



Telehealth

In accordance with the Medical Assistance Bulletin released by the Pennsylvania Department of Human Services (DHS) on September 30th, 2021, services given Medicaid members via telemedicine when clinically appropriate and within the servicing provider's scope of practice will be reimbursed by Aetna Better Health of Pennsylvania. Services provided via telemedicine should meet the same standard of care as direct in-person care. It is recommended that providers in the state of Pennsylvania develop protocols for using telemedicine to ensure this standard is met.

Examples of protocol include, but are not limited to:

- Having policies in place to make language assistance services, such as oral interpretation, including sign language interpretation, and written translation, available to those being served via telemedicine
- Training staff to assist patients with use of telemedicine equipment
- Comply with HIPAA guidelines (confidentiality, privacy, and consent) and ensure the privacy of the patient receiving services.



What Is Telemedicine?

Telemedicine is defined as the use of two-way, real time interactive telecommunications technology between patient and provider that includes, at a minimum, audio and video equipment as a mode of delivering healthcare services.

Services that are not considered telemedicine include:

- Asynchronous or store and forward technology (Example: voicemails via telephone)
- Information communicated via facsimile machines, electronic mail systems or remote patient monitoring devices
- Text messaging.

Asynchronous technology may still be utilized to communicate medical services to patients such as:

- Appointment scheduling/reminders
- Lab results
- X-ray results

Telemedicine can be performed in any of the following settings:

- Patient's home
- Provider's office
- Health clinic
- Nursing facility
- Other medical facility site.

Providers should always obtain the location of the patient during each telemedicine should emergency medical services be needed.



Patient Consent

Providers must obtain the following consents from patient or legal guardian prior to rendering any service via telemedicine.

- Consent to perform care
 - Patients or legal guardians can elect to return to in-person services at any time.
- Consent to record care given.

⚠️ Please note: Patients or legal guardians may elect not to receive services via telemedicine at any time. This refusal of service is not to be used as a basis to limit access to services.



Documentation

All care provided via telemedicine needs to be fully and completely documented, dated, and signed off in the patient's legal medical record. When audio only technology is utilized, document as such and indicate reason for not using audio/video technology at the time of the telemedicine visit.

⚠️ Please note: Audio-only services are permitted in situations where the patient does not possess or have access to video technology and when clinically appropriate (i.e., urgent medical needs/situations).



Technology Guidelines

Equipment utilized for telemedicine needs to meet the following criteria:

- Have the capability of presenting sound and image in real-time and without delay
- Clearly display the rendering practitioner's and patient's face to enable clinical assessments from the practitioner
- Meet all state and federal requirements for the transmission and security of health information, including HIPAA.



Billing and Reimbursement for Telemedicine

Telemedicine services are to be reimbursed at the same rate as if they were rendered in-person. To identify services rendered via telemedicine, DHS added Place of Service (POS) 02 (telemedicine) as an approved code. Previously, the GT modifier was utilized to identify telemedicine on claims, but it has been retired.

The "originating site" is where the patient is located at the time the telemedicine service is rendered. When the patient accesses services at an enrolled originating site, the provider serving as the originating site may bill for the technology service using the telehealth originating site procedure code Q3014 only. Procedure code Q3014 is to be used only if no other MA covered service is provided at the originating site. The MA fee for Q3014 is \$15.72.

Out-of-state licensed practitioners can provide care via telemedicine, but must meet the following criteria:

- Meet the licensing requirements established by the Pennsylvania Department of State.
- Be enrolled in the MA Program to receive the above noted reimbursement for services.



Questions on Telemedicine or Reimbursement?

We're here to help. Just call Provider Relations at **1-866-638-1232** with any questions. You can also send an email to AetnaBetterHealthPAQM@Aetna.com to reach our Quality Management Department.



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