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Number	CP.PP.194.v3.7		
Last Approval Date	01/08/25	Original Effective Date	1/1/05
Replaces	N/A		
Cross Reference	<ul style="list-style-type: none"> • <i>New and Established Patient Guidelines</i> • <i>Place of Service (POS) Codes</i> 		

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 or facility 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 that are submitted on a CMS-1500 paper claim form or an 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products
Definitions	<p><u>Audio Only telemedicine:</u> The delivery of healthcare services using audio-only technology, permitting real-time communication between the patient at the originating site and the distant site provider for the purpose of diagnosis, consultation, or treatment. Audio-only does not include facsimile or email.</p> <p><u>Distant Site:</u> The site/location where the provider/specialist who is seeing the patient and providing a professional service at a distance, is located. 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>Originating Site:</u> The site/location where the patient is physically located or where the patient and their physician or other qualified healthcare professional are located during the telehealth/telemedicine encounter when services are rendered. Other common names for this term include the patient site/home, hospital, remote site and rural site.</p> <p><u>Real-Time Encounters/Video Conferencing/Virtual Visits:</u> This term is used to describe a secure real time interactive audio and video connection because the transmission of information in both directions is occurring at the same period over an encrypted, HIPAA compliant telecommunications system. Videoconferencing is another term for a real time encounter using a telecommunications system to bring people at physically remote locations together for an exchange of medical or behavioral health information. This is also frequently referred to as two-way synchronous interactive exchanges</p> <p><u>Store and Forward (S&F):</u> S&F is a type of telehealth encounter that uses digital images of a patient for the purposes of rendering a medical opinion or diagnosis.</p>

	<p>Common types of S&F services include, but are not limited to, video clips, audio clips, still images, x-rays, MRI scans, EKG or EEG results, lab results sent over a secure, encrypted connection or any other medical information that is to be used or reviewed later 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 do not include telephone calls, and images transmitted via fax and text messages.</p> <p><u>Telehealth and Telemedicine:</u> These terms 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>Policy</p>	<p>Telehealth, telemedicine, and virtual visits are terms used to describe the use of medical or behavioral health information exchanged from one site to another via electronic encrypted and HIPAA-compliant telecommunications to assist in improving a patient’s health status.</p> <p>Such services involve interactive electronic telecommunications between multiple users at two or more sites via audio and video, telephone, or online digital exchanges using a HIPAA-compliant telecommunications system.</p> <p>When telehealth services are covered by member benefits, are clinically appropriate for delivery through telehealth interaction, and are rendered by a licensed provider within the scope of their practice and license, the Plan recognizes the following telehealth telecommunication methods of delivery:</p> <p><u>Audio AND Video Communications/Telehealth Real Time Communications</u></p> <p>The Plan allows synchronous, audio and video communications to substitute for a face-to-face, firsthand encounter, based in a clinical or non-clinical setting, for a limited number of services. An interactive audio and video telecommunications system that is HIPAA compliant and encrypted, permitting real-time communication is required.</p> <p>An appropriate modifier identifying a telehealth visit and an appropriate Place of Service code are required with these procedure codes. Refer to the “Audio and Video Services Modifiers” and “Telehealth Place of Service (POS) Codes” in the Codes/Coding Guideline section of this policy for further details on correct modifiers and place of service codes to bill for “audio and video” services.</p> <p>The patient is either</p> <ul style="list-style-type: none"> • physically present and participating in the telehealth visit at the Originating Site, either with their physician or other qualified healthcare professional present during the visit or within the clinical setting, <li style="text-align: center;">or • the patient has directly initiated the visit in a non-clinical setting, for example their home or private residence, by accessing a provider’s online encrypted

HIPAA-compliant telecommunications system to contact the distant site provider directly.

Within the member's medical record, document that the patient encounter was a telehealth interaction. Document **where** the patient was located and **where** the distant site provider was physically located along with a summary of the telehealth interaction.

Audio-Only Communications/Telephone Assessment and Management

Telephone services are **non-face to face audio-only** services provided to a patient in a **non-clinical setting** by a physician or other non-physician qualified health care professional who may report such services. These encounters are audio only and **do not** include video interactions.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies can be provided per the nature of the problem(s) and the patient's and/or family's needs.

Documentation of the telephone encounter must be permanently retained in the member's medical record and be retrievable upon request.

Consent from the member to participate in an "audio only" encounter **must be obtained prior to the rendering of the audio only encounters** and documented in the member's permanent medical record.

