities are not eligible.
8. Skilled Nursing Facilities (SNFs)
9. Community Mental Health Centers(CMHCs)

**Practitioners at the distant site who may furnish and receive payment for covered telehealth services (subject to State law) are:**

1. Physicians
2. Nurse practitioners (NPs)
3. Physician assistants (PAs)
4. Nurse-midwives
5. Clinical nurse specialists (CNSs)
6. Certified registered nurse anesthetists
7. Clinical psychologists (CPs) and clinical social workers (CSWs)

**NOTE**: CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.

Registered dietitians or nutrition professionals.

**Coverage Determination Criteria:**

Please note that with regard to **Medicare-Medicaid Plan (MMP) Integrity** members, the CMS guidelines apply for consideration of coverage. This includes that Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in:

* A county outside of a Metropolitan Statistical Area (MSA), **OR**
* A rural Health Professional Shortage Area (HPSA) located in a rural census tract

The Health Resources and Services Administration (HRSA) determines HPSAs, and the Census Bureau determines MSAs. You can access HRSA’s Medicare Telehealth Payment Eligibility Analyzer to determine

a potential originating site’s eligibility for Medicare telehealth payment.

**As a condition of payment, you must use an interactive audio and video telecommunications system that permits real-time communication between you, at the distant site, and the beneficiary, at the originating site.**

Evaluation, management and consultation services using synchronous (real-time, two-way consult) technologies may be considered medically necessary when **ALL** of the following conditions apply:

* The patient must be present at the time of consultation, **AND**
* The consultation must take place via a secure, HIPAA compliant interactive audio and video telecommunications system with provisions for privacy and security and the provider must be able to examine the patient in real-time. Interactive telecommunications systems must be multi-media communication that, at a minimum, include audio equipment permitting real-time consultation with the patient and the consulting practitioner, **AND**
* A permanent record of telemedicine communications relevant to the ongoing medical care of the patient should be maintained as part of the patient’s medical record, **AND**
* Services delivered through a telemedicine modality shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located, **AND**
* Appropriate informed consent is obtained which includes all of the information that applies to routine office visits as well as a description of the potential risks, consequences and benefits of telemedicine, **AND**
* The patient’s clinical condition is considered to be a low complexity and while it may be an urgent encounter it should not be an emergent clinical condition. The patient’s clinical condition requires straight forward decision making and the need for a follow-up encounter is not anticipated.

Please access Prior Authorization forms by visiting Neighborhood’s website at [www.nhpri.org](http://www.nhpri.org).

1. Go to the section for Providers
2. Click on “Resources & FAQ’s”
3. Click on “Medical Management Request Forms”- forms are listed alphabetically by program.

[Prior Authorization Forms](https://www.nhpri.org/Providers/MedicalManagementRequestForms.aspx%20%20)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.

Fax authorization forms to 401-459-6023.

**Covered Codes: For information on Coding please reference the** [**Authorization Quick Reference Guide**](http://www.nhpri.org/Providers/ResourcesFAQs/PriorAuthorizationReferenceGuide.aspx)

Authorization Forms

**Exclusions:**

The following services are not covered as telemedicine services:

* Facsimile transmission
* Installation or maintenance of any telecommunication devices or systems
* Software or other applications for management of acute or chronic disease
* Store and Forward telecommunication (transferring data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation)
* Provider-to-provider consultations when the member is not present
* Radiology interpretations
* Provider-initiated e-mail
* Appointment scheduling
* Refilling or renewing existing prescriptions without substantial change in clinical situation
* Scheduling diagnostic tests
* Reporting normal test results
* Updating patient information
* Providing educational materials
* Brief follow-up of a medical procedure to confirm stability of the patient's condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up
* Brief discussion to confirm stability of the patient's chronic condition without change in current treatment
* When information is exchanged and further evaluation is required such that the patient is subsequently advised to seek face to face care within 48 hours
* A service that would similarly not be charged for in a regular office visit
* Reminders of scheduled office visits
* Requests for a referral
* Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
* Clarification of simple instructions
* Telemedicine services are subject to all terms and conditions of the Member’s plan documents, including, but not limited to, required copayments, coinsurances, deductibles, and approved amount.
* Evaluation, management and consultation services using asynchronous technologies.

**CMP Cross Reference:**

**Created:** August 2017 **Annual Review Month:** September   
**Review Dates:**   
**Revision Dates:**

**CMC Review Date:**   
**Medical Director**

**Approval Dates:**

**Effective Dates:**

**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member’s coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services.  This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

**References:**

1. RI Telemedicine Law 16188. (01/14/2016).
2. American Medical Association. 2017 CPT Code Book. Appendix P
3. Department of Health & Human Services: Centers for Medicare & Medicaid Services: Telehealth Services. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht>