

Title	Telehealth/Telemedicine Services		
Number	CP.PP.194.v2.3		
Last Approval Date	12/04/17	Original Effective Date	1/1/05
Replaces	N/A		
Cross Reference			

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the Plan's professional services claims coding policies. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define when the Plan recognizes Telehealth/Telemedicine services.
Scope	Applies to all Company lines of business and products with the exception of Medicare Advantage.
Definitions	<p><u>Asynchronous:</u> This term is used to describe secure “Store and Forward transmission” of medical images or information because the transmission typically occurs in one direction in time. The patient is not present. This is the opposite of Synchronous</p> <p><u>Distant Site:</u> The Telehealth/Telemedicine site/location where the provider/specialist who is seeing the patient at a distance is located. Other common names for this term include hub site, specialty site, provider/physician site and referral site. The site may also be referred to as the consulting site.</p> <p><u>Encryption:</u> A system of encoding data on a web page or e-mail where the information can only be retrieved and decoded by the person or computer system authorized to access it. This exchange of information is conducted over a secure system or website as specified by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 Privacy and Security rules</p> <p><u>Interactive Video/Television:</u> This is analogous with video conferencing technologies that allow for two-way, Synchronous, interactive video and audio signals for the purpose of delivering Telehealth/Telemedicine or distant education services via a secure, encrypted HIPAA compliant teleconferencing system.</p> <p><u>Originating Site:</u> The Telehealth/Telemedicine site/location where the patient or the patient and their physician or other qualified healthcare professional are located during the Telehealth/Telemedicine encounter or consult. Other common names for this term include the clinical setting, spoke site, patient site, remote site and rural site.</p> <p><u>Store and Forward (S&F):</u> S&F is a type of Telehealth/Telemedicine encounter that uses still digital images of a patient for the purposes of rendering a medical opinion or diagnosis. Common types of S&F services include, but are not limited to radiology, pathology, dermatology, wound care or any other medical information that is to be used or reviewed at a later time by a distant site Physician or other non-physician practitioner. S&F also includes the Asynchronous transmission of clinical data from one site (e.g. patient's clinical setting) to another site (e.g. home health agency, hospital, etc.) via a secure, encrypted HIPAA compliant system. S&F services <u>do not include</u></p>

	<p>telephone calls, images transmitted via fax and text messages.</p> <p><u>Synchronous:</u> This term is used to describe a secure interactive video connection because the transmission of information in both directions is occurring at exactly the same period over an encrypted, HIPAA compliant telecommunications system.</p> <p><u>Teleconferencing:</u> Interactive electronic communication between multiple users at two or more sites which facilitates voice, video and/or data transmission systems, audio, graphics, computer and video systems over an encrypted HIPAA compliant telecommunications system.</p> <p><u>Telehealth/Telemedicine:</u> These terms both describe the use of medical or behavioral health information exchanged from one site to another via electronic encrypted and HIPAA compliant communications to improve patients’ health status. Telemedicine is associated with direct patient clinical services provided to a patient in a clinical setting. Telehealth is associated with a broader definition of remote healthcare services, provided to a patient in a non-clinical setting.</p> <p><u>Videoconferencing:</u> This term refers to real-time, generally two way transmission of digitized video images between multiple locations using an encrypted, HIPAA compliant telecommunications system. Videoconferencing uses telecommunications to bring people at physically remote locations together for the exchange of medical or behavioral health information.</p>
<p>Policy</p>	<p>When covered by member benefits, the Plan recognizes the following methods of “Telehealth/Telemedicine” delivery:</p> <p><u>Synchronous/Asynchronous Communications</u></p> <p>The Plan allows <u>Synchronous</u> communications (e.g. Interactive Video/Television, Teleconferencing, and Videoconferencing) to substitute for a face-to-face, hands-on encounter, based in a clinical or non-clinical setting, for a limited number of evaluation and management services such as but not limited to appropriate office visits and urgent-care type services, individual psychotherapy services and pharmacologic management services. An interactive audio or video telecommunications, HIPAA compliant and encrypted, permitting real-time communication must be used.</p> <p>The patient is either</p> <ul style="list-style-type: none"> • physically present and participating in the Telehealth/Telemedicine visit at the Originating Site, either with their physician or other qualified healthcare professional present during the visit or within the clinical setting, or • the patient has directly initiated the visit in a non-clinical setting by accessing a provider’s encrypted HIPAA compliant telecommunications system in order to contact the distant site provider directly. <p>The Plan allows <u>Asynchronous</u> communications to <u>substitute</u> for a face-to-face, hands-on encounter. The patient is not physically present nor is the interaction live. Asynchronous services usually involve the transmission of member medical or behavioral health information such as X-rays, still images, lab results, video clips to the distant site provider at the request of the referring provider. Asynchronous communications does <u>not</u> include telephone calls, images transmitted via facsimile or text message.</p>

A permanent record of the Telehealth/Telemedicine interaction must be maintained in the member's medical records and made available for viewing upon request.