Effective June 6, 2024, for **Washington state providers only**, a provider must have an established relationship with the patient for audio-only telehealth/telemedicine services. A provider must have an **established relationship** with the patient in order to have access to sufficient health records to ensure safe, effective, and appropriate care services. The established relationship for the patient covered is determined based on the following criteria:

- the patient has had, within the past three years, at least one in-person appointment, or at least one real-time interactive appointment using both audio and video technology, with the provider providing audio-only telemedicine or with a provider employed at the same medical group, at the same clinic, or by the same integrated delivery system as the provider providing audio-only telemedicine; **OR**
- the patient was referred to by the provider providing audio-only telemedicine by another provider who has had, within the past three years, at least one in-person appointment, or at least one real-time interactive appointment using both audio and video technology, with the patient and has provided relevant medical information to the provider providing audio-only telemedicine.

Effective January 1, 2023, through June 5, 2024, **for Washington state providers only**, for audio-only telehealth/telemedicine services, a provider must have an established relationship with the patient. A previous appointment with the member must have taken place in the previous three years for behavioral health services and within the prior two years for all other health care services. The prior appointment can be via **audio-video technology or face-to-face** with a provider in the same medical group/clinic or

integrated delivery system. The provider rendering an audio-only telehealth/telemedicine encounter must have access to prior health records to ensure safe, effective, and appropriate care service.

Effective January 1, 2024, through June 5, 2024, **for Washington state providers only**, the established relationship can take place via audio-video technology for behavioral health services but for all other health care services, the prior appointment **must be in person face to face**.

An appropriate modifier identifying a telehealth visit and an appropriate Place of Service code are **required** with these procedure codes. Refer to the “Audio Only Services Modifiers” and “Telehealth Place of Service (POS) Codes” in the Codes/Coding Guidelines section of this policy for further details on correct modifiers and place of service codes to bill for **audio only** services.

Online Digital Services (secure emails, MyChart, texts etc.)

An online electronic encounter is a **non-face-to-face** service by a physician or other non-physician qualified 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 online encounter. A reportable service encompasses **the sum of communication pertaining to the on-line patient encounter over a seven-day period**.

The member’s medical record/chart must document the online communication, describing the encounter and outcome, such as diagnosis of the patient and course of treatment to be taken, based on information gathered in the online communication. Documentation must be retained in the member’s record and be retrievable upon request.

Refer to the “Online Digital Services (secure emails, MyChart, texts, etc.)” in the “Codes and Coding Guidelines” section of this policy for further details.

Store and Forward (S&F) Communications (Asynchronous)

Store and Forward (S&F) communication services involve the transmission of member medical or behavioral health information such as x-rays/scans, still images, lab results, video clips to a **distant site provider** at the request of the referring provider or a member. The main purpose of such communication is to render a medical opinion or diagnosis. S&F communications **do not include** telephone calls, images transmitted via fax and text messages.

There are two kinds of S&F communications:

Provider-Generated: These services describe assessment and management services conducted through telephone, internet or electronic health record consultations furnished when a patient’s treating physician or other qualified

healthcare professional requests the opinion and/or treatment advice of a consulting physician or qualified healthcare professional with specific specialty expertise to assist with the diagnosis and/or management of the patient's problem without the need for the patient's face-to-face contact with the consulting physician or qualified healthcare professional.

Patient-Generated: This service involves pre-recorded patient generated still or video images, such as information from a heart rate monitor or other devices that collect patient health marker data. This service involves the practitioner's evaluation of a patient-generated still or video image transmitted by the patient and the subsequent communication of the practitioner's response to the patient.

For provider-to-provider interactions (provider-generated) via interprofessional internet communication, **the member should be notified in advance of such an interaction.** In addition, the patient's medical record should document that the patient has been notified that such a service has or will be requested in the event of subsequent member liability for the service (i.e., deductible, coinsurance or co-pay).

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

Originating Sites

The originating site is **where the patient** is physically located during the telehealth encounter. It can be the patient's home, private residence or at a healthcare facility. The originating site is **NOT** the location of the distant site/rendering provider with whom the patient is interacting.

