



<b>Policy Title: Telehealth Expansion Benefit Enhancement</b>			
<b>Department Responsible:</b> Compliance and Privacy	<b>Policy Number:</b> 1.90	<b>THN's Effective Date:</b> April 10, 2017	<b>Next Review/Revision Date:</b> September 30, 2019
<b>Title of Person Responsible:</b> Chief Compliance Officer	<b>THN Approval Council:</b> Compliance & Privacy Committee	<b>Date Approved:</b> April 10, 2017 (C&I C)	<b>Revision Approval Council:</b> Policy Review Committee

**PURPOSE:**

The purpose of this policy to provide guidance on the Telehealth Wavier and to outline the requirements for THN, Next Generation Participants and Preferred Providers to follow in order to comply.

**DEFINITIONS:**

Term	Definition
<b>Eligible Telehealth Provider</b>	Next Generation Professional or Preferred Provider who is a physician or other practitioner listed at 42 C.F.R. § 410.78(b)(2) and meets the requirements under The Next Generation Participation Agreement.
<b>Next Generation Participant</b>	An individual or entity that: A. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202); B. Is identified on the Participant List in accordance with Section IV; C. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations; D. Is not a Preferred Provider; E. Is not a Prohibited Participant; and F. Pursuant to a written agreement with the ACO, has agreed to participate in the Model, to report quality data through the ACO, and to comply with care improvement objectives and Model quality performance standards.
<b>Preferred Provider</b>	An individual or entity that: A. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202); B. Is identified on the Preferred Provider List in accordance with Section IV; C. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations; D. Is not a Next Generation Participant; E. Is not a Prohibited Participant; and F. Has agreed to participate in the Model pursuant to a written agreement with the ACO.



**POLICY:**

In order to be eligible to bill for telehealth services furnished to Next Generation Beneficiaries pursuant to the Telehealth Expansion Benefit Enhancement, an individual or entity must be:

- a. A Next Generation Professional or a physician or non-physician practitioner who is a Preferred Provider; and
- b. Authorized under relevant Medicare rules and state law to bill for telehealth services; and
- c. Designated on the Participant List or Preferred Provider List as participating in the Telehealth Expansion Benefit Enhancement; and
- d. Approved by CMS according to the criteria described in the Next Generation Agreement, Appendix J.

**PROCEDURE:**

**I. Waived Provisions:**

- A. Waiver of Originating Site Requirements: CMS waives the requirements in section 1834(m)(4)(C) of the Social Security Act and 42 C.F.R. § 410.78(b)(3)–(4) with respect to telehealth services furnished in accordance with this Appendix.
- B. Waiver of Originating Site Requirement in the Eligible Telehealth Individual Provision: CMS waives the requirement that telehealth services be “furnished at an originating site” from section 1834(m)(4)(B) of the Social Security Act when furnished in accordance with this Appendix.
- C. Waiver of Originating Site Facility Fee provision: CMS waives section 1834(m)(2)(B) and 42 C.F.R. § 414.65(b) with respect to telehealth services furnished to a beneficiary at his/her home or place of residence when furnished in accordance with this Appendix.

**II. Eligibility Requirements:**

- A. In order to participate in the Telehealth Waiver, a provider must be an “**Eligible Telehealth Provider**”, which is defined as a Next Generation Professional or Preferred Provider who is a physician or other practitioner listed at 42 C.F.R. § 410.78(b)(2) and meets the requirements under Section XI.C.2 of the Next Generation Participation Agreement.
- B. In order for telehealth services to be eligible for reimbursement under the terms of the waiver the Beneficiary must be located at an originating site that is either:
  1. One of the sites listed in section 1834(m)(4)(C)(ii) of the Social Security Act; or
  2. The Beneficiary’s home or place of residence. B. Claims will be denied for the following telehealth services furnished to a Beneficiary located at his/her home or place residence:
- C. Claims will be denied for the following telehealth services furnished to a Beneficiary located at his/her home or place residence:
  1. Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs. HCPCS codes G0406 - G0408;
  2. Subsequent hospital care services, with the limitation of one telehealth visits every three days. CPT codes 99231 – 99233; and
  3. Subsequent nursing facility care services, with the limitation of one telehealth visit every 30 days. CPT codes 99307 - 99310.
- D. In the event that technical issues with telecommunications equipment required for telehealth services cause an inability to appropriately furnish such telehealth services, the Eligible Telehealth Provider shall not submit a claim for such telehealth services.
- E. All telehealth services must be furnished in accordance with all other applicable state and Federal laws and all other Medicare coverage and payment criteria, including the remaining portions of section 1834(m) of the Social Security Act and 42 C.F.R. §§ 410.78 and 414.65.



F. An Eligible Telehealth Provider shall not furnish telehealth services in lieu of in person services or encourage, coerce, or otherwise influence a Next Generation Beneficiary to seek or receive telehealth services in lieu of in person services when the Eligible Telehealth Provider knows or should know in person services are medically necessary.

**REFERENCE DOCUMENTS/LINKS:**

- Next Generation ACO Model Participation Agreement 2017 (First Amended and Restated Participation Agreement for 2016 Starters), Section XI Benefits Enhancements, subsection C1-4, page 38. **Appendix J.**
- 42 C.F.R. § 414.65(b)
- 42 C.F.R. §§ 410.78 and 414.65.
- SEC. 1834. [42 U.S.C. 1395m] [\(m\) Payment for Telehealth Services](#)

**PREVIOUS REVISION/REVIEW DATES:**

Date	Reviewed	Revised	Notes
April 10, 2017	N/A	N/A	New Policy