Telehealth Modifiers

The Plan requires that modifiers be appended to the services rendered by the provider at the "Distant Site" to indicate that services were provided to a member located at the "Originating Site" using a telecommunications system. By using these modifiers, the "Distant Site" practitioner verifies that the patient was located at an eligible "Originating Site" at the time of the Telehealth/Telemedicine service.

When billing for a Telehealth/Telemedicine service that is covered under the member's benefits, one of the following modifiers must be appended to each service code billed:

- **95** – Synchronous Telemedicine Service Rendered via a Real-time Interactive Audio and Video Telecommunications System (effective for dates of service January 1, 2017 and after)
 - Use of the 95 modifier indicates a real-time interaction between a physician or other qualified health care professional and a patient who is located at another site with their physician or other qualified healthcare professional or by themselves
 - Modifier 95 may be appended to the services listed in Appendix P of the CPT Codebook or marked with a "star" in the code lists within the CPT Codebook
- **GQ** – Via Asynchronous telecommunications system (e.g. 99201-GQ)
 - Use of the GQ modifier certifies that an Asynchronous telecommunications system was used, such as "Store and Forward" technologies to transmit medical or behavioral health information to the provider at the "Distant Site"
- **GT** – Via interactive audio and video telecommunication systems (e.g. 99201-GT)
 - Use of the GT modifier certifies that the member was present at an eligible "Originating Site" when the Telehealth/Telemedicine service was performed
 - This modifier is used exclusively by the Distant Site provider

In addition, only Providers at an "Originating Site" may submit a fee for their Telehealth/Telemedicine services using the HCPCS code "Q3014-Telehealth originating site facility fee" without any modifiers.

Practitioners at the "Distant Site" who may furnish and receive payment for covered Telehealth/Telemedicine services include but are not limited to:

- Physicians
- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Nurse Midwives
- Clinical Nurse Specialists (CNS)

- Clinical Psychologists (CP) and Clinical Social Workers (CSW), Master’s level mental health clinicians
- Registered dietitians or nutrition professionals

Distant Site providers are subject to the State Laws and scope of practice/license criteria per the state in which the member is located.

Telephone Assessment and Management

Telephone services are non-face to face evaluation and management (E&M) or assessment and management services provided to a patient in a non-clinical setting using the telephone by a physician or other non-physician qualified health care professional who may report E&M services.

The member’s medical record/chart must document the telephone call, describing the standard elements of a face to face E&M service, such as chief complaint/main reason for the telephone call, extent of history obtained (such as signs, symptoms and history of the problem), extent of any clinician-directed member self-examination performed, appropriate components of medical decision making (such as a description of the differential diagnosis for a given complaint and appropriate treatment options), likely diagnosis of the patient and course of treatment to be taken, based on information gathered in the telephone call.

In order to be eligible for reimbursement, service must include at least 2 of these 3 key components:

- A problem focused history
- A problem focused clinician-directed member self-examination
- Straightforward medical decision making

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The presenting problem(s) must, at a minimum, be self-limited or minor, but can include low to moderate severity and above, when generally accepted appropriate standards of care for telephone-based medical care are met.

Documentation must be retained in the member’s record and be retrievable upon request.

The following CPT Codes are recognized by the Plan, when covered by a member’s benefits:

Physician rendered:

- **99441** – Telephone E&M service by a physician or other qualified healthcare professional who may report E&M services provided to an established patient, parent or guardian not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- **99442** – 11-20 minutes of medical discussion
- **99443** - 21-30 minutes of medical discussion

Qualified non-physician healthcare professional rendered:

- **98966** – Telephone assessment and management service provided by a qualified non-physician healthcare professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- **98967** – 11-20 minutes of medical discussion
- **98968** - 21-30 minutes of medical discussion

These “telephone assessment” codes are not to be used for the sole purpose of:

- renewing a prescription
- Triageing a patient to set up an office visit within 24 hours.
- Appointment scheduling
- Scheduling tests
- Updating patient record information

Online/Internet Communications

An online electronic medical evaluation is a non-face to face evaluation and management (E&M) or assessment and management service by a physician or other qualified non-physician healthcare professional to a patient in a non-clinical setting using secure and encrypted HIPAA compliant Internet resources in response to a patient’s on-line inquiry.

