

WellCare Health Plans, Inc.

The WellCare Group of Companies

Clinical Coverage Guideline

WellCare Prescription Insurance, Inc.



'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.



WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

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WellCare of New York, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

Harmony Health Plan of Illinois, Inc.

WellCare of Ohio, Inc.

Telehealth Home Care Services (New York Medicaid)

Guideline Number: HS-149

Original Effective Date: 1/21/2010

Revision Date: n/a

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

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DISCLAIMER

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APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

CLINICAL COVERAGE GUIDELINE

The following criteria are applicable to New York Medicaid ONLY.

When the criteria below are met, home telehealth home care services are eligible for coverage when provided to assist in the effective monitoring and management of members whose medical, functional, and/or environmental needs can be appropriately and cost-effectively met at home through the application of telehealth intervention. Conditions and clinical circumstances eligible for telehealth services shall include, but are not limited to, congestive heart failure, behavioral problems limiting self-management, and technology-dependant care (e.g., continuous oxygen, ventilator care, total parenteral nutrition and enteral feeding).

The following are required before the initiation of telehealth home care services:

- A request for initial certification should be submitted. Recertification will be required quarterly, with member specific documentation and physician orders, thereafter.; **AND**,
- Only members who qualify for home care services will be considered for telehealth home services; **AND**,
- Only members whose risks are assessed in-person prior to the receipt of telehealth services will be eligible.

The following documentation is required for considerations of services:

- A physician order for telehealth services; **AND**,
- An approved member risk assessment is required to be performed by the agencies to assess high-risk members. The tool must incorporate such variables as whether the member:
 - Is at risk for hospitalization or emergency care visits; **AND**,
 - Lives alone; **AND**,
 - Has a documented history of or is at high risk of requiring nursing visits or interventions; **AND**,
 - Has a history of non-compliance adhering to disease management recommendations; **AND**,
 - Requires on-going symptom management related to dyspnea, fatigue, pain, edema, or medication side effects or adverse effects; **AND**,

- Resides in a medically under-served, rural, or geographically inaccessible area: **AND**,
- Has difficulty traveling to and from home for medical appointments; **AND**,
- Has the functional ability to work with telehealth monitoring equipment, in terms of sight, hearing, manual dexterity, comprehension and ability to communicate.

Home telehealth services are a New York Medicaid covered benefit when provided by one of the following approved programs:

- Certified Home Health Agencies (CHHAs); **OR**,
- Long-term health care programs; **OR**,
- AIDS home care programs

Telehealth services account for daily variation in the intensity and complexity of the member's telehealth service needs. Rates should include the following functions:

- Monitoring of member vital signs; **AND**,
- Medication management; **AND**,
- Member education; **AND**,
- Equipment management; **AND**,
- Review of member trends and/or changes in member condition necessitating professional intervention; **AND**,
- Such other activities deemed necessary and appropriate by the plan.

Reimbursement

Reimbursement is based on a tier-pricing system. The tier-pricing system is determined by the level of system interoperability.

Tier Definitions:

- a. Tier 1: Class 2 Medical Device that is FDA approved with interoperability
- b. Tier 2: Tier 1, plus a standard interconnection with a home care point of care system.
- c. Tier 3: Tier 2, plus a standard interconnection with electronic health record and statewide health information network.

Exclusions

- The provider **CANNOT** bill for telehealth services provided to members who have Medicare, commercial insurance or are insured through other payers, during the time period or episode in which the provider is billing or is being paid by another insurer.
- Telehealth services are **NOT** a covered benefit for Family Health Plans or Child Health Plus enrollees.

BACKGROUND

Definitions

Telehealth and telemedicine are terms that are often used interchangeably. WellCare makes the following distinction.

Telemedicine: Remote communication using voice and visual technology between a provider and a member used for health check-up and diagnostic purposes. Telemedicine is often used as a substitute for an in-office visit and does not involve continuous monitoring of the member.

Telehealth: A robust continuous monitoring of the member's health (see information in the criteria set). Telehealth allows providers to maintain consistent contact with clients at reduced costs. As expenses escalate, there is significant pressure on providers to lower costs and maintain quality of care, while increasing client satisfaction. In order to meet these

challenges, providers are utilizing telehealth technologies. Studies demonstrate remote monitoring with telehealth serves as an extremely useful healthcare delivery tool that improves quality of care for those who require or benefit from close monitoring by their provider organization.

Operational Modes of Telehealth

There are two primary modes of telehealth:

- Real-time (synchronous); **AND**,
- Store-and-forward (asynchronous).

Real-time telehealth sessions are live and interactive, and frequently use videoconferencing technologies. Often, special telehealth-enabled instruments (peripherals), such as a video otoscope (to examine the ear) or an electronic stethoscope, are operated by a nurse or technician at the consulting provider's direction to remotely perform a physical examination. In store-and-forward telehealth, data (such as digital photographs) are captured locally, then temporarily stored (cached) for transfer at a later time, either via a secure web server, encrypted e-mail, specially-designed store-and-forward software, or electronic health record. The consulting provider then reviews the stored data and makes diagnosis, treatment, and planning recommendations that are electronically transferred or faxed back to the referring provider.

Benefits of Telehealth

Provider Benefits:

- Improve quality care through improved assessment and monitoring capabilities
- Reduce current operating costs
- Efficient and improved use of caregiver/care manager time
- Enhance and embellish current service offerings with new value added features
- Develop new marketing opportunities that attract and maintain clients and customers
- Create a new revenue stream

Member Benefits:

- Earlier recognition and intervention
- Improved quality of life
- Decreased ER visits and hospital re-admissions
- Member and care giver support
- Reduced anxiety
- Increased compliance in medication and treatments
- Improved empowerment and self management skills
- Increased independence

CODING

CPT® Codes

No applicable codes

ICD-9—CM Diagnosis Codes

No applicable codes

HCPCS Level II Codes

Q3014 Telehealth originating site facility fee **** (NMN)**

S9109 Congestive heart failure telemonitoring, equipment rental, including telescale, computer scale software, telephone connections, and maintenance, per month **** (NMN)**

T1014 Telehealth transmission, per minute, professional services bill separately **** (NMN)**

****Codes are not medically necessary (NMN) except for Managed Medicaid Members.**

ICD-9-CM Diagnosis Codes

Diagnoses are covered when the above criteria is met.

***Current Procedural Terminology (CPT) 2009 American Medical Association: Chicago, IL.®©**

REFERENCES

- 1) New York State Coverage of Telehealth Services. New York Department of Health, Medicaid Services.
- 2) American Telemedicine Association. Home Telehealth Clinical Guidelines. 2003.
- 3) American Telemedicine Association. Core Standards of Telemedicine Operations. November, 2007.