An originating site for telehealth/telemedicine health care services includes the following examples:

- Hospital
- Rural health clinic
- Federally qualified health care centers
- Physician's or other qualified healthcare provider's office
- Licensed or certified behavioral health agency/community mental health center
- Skilled nursing facility
- Patient's home or any location determined by the individual receiving the service as a home
- Renal dialysis center, except independent renal dialysis center

If during the telehealth encounter the member was physically located at the healthcare facility and received assistance to get connected with a rendering/distant site provider, the facility may be eligible for compensation for hosting the member. The practitioners or facilities that are **physically hosting the member in a clinical setting** may submit a fee for their telecommunications services by submitting the HCPCS code *Q3014-Telehealth originating site facility fee* without any modifiers. If the member generated the telehealth encounter from their home or place of residence directly with a distant site provider, **NO** originating site fee is billed.

Distant Sites

A distant site is **where the rendering provider** is physically located during a telehealth encounter with a patient. Distant site providers are providers who are rendering a service to a patient at a distance via a telecommunications system, either via an audio and video encounter, a telephone audio only encounter, or an online interaction with the patient.

Providers at the distant site who may furnish and receive payment for covered telehealth services include but are not limited to the following providers:

- 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 **cannot bill code Q3014 for an originating site fee** since they are not physically hosting the patient. Distant site providers ALSO cannot be the provider at the originating site physically hosting the member.

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

Documentation and Storage of Telecommunications Encounters

All encounters with patients via **any** telecommunications avenues described above are required to be **permanently documented/stored in the member's healthcare record** and made available upon request for audit purposes.

Documentation of the telecommunications encounter should be the same as documentation for an in-person office visit along with some telehealth specific criteria. This documentation and storage of a telecommunications encounter includes but is not limited to the following:

- Patients' consent to be seen via a virtual visit or to consult with another specialist without the patient being present during the encounter was obtained
- Location of the patient, location and name of the distant site provider, telehealth modality used, names of persons present with the patient (when hosting a patient at an originating site)
- Summary of information discussed with patient, plan of care/treatment, prescriptions/lab tests ordered, referrals made and to whom
- Time spent with patient/duration of telehealth encounter
- Any S&F communications/files/documents from the patient, with a consultant/specialist brought in to review records or received directly from a patient

	<ul style="list-style-type: none">• A summary of any interprofessional telephone/internet/electronic health record discussions on a patient's care and the results of the discussion• Text messages or emails sent to and received from a patient permanently stored and retrievable• Any interaction with a patient utilizing a HIPAA-approved telecommunications system and the results of the interaction
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Codes/Coding Guidelines

Telehealth Modifiers

The Plan requires distant site providers to append modifiers indicating that telehealth services were provided to a member located at an eligible originating site via a telecommunications system.

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

Audio and Video Services Modifiers:

- **95 – Synchronous Telemedicine Service Rendered via a Real-time Interactive Audio and Video Telecommunications System**
 - 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 an originating site with their physician or other qualified healthcare professional or by themselves at their home or place of residence.
 - The distant site provider exclusively uses this modifier. Modifier 95 may be appended to the services listed in Appendix P of the CPT Codebook or marked with a “star” symbol in the code lists within the CPT Codebook
- **GT – Via interactive audio and video telecommunication systems**
 - Use of the GT modifier certifies that the member was present at an eligible originating site or by themselves at their home or place of residence when the telehealth service was performed
 - The distant site provider exclusively uses this modifier
- **FR – Supervising practitioner present through two-way audio and video communications technology**

Audio-Only Services Modifiers:

- **93 – Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system**
 - This modifier was created to represent services provided through real-time interaction between the provider and patient via audio-only methods.
 - The AMA describes synchronous telemedicine services as “real-time interactions between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional.
 - The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction.
 - Modifier 93 may be appended to the services listed in Appendix T of the CPT Codebook or marked with a “speaker” symbol in the code lists within the CPT Codebook
- **FQ – Service furnished using audio only communication technology**

Store and Forward (S&F) Services Modifier:

- **GQ – Via Asynchronous telecommunications system**
 - Use of the GQ modifier certifies that S&F technologies were used to transmit medical or behavioral health information to the provider at the distant site

Inpatient Services Modifier:

- **G0 - Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke**
 - This modifier should be appended to both the originating and distant site provider services as clinically appropriate when billing for an acute stroke telehealth service
 - This modifier should be appended to services that were rendered or furnished in such sites as a hospital, critical access hospital or mobile stroke unit.
 - Such services should also be billed with the appropriate Place of Service code “02” on professional claims to indicate a telehealth service rendered to a patient in a location other than the patient’s home or place of residence.

