

Payer	Coverage	Covered Providers	Reimbursement Rate
<b>BCBS of RI</b>	<p>Telemedicine services are covered when all of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1) The patient is present at the time of service.</li> <li>2) Services must be equivalent or similar to in-person services with a patient.</li> <li>3) Services must be medically necessary and otherwise covered under the member's benefit booklet or subscriber agreement</li> <li>4) Services must be within the provider's scope of license</li> <li>5) The extent of any evaluation and management services (E&amp;M) provided over the telemedicine technology is an appropriate substitute for a face-to-face encounter for the service that is being rendered.</li> <li>6) Services must involve HIPAA-compliant secure electronic communication, which involves both audio and video components.</li> <li>7) A permanent record of online communications relevant to the ongoing medical care and follow-up of the patient must be maintained as part of the patient's medical record.</li> <li>8) Telemedicine services are limited to the providers listed at right, who are able to file for E&amp;M services, Behavioral Health Services, or Medical Nutrition Services.</li> <li>9) Only the Provider rendering the services via telemedicine may submit for reimbursement for telemedicine services</li> </ol>	<ul style="list-style-type: none"> <li>• Physician</li> <li>• Nurse practitioner</li> <li>• Physician assistant</li> <li>• Nurse Midwife</li> <li>• Clinical nurse specialist</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Clinical social worker</li> <li>• Licensed Marriage and Family Therapist</li> <li>• Licensed Mental Health Counselor</li> <li>• Registered dietician</li> </ul>	<p>Benefits may vary between groups and contracts. Refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable telemedicine services benefits/coverage.</p>
<b>Neighborhood Health Plan</b>	<ul style="list-style-type: none"> <li>• Neighborhood provides coverage for limited services when delivered through telemedicine, as defined by the Telemedicine Coverage Act (the Act), effective 1/1/2018.</li> <li>• In accordance with the Act, services provided through telemedicine must utilize HIPAA compliant real time, two-way, secure audiovisual video conferencing, or store-and-forward technology.</li> <li>• Providers are required to obtain informed member consent and provide a description of the potential benefits, risks, and consequences of receiving services through telemedicine. Treatment must meet the same standard of care as, and be an appropriate substitute for, a face-to-face encounter.</li> <li>• Billable services are subject to contractual agreements and must meet timely filing requirements to be considered for reimbursement.</li> <li>• Telemedicine is not considered a distinct benefit and is covered as a place of service. Place of Service (POS) 02 must be on the claim to indicate that the service was delivered via telemedicine.</li> <li>• Claims must include modifier "95", defined as: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical nurse specialist (CNS)</li> <li>• Clinical social worker (CSW)</li> <li>• Licensed Marriage and Family Therapist (LMFT)</li> <li>• Licensed Mental Health Counselor (MHC)</li> <li>• Nurse Midwife</li> <li>• Nurse practitioner (NP)</li> <li>• Physician assistant (PA)</li> <li>• Physician</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Registered dietician.</li> </ul>	

<b>Tufts Health Plan</b>	<ul style="list-style-type: none"> <li>• Modifier GT is required and should be appended to all applicable CPT and/or HCPCS procedure code(s). Claims submitted without the GT modifier will deny.</li> </ul>		80% of in-office rate. Visit limits may apply. Services and subsequent payment are pursuant to the member's benefit plan document.
<b>United Healthcare</b>	<ul style="list-style-type: none"> <li>• UnitedHealthcare will consider for reimbursement Telehealth services which are recognized by CMS and appended with modifiers GT or GQ, as well as services recognized by the AMA included in Appendix P of CPT and appended with modifier 95.</li> <li>• UnitedHealthcare recognizes the CMS-designated Originating Sites which are considered eligible for furnishing Telehealth services to a patient located in such sites via an Interactive Audio and Visual Telecommunications system.</li> </ul>	<ul style="list-style-type: none"> <li>• Physician</li> <li>• Nurse practitioner</li> <li>• Physician assistant</li> <li>• Nurse-midwife</li> <li>• Clinical nurse specialist</li> <li>• Registered dietitian or nutrition professional <ul style="list-style-type: none"> <li>• Clinical psychologist</li> <li>• Clinical social worker</li> </ul> </li> <li>• Certified Registered Nurse Anesthetists</li> </ul>	

## OVERVIEW OF COMMERCIAL PAYER COVERAGE FOR TELEMEDICINE

### BACKGROUND:

In 2016, the Rhode Island General Assembly enacted the [Telemedicine Coverage Act](#), requiring health insurers to cover telemedicine services in all plans with effective dates of January 1, 2018 or later. According to Rhode Island law, “telemedicine” means 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. Telemedicine does not include an audio-only telephone conversation, email message or facsimile transmission between the provider and patient, or an automated computer program used to diagnose and/or treat ocular or refractive conditions. Services must be provided by a contracting provider with the member present on the receiving end and must occur in real time. All technology used must meet or exceed HIPAA requirements to maintain privacy

### LINKS TO PAYERS’ TELEMEDICINE POLICIES:

[BCBS of RI Payment Policy for Telemedicine Services](#)

[Neighborhood Health Plan of RI Telemedicine Services – Payment Policy](#)

[Tufts Health Plan Telemedicine Services Professional Payment Policy – Rhode Island](#)

[United Healthcare Telehealth and Telemedicine Policy](#)