Reportable services involve the provider’s personal timely response to the patient’s inquiry and must involve permanent storage (electronic or hard copy) of the encounter. A reportable service encompasses the sum of communication pertaining to the on-line patient encounter.

The member’s medical record/chart must document the online communication, describing the standard elements of a face to face E&M service, such as chief complaint/main reason for the online communication, extent of history obtained (such as signs, symptoms and history of the problem), extent of any clinician-directed member self-examination performed, appropriate components of medical decision making (such as a description of the differential diagnosis for a given complaint and appropriate treatment options), likely diagnosis of the patient and course of treatment to be taken, based on information gathered in the online communication.

In order to be eligible for reimbursement, service must include at least 2 of these 3 key components:

- A problem focused history
- A problem focused clinician-directed member self-examination
- Straightforward medical decision making

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The presenting problem(s) must, at a minimum, be self-limited or minor, but can include low to moderate severity and above, when generally accepted appropriate standards of care for telephone-based medical care are

	<p>met.</p> <p>Documentation must be retained in the member’s record and be retrievable upon request.</p> <p>The following CPT codes are recognized by the Plan <u>when covered by a member’s benefits</u>:</p> <p><u>Physician rendered:</u></p> <ul style="list-style-type: none"> • 99444 – Online E&M service provided by a physician or other qualified healthcare professional who may report an E&M service(s) provided to an established patient or guardian, not originating from a related E&M service provided within the previous 7 days, using the Internet or similar electronic communications network <p><u>Qualified non-physician healthcare professional rendered:</u></p> <ul style="list-style-type: none"> • 98969 – Online assessment and management service provided by a qualified non-physician healthcare professional to an established patient or guardian, not originating from a related assessment and management service(s) provided within the previous 7 days, using the Internet or similar electronic communications network <p>These codes are reported once to encompass the <u>total</u> online interchange and all associated communications with the patient are included.</p> <p><u>Telehealth Place of Service Code:</u></p> <p>Effective with dates of service January 1, 2017 and after, the Centers for Medicare and Medicaid Services (CMS) has created a new “place of service (POS)” code to be used for telehealth services:</p> <p>02 – Telehealth (The location where health services and health related services are provided or received, through telecommunication technology)</p> <p>This new POS code must be used by the physician or other qualified healthcare professional furnishing telehealth services from a distant site. This POS code would not apply to originating site facilities billing a facility fee (i.e. code Q3014).</p>
<p>Violations of Policy</p>	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan’s sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
<p>Exceptions</p>	<p>The following “exceptions” will be implemented by the Plan when the services are covered by a member’s benefits:</p> <ul style="list-style-type: none"> • Telephone and online visits that occur within a period that is greater than 24 hours of a <u>related</u> office visit (same diagnosis code) will be reimbursed;

	<ul style="list-style-type: none"> • Telehealth visits (synchronous/asynchronous, telephone assessment and management and online internet communications) that occur on the same day or within 24 hours of a related Office Visit, only the Office Visit will be reimbursed; • Two Telehealth visits (synchronous/asynchronous, telephone assessment and management or online internet communications) that occur on the same day will only be reimbursed when different providers perform the services or the visits are for different diagnoses. <p><u>OREGON EXCEPTIONS:</u></p> <p>ORS 743A.058 – Telemedical Services ORS 743A.185 – Telemedical health services for treatment of diabetes</p>
Laws, Regulations & Standards	<ul style="list-style-type: none"> • ORS 743A.058 – Telemedical Services • ORS 743A.185 – Telemedical health services for treatment of diabetes
References	<ul style="list-style-type: none"> • Centers for Medicare and Medicaid Services (CMS) • Healthcare Common Procedure Coding System (HCPCS) Level II codebook • American Telemedicine Association (ATA) • Northwest Regional Telehealth Resource Center • American Medical Association’s Current Procedural Terminology (AMA/CPT) codebook, Professional Edition • Health Insurance Portability and Accountability Act of 1996 Privacy and Security Rules

Policy Owner Review	Provider Billing Integrity Oversight Committee
Contact	Any questions regarding the contents of this policy or its application should be directed to the Provider Network Systems, Reporting and Payment Policy Department.
Annual Review Dates	12/04/17; 12/12/16; 08/08/16; 09/28/2015; 09/29/14; 12/15/13; 12/16/12, 01/12/12, 10/24/11,12/02/10; 01/11/10; 11/22/09; 12/19/08; 12/20/07; 11/24/06; 08/29/05; 07/30/04