

## Telehealth Services

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### Overview

Telehealth is the delivery of health care services or consultations through the use of real time, two-way interactive audio and visual communications. Telehealth provides or supports health care delivery and facilitates the assessment, diagnosis, consultation, treatment education and care management of a patient's health care while the patient is at originating site and the licensed health care provider is at a distant site. Providers providing health care services by telehealth will be held to the same standards and conduct as providers for in-person health care services.

### Telehealth includes:

- Secure video conferencing
- Store-and-forward technology
- Audio-only communication between the health care provider and the patient (until July 1, 2025)\_

### Store-and-forward technology

Store-and-forward is the asynchronous electronic transfer or transmission of a patient's medical information or data from the originating site to a distant site for purposes of diagnostic and therapeutic assistance in the care of the patient. Medical information may include, but is not limited to, video clips, still images, X-rays, MRIs, EKGs, laboratory results, audio clips and text. The physician at the distant site reviews the case without the patient being present. Store-and-forward substitutes for an interactive encounter with the patient present; the patient is not present in real-time.

### Audio only

Audio only is the delivery of health care services or consultations through telephone communication while the patient is at one site and the qualified health care provider is at a distant site.

### Distant site

Site at which the health care provider is located while providing health care services or consultations by means of telehealth, which can include the provider's home.

### Originating site

The site at which the member is located at the time health care services are provided to them by means of telehealth, which can include the member's home. For purposes of store-and-forward technology, the originating site also means the location at which the health care provider transfers or transmits information to the distant site.

### Equipment

Specific telecommunications equipment is not required as a condition of coverage as long as the health care provider uses equipment that complies with current industry interoperable standards and

with the standards required under the Federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. A health care provider may not require a member to pay for a specific communication technology or application.

### **Eligible Providers**

Providers must self-attest that they meet all of the conditions of the Minnesota Health Care Programs (MHCP) telehealth policy by completing and submitting a [Telehealth Provider Assurance Statement \(DHS-6806\) \(PDF\)](#) to be eligible for reimbursement.

MHCP covers medically necessary services and consultations delivered by a health care provider through telehealth. A health care provider means a health care professional who is licensed or registered by the state to perform health care services within the provider's scope of practice according to state law.

### **Eligible Members**

Telehealth coverage applies to [MHCP](#) members in prepaid health plans and fee-for-service programs.

### **Covered Services**

[MHCP](#) will cover telehealth services in the same manner as any other benefits covered through the programs. Coverage will not be limited on the basis of geography or location. Out-of-state coverage policy applies to services provided via telehealth.

### **List of telehealth services**

The CPT and HCPC codes that describe a telehealth service are generally the same codes that describe an encounter when the health care provider and patient are at the same site. Examples of covered telehealth services include, but are not limited to, the following:

- Consultations
- Telehealth consults: emergency department or initial inpatient care
- Subsequent hospital care services
- Subsequent nursing facility care services
- End-stage renal disease services
- Individual and group medical nutrition therapy
- Individual and group diabetes self-management training with a minimum of one hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training
- Smoking cessation
- Alcohol and substance abuse (other than tobacco) structured assessment and intervention services

### **Audio only (until July 1, 2025)**

Audio-only communication will be covered if:

- There is a scheduled appointment and the standard of care for that particular service can be met through the use of audio-only communication.
- Substance use disorder (SUD) treatment services and mental health services delivered without a scheduled appointment when initiated by the member while in an emergency or crisis situation and a scheduled appointment was not possible due to the need of an immediate response.

### **Two-way interactive video consultation in an emergency department (ED)**

Two-way interactive video consultation may be billed when no physician is in the ED and the nursing staff is caring for the patient at the originating site. The ED physician at the distant site bills the ED CPT codes with place of service 02. Nursing services at the originating site would be included in the ED facility code. If the ED physician requests the opinion or advice of a specialty physician at a "hub"

site, the ED physician bills the ED CPT codes and the consulting physician bills the consultation E/M code with place of service 02.

### **Noncovered Services**

Telehealth does not include:

- Communication between health care provider and a patient that consists solely of an email or facsimile.
- Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability and Accountability Act of 1996 Privacy and Security rules
- Prescription renewal
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Nonclinical communication

### **Authorization Requirements**

Prior [authorization](#) is required for health care services delivered through telehealth if prior authorization is required before the delivery of the same service through in-person contact.

### **Billing**

Providers who have an approved [Telehealth Provider Assurance Statement \(DHS-6806\) \(PDF\)](#) on file with MHCP who submit professional claims for services via telehealth should use claim format [MN-ITS 837P](#) (professional), CPT or HCPCS codes that describes the services rendered and with a required place of service 02 or new place of service 10 for services via telehealth. Include the 93 modifier when billing for services provided via audio only (telephone communication).

- Place of service 02 newly defined: Telehealth provided other than the patient's home. The location where health services and health-related services are provided or received through telecommunication technology. The patient is not located in their home when receiving health services or health-related services through telecommunication technology.
- Place of service 10: Telehealth provided in patient's home. The location where health services and health-related services are provided or received through telecommunication technology. The 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.
- Modifier 93 Audio only: Synchronous telehealth service rendered via telephone or other real-time interactive audio-only telecommunications system. MHCP requires modifier 93 when audio-only telehealth is used.

Outpatient facilities (Ambulatory Payment Classifications or Ambulatory Surgical Center claims) will continue to use telehealth modifiers on their claims.

Providers who service SUD H2035/HQ on type of bill 89X should continue to use telehealth modifiers on their claims.

**MHCP will not reimburse claims for providers who have not submitted DHS-6806 after May 31, 2022.** See changes after May 31, 2022, in the [Coronavirus \(COVID-19\)](#) section of the MHCP Provider Manual.

### **Documentation**

Providers must have documentation of services provided and must have followed all clinical standards to bill for telehealth or telephonic telehealth.

As a condition of payment, a licensed health care provider must document each occurrence of a health service delivered through telehealth to a medical assistance enrollee. Health care service records for services delivered through telehealth must meet the requirements set forth in [Minnesota Rules, 9505.2175](#), subparts 1 and 2, and must document:

- the type of service delivered through telehealth;
- the time the service began and the time the service ended, including an a.m. and p.m. designation;
- the health care provider's basis for determining that telehealth is an appropriate and effective means for delivering the service to the enrollee;
- the mode of transmission used to deliver the service through telehealth and records evidencing that a particular mode of transmission was utilized;
- the location of the originating site and the distant site;
- if the claim for payment is based on a physician's consultation with another physician through telehealth, the written opinion from the consulting physician providing the telehealth consultation; and
- compliance with the criteria attested to by the health care provider according to paragraph (b).

#### **Legal References**

[Minnesota Statutes, 256B.0625](#), subdivision 3b (Telehealth Services)

[Minnesota Statutes, Session Law Regular Session Chapter 70](#) (revising Minnesota Statute 62A.673, subdivision 2)