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| Reimbursement Guide Name: | Telehealth- Commercial | Reimbursement Guide #: | RG-108 |
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| Reimbursement Guide Information | |
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| 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: | Commercial product lines |
| Electronic Signature/Date: | Christi Isaac (01/08/2025), Lori Slaughter (01/08/2025) |

Purpose of the Reimbursement Guide

This reimbursement guide outlines the reimbursement criteria for telehealth services under the commercial health plan. It aims to ensure that telehealth services are accessible, appropriately utilized, and reimbursed in a manner consistent with in-person care.

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 reimburses 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

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| 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 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. Reimbursement Rates**
- 4.1 Telehealth services will be reimbursed at rates equivalent to in-person services, provided all criteria and documentation requirements are met.
- 5. Billing and Coding**
- 5.1 Providers must use appropriate telehealth-specific billing codes as defined by the health plan to ensure accurate processing and reimbursement of claims. See Code/Description table in [Reference 3](#) below.
- 5.2 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
- 6. Review and Updates**
- 6.1 This policy will be reviewed annually and updated as necessary to reflect changes in technology, regulations, and best practices in telehealth.

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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|--------------------------|------------|
| Created Date: | 01/01/25 |
| Effective Date: | 01/01/25 |
| Next Review Date: | 01/08/2026 |
| Revision Date: | |