



## **Network Notification**

**Notice Date:** May 3, 2017  
**Effective Date:** June 1, 2017  
**To:** Medicare Advantage and Marketplace Plans Health Partners  
**From:** CareSource®  
**Subject:** Notice of Upcoming Telemedicine/Telehealth Reimbursement Policy

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Effective **June 1, 2017**, CareSource will introduce a new telemedicine/telehealth reimbursement policy.

### **Summary**

The telemedicine/telehealth reimbursement policy does not require prior authorization for telemedicine services and will reimburse for payment of telemedicine services according to Medicare guidelines and criterion set forth in the policy. These include use of interactive audio and video telecommunications systems and originating site facility fees.

### **Impact**

In order to receive reimbursement for telemedicine services, it is important to adhere to the guidelines outlined in the reimbursement policy.

This policy outlines the conditions of payment for telemedicine services, as well as conditions of coverage. It also provides a list of codes for which CareSource will reimburse participating providers when providing services via telemedicine to our members. Reimbursement is dependent upon, but not limited to, submitting CMS-approved HCPCS and CPT codes along with appropriate modifiers.

### **Next Steps**

The full policy is effective on June 1, 2017 on the **CareSource.com** [Health Partner Policies](#) web page. To access the policy, navigate to the Reimbursement Policies section of the page, click on the appropriate Plan Name and State, then reference the Telemedicine Services policy. You may also access the policies directly at the links below:

- [PY-0108 Medicare Telemedicine Services Reimbursement Policy](#)
- [PY-0109 Marketplace Plans Telemedicine Services Reimbursement Policy](#)

Thank you in advance for your cooperation in adhering to this new policy requirement.

For the most up-to-date notifications from CareSource, visit the Updates and Announcements page on **CareSource.com**.

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