

RB.021.C Professional Telehealth Services (Medicare Advantage)

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Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

PRODUCT VARIATIONS

This policy only applies to the Jefferson Health Plans Medicare Advantage line of business.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

Professional Telehealth Services are covered and eligible for reimbursement when all the following requirements are met:

- The service is medically necessary and is delivered using any of the following types of communication:
 - Telehealth visit.
 - Virtual Check-ins.
 - Telephone based evaluations.
 - E-Visits.
- The member seeking medical care is present at the time of service (i.e., real-time interaction between the member and the healthcare provider).
- Service must be rendered by plan Physicians (PCP or Specialist), Nurse Practitioners (NP's), Certified Registered Nurse Anesthetists (CRNA), Physician Assistants (PA's), Registered dietitians, Nurse - midwives, Clinical Nurse specialist.

Jefferson Health Plans Medicare Advantage Plans provide coverage for telehealth services:

- ***E-visits*** are established patient-initiated non-face-to-face communication through an online patient portal.
- ***Telehealth visits*** are visits with a provider using synchronous interactive audio and video telecommunication systems for a new or established patient.
- ***Telephone based evaluations*** are audio only visits for a new or established patient for evaluation or management of a problem provided by a qualified clinician. For telephone-based services, services are time-based.
- ***Virtual check-in*** is a brief (5-10-minute) check-in with a provider via telephone or other telecommunications device to determine whether an office visit or other service is needed for an established patient.

For telehealth visits (synchronous interactive audio and video telecommunications system) providers must report the appropriate Evaluation & Management (E&M) service that would have applied had the service been provided in the office. In addition, providers must use the appropriate telehealth modifier, 93, 95, GT. These types of visits shall be reimbursed in accordance with the provider's contract, Plan fee schedules and the member's benefit plan.

Urgent Care Centers (UCC's) are NOT eligible to bill their case rate code (S9083) when Professional Telehealth Services are performed. If a UCC submits a claim with their case rate code when a service is rendered via telehealth, the claim will be denied. Only services rendered in person and face to face are eligible for case rate payment (S9083). UCC's are eligible for payment of Professional Telehealth Services if the policy criteria are met, and the above Telehealth Visit services are explicitly included in the provider's contract with the plan.

Telephone-based evaluations, Virtual check-ins, and E-Visits must not be reported as an E&M since these are specific types of services, and the level of reimbursement may vary.

POLICY GUIDELINES

1. Professional Telehealth Services would typically NOT occur more than once per week for the same episode of care. Providers may be subject to an audit if increased frequency occurs.
2. Authorization is not required for Professional Telehealth Services alone.
3. Providers are expected to report the most appropriate Current Procedural Terminology (CPT®), or Healthcare Common Procedure Coding System (HCPCS) code and applicable modifier for Professional Telehealth Services provided.
4. Professional providers performing telemedicine services must report the appropriate modifier and place-of-service to represent telemedicine services for payment.
5. Telephone services should not be reported when originating from a related E/M service provided within the past seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. Telephone services should not be reported for postoperative visits.
6. Payment of Professional Telehealth Services may be impacted by CCI edits.
7. For providers paid on a capitation basis, services delivered through telehealth are considered included in capitation and are not separately payable.
8. The Plan reserves the right to audit Professional Telehealth Services to evaluate:
 - a. Compliance with this policy or related state and federal regulations
 - b. Effectiveness and impact to our members
 - c. Quality of care
9. Nurse Practitioners (NP's), Certified Registered Nurse Anesthetists (CRNA) Physician Assistants (PA's), Registered dietitians, Nurse -midwives, & Clinical Nurse specialist are required to perform services within the scope of their license.

CODING

[List of Telehealth Services for Calendar Year 2026 \(ZIP\)](#)

BENEFIT APPLICATION

COST-SHARING

Cost-sharing may apply for some Professional Telehealth Services based on the benefit plan. This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

E-Visits: An established patient-initiated non-face-to-face communication through an online patient portal.

Interactive telecommunications system: Multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient and distant site physician or practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

Professional Telehealth Services: Services performed by professional providers using technology to evaluate and communicate with members are limited to telehealth visits, virtual check-ins, telephone based-evaluations, and e-visits.

Synchronous interaction: A real-time interaction between a patient and a health care provider located at a distant site.

Telehealth Visits: A visit with a provider that uses synchronous interactive audio and video telecommunications system.

Telephone-based evaluations: Telephone services are non-face-to-face (audio only) encounters originating from the established patient for evaluation or management of a problem provided by a qualified clinician.

Virtual check-ins: A brief (5-10-minute) check-in with a provider via telephone or other telecommunications device to determine whether an office visit or other service is needed for an established patient. A remote evaluation of recorded

video and/or images submitted by an established patient.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2026 Ad hoc review. Revision to policy statement. References removed and updated.	C	02/12/2026
2025 review and reissue. Codes removed and policy statement updated.	B	04/08/2025
2023 Review	A	01/01/2022
This is a new policy	A	01/01/2022

REFERENCES

1. List of Medicare Telehealth Services 2026: [List of Telehealth Services for Calendar Year 2026 \(ZIP\)](https://www.cms.gov/medicare/coverage/telehealth/list-services).
<https://www.cms.gov/medicare/coverage/telehealth/list-services>