



## Clover Health Telehealth and Telemedicine Reimbursement Policy

Policy # RP-042

<b>Policy Title</b>	Telehealth and Telemedicine Reimbursement Policy
<b>Policy Department</b>	Payment Strategy and Operations
<b>Effective Date</b>	4/1/2022
<b>Revision Date(s)</b>	
<b>Next Review Date</b>	

**Note:** Between March 2020 to the end of the Public Health Emergency (PHE). Providers should visit the COVID-19 information on <https://www.cloverhealth.com/en/providers/provider-covid-updates> for guidelines regarding services rendered using Telehealth. Any policy published during the PHE will take precedence over this policy.

### **Disclaimer:**

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

**Description:** Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Innovative uses of this kind of technology in the provision of healthcare is increasing.

### **Definitions:**

- POS - Place of Service



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- CMS - Centers for Medicare and Medicaid

### **Policy:**

Clover Health patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person

- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.

The Centers for Medicare and Medicaid Services (CMS) have 2 POS codes dedicated to Telehealth Services. POS Code 02: The location where health services and health related services are provided or health related services through telecommunication technology. Patients are not located in their home when receiving health services or health related services through telecommunication technology.

POS Code 10: The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

The POS 02 and 10 codes do not apply to the Originating Site facilities billing a facility fee. The term originating site means the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. CMS originating sites authorized are listed below:

- Office of a physician or practitioner
- Hospital (inpatient or outpatient)
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Centers (FQHC)
- Hospital based or CAH hospital-based renal dialysis center (including satellites).
- Skilled Nursing Facilities (SNF)
- Community Mental Health Centers (CMHC)

**Note:** Independent renal dialysis facilities are not eligible originating sites.



Clover Health follows CMS policies regarding what practitioners can bill for covered Telehealth and Telemedicine services.

- Physician
- Nurse Practitioner
- Physician Assistant
- Nurse-Midwife
- Clinical Nurse Specialist
- Clinical Psychologist\*
- Clinical Social Workers\*
- Registered Dietitian or Nutrition Professional
- Certified Registered Nurse Anesthetist

\*Clinical psychologists and clinical social workers cannot bill for psychotherapy services that include medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for the following CPT codes: 90805, 90807, and 90809.

#### **Communication Technology-Based Services (CTBS) and Remote Physiologic Monitoring (RPM)**

These services are eligible to be considered for reimbursement under this policy and are described in the CMS Physician Fee Schedule (PFS). Examples include:

- Electronic visits
- Virtual Check-Ins
- Remote Physiologic Monitoring
- Interprofessional Telephone/Internet/Electronic Health Record Consultations

**Note:** POS 02 would never be used for CTBS or RPM services because the service is not rendered in person.

#### **Claim Codes (if applicable)**

- E-visit - 99421-99423 and HCPCS codes G2061-G2063, as applicable.
- Telehealth Consultation, Emergency Department or Initial Inpatient -G0425-G0427
- Follow-Up Inpatient Telehealth Consultations - G0406-G0408.



References
<a href="https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet">https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet</a>
<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf</a>