Telehealth Place of Service (POS) Code:

To identify where the patient is **physically located** when receiving telehealth services that were rendered using a telecommunications methodology, one of the following Place of Service codes is required:

- **02 – Telehealth Provided Other than in Patient’s Home**
The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology
- **10 – Telehealth Provided in Patient’s Home**
The location where health services and health related services are provided or received through telecommunication technology. Patient is in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology

These POS codes are to be used by the physician or other qualified healthcare professionals furnishing telehealth services **from a distant site** to a member that is being physically hosted in a clinic, hospital etc. or is physically located in their home or private residence.

Audio AND Video Communications/Real Time Communications

The following audio and video CPT codes, effective January 1, 2025, can be submitted when telehealth services are covered by a member’s benefit:

New Patient Codes:

- **98000** – Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
- **98001** – Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on

the date of the encounter for code selection, 30 minutes must be met or exceeded.

- **98002** – Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
- **98003** – Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417).

Established Patient Codes:

- **98004** – Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
- **98005** – Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
- **98006** – Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- **98007** – Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417).

Additional services that can be submitted for audio and video encounters can be found in the most current versions of the following sources:

- AMA CPT Codebook, Appendix P-CPT Codes that may be used for synchronous real-time interactive audio-video telemedicine services, OR
- Services listed in the CMS Telehealth Services file

Per CPT Codebook guidelines:

Unless specifically stated in the code description, the selection of the code is based on either the level of medical decision making or the total time for the service performed on the date of the encounter.

Audio-Only Services/Telephone Assessment and Management

The following CPT codes are recognized by the Plan for telephone assessment and management **when covered by a member's benefits.**

Audio-only services effective January 1, 2025, can be submitted when telehealth services are covered by a member's benefit:

New Patient Codes:

- **98008** – Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
- **98009** – Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- **98010** – Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
- **98011** – Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417).

Established Patient Codes:

- **98012** – Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.
- **98013** – Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
- **98014** – Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- **98015** – Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417).

Per CPT Codebook guidelines:

These codes require more than 10 minutes of medical discussion. For services of 5-10 minutes of medical discussion, report procedure code 98016.

Brief virtual check-in:

98016 - Brief communication technology-based service (e.g., virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an **established patient**, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion)).

Per CPT Codebook guidelines:

Code 98016 is reported for **established patients** only. It describes a service of shorter duration than the audio only services. This service is patient -initiated and intended to evaluate whether a more extensive visit type is required, such as an office visit. Video technology is NOT required.

This code is similar to the HCPCS code G2012 which is being deleted as of 12/31/24.

Non-physician qualified 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

Consent from the member for an audio only encounter must be obtained **prior to the rendering of the encounter**.

Audio-only/telephone assessment codes are **not used for the sole purpose of:**

- renewing a prescription
- triaging a patient to set up an office visit within 24 hours.
- appointment scheduling
- scheduling tests, or
- updating patient record information

Additional audio only services can be found in the following sources:

- AMA CPT Codebook Appendix T-CPT Codes that may be used for synchronous real-time interactive audio-only telemedicine services and marked with a “speaker” symbol within the lists of codes in the codebook that can be rendered using audio-only telecommunications or
- CMS list of telehealth services which meet requirements for audio-only interactions.

The following audio-only codes are terminated effective December 31, 2024:

- **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
- **G2012** - Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

Online Digital Services/Non-Face-to-Face Services (secure emails, MyChart, texts etc.)

The following CPT codes are recognized by the Plan for online/internet communications **when covered by a member’s benefits:**

Physician rendered:

- **99421** – Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
 - **99422** - 11-20 minutes
 - **99423** - 21 or more minutes

Per CPT Codebook guidelines:

Report these codes once per 7-day period. Clinical staff time is not calculated as part of the cumulative time for these codes.

Do not report online digital services for cumulative service time less than 5 minutes.

Do not report these codes on the same date of service as an office visit or Outpatient facility visit procedure code.

Online digital encounters require permanent storage of the encounter.

Non-physician qualified healthcare professional rendered:

- **98970** – Non-physician qualified healthcare professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
 - **98971** – 11-20 minutes
 - **98972** - 21 or more minutes

Per CPT Codebook guidelines:

Non-physician qualified healthcare professional online digital evaluation and management services are **patient-initiated services** that require a patient evaluation to generate an assessment and management of the patient. These

codes are not used to review the results of tests, scheduling appointments or other communication which does not include the elements of an evaluation and management of the patient.

