

Payment Policy: Telemedicine Services

Reference Number: NH.PP.14

Product Types: Medicaid, Ambetter

Effective Date: 09/18/2020

Last Review Date: 6/26/2024

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

Telemedicine, also referred to as Telehealth, allows health care professionals to evaluate, diagnose, and treat patients in remote locations using telecommunications technology. Telemedicine allows patients in remote locations to access medical expertise quickly, efficiently, and without travel.

In pursuant to New Hampshire Chapter 27 HB 1623, all services rendered within the provider's scope of practice and acceptable as a telehealth delivery of care method will be reimbursable by the Plan.

Policy Description

Telemedicine is the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment.

Reimbursement

The following providers shall be allowed to perform health care services through the use of all modes of telemedicine, including video and audio, audio-only, or other electronic media.

Medical providers include, but are not limited to:

- Physicians and physician assistants
- Advanced practice nurses and registered nurses under employed by home health care providers
- Midwives
- Psychologists
- Allied health professionals
- Mental health practitioners
- Community mental health providers employed by community mental health programs
- Alcohol and other drug use professionals
- Dietitians
- Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board

Sites of Service

An Originating Site is defined as the location of the member at the time the service is being rendered. A Distant Site is defined as the location of the provider at the time the service is being rendered.

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In accordance with New Hampshire HB 1623, any originating and distant site of service is eligible for reimbursement for telemedicine services.

Documentation Requirements

Not Applicable.

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current 2024 manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Place of Service Code	Descriptor
02	Telehealth Provided Other than in Patient’s Home
10	Telehealth Provided in Patient’s Home

Modifier	Descriptor
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
GT	Via interactive audio and video telecommunications systems
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

ICD-10 Codes	Descriptor
NA	Not Applicable

Additional Information

Not Applicable

Related Documents or Resources

Not Applicable

References

1. [MLN Telehealth Services](#)
2. [Chapter 27 HB 1623](#)

Revision History	
5/1/2019	Initial Draft

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11/1/2019	Policy update; PCPs reimbursable effective 1/1/20
2/01/2020	Updated Originating Sites
9/01/2020	Updated policy to align with HB 1623
6/26/2024	Annual review; added POS 10

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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