The codes are reported once for the accumulative time of the non-physician qualified healthcare professional during a seven-day period which starts with the initial review of the patient generated encounter.

All professional decision making, assessment and management by the non-physician qualified healthcare professionals in the same group practice contribute to the accumulated time for the patient generated E&M service.

These codes are reported once per 7-day period. Do not report these codes for a cumulative visit time less than 5 minutes.

Online digital encounters require permanent storage of the encounter.

Store and Forward (S&F) Communications

Interprofessional telephone/internet/electronic health record consultations include the following codes:

Provider Generated:

- **99446** – Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
 - **99447** – 11-20 minutes of medical consultative discussion and review
 - **99448** - 21-30 minutes of medical consultative discussion and review
 - **99449** – 31 minutes or more of medical consultative discussion and review
- **99451** – Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
- **99452** – Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes

Per CPT Codebook guidelines:

These codes/services are used when the patient’s treating provider requests the opinion and/or treatment advice of a physician with specific specialty expertise to assist in the management of the patient’s problem without patient-to-patient contact with the physician.

Consultant should NOT have seen the patient in a **face-to-face encounter** within the last 14 days.

Review of pertinent medical records, laboratory studies, imaging studies, medication profile, pathology specimens, etc. is included in the

	<p>telephone/internet/electronic health record consultation service and should not be reported separately.</p> <p>If more than one telephone/internet/electronic interaction is required as part of the consultation, the entirety of the service and discussion is reported with a single code.</p> <p>Telephone/internet electronic health record consultations of less than five minutes should not be reported.</p> <p>The patient should be notified of the encounter in the event of member liability (coinsurance, deductibles, etc.). This notification to the member should be documented in the member’s medical record.</p>
<p>Violations of Policy</p>	<p>Violations of this policy by any party that enters 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 determined at the 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>Laws, Regulations & Standards</p>	<ul style="list-style-type: none"> • Washington House Bill 1708-An Act Relating to Facility fees for audio-only telemedicine and adding a new chapter to RCW 70.41 • Washington House Bill 1821-An act relating to the definition of established relationship for purposes of audio-only telemedicine • Washington House Bill 1196-An Act relating to audio-only telemedicine • Washington Senate Bill 5821-Audio-Only Telemedicine-Definition of Established Relationship with Provider
<p>References</p>	<ul style="list-style-type: none"> • Centers for Medicare and Medicaid Services (CMS) listing of Medicare Telehealth Services (current version (LINK)) • Healthcare Common Procedure Coding System (HCPCS) Level II codebook • American Telemedicine Association (ATA) https://www.americantelemed.org/ • Northwest Regional Telehealth Resource Center https://nrtrc.org/ • American Medical Association’s Current Procedural Terminology (AMA/CPT) codebook, Professional Edition • Health Insurance Portability and Accountability Act of 1996 Privacy and Security Rules • Final Rule CY2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, Federal Register, Vol. 89, Number 236, December 9, 2024 • “Revisions to the Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019”, Federal Register, Vol. 83, No. 226, November 23, 2018 • WA RCW 48.43.735-Reimbursement of healthcare services provided through telemedicine or store and forward technology – audio only telemedicine

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	01/08/25; 07/08/24; 12/13/23; 01/17/23; 05/12/22; 02/10/22; 12/02/21; 09/22/21; 11/04/20; 04/30/20; 03/05/20; 12/04/19; 01/10/19; 11/02/18; 12/04/17; 12/12/16; 08/08/16; 09/28/15; 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	
Version History	11/02/18	Revised the formatting of the Policy statement and moved codes out of the Policy statement and into new section “Codes/Coding Guidelines”
	01/10/19	Created a new sub-section in the Policy statement to expand on Asynchronous services for both provider and member generated services; Added a new Telestroke modifier to the Modifier sub-section; Added new codes to the Codes/Coding Guideline section for asynchronous services and the new virtual check-in code
	12/04/19	<ul style="list-style-type: none"> • Clarified “Originating Site” definition and explanation in the Policy section • Added new section “Documentation and Storage of Telehealth/Telemedicine Encounters” • In the “Codes/Coding Guideline” section, added coding guidelines and new codes effective 01/01/2020 • In the “Exceptions” section, indicated that the three bulleted exceptions would no longer be considered exceptions as of claims processed April 5, 2020 (90-day notification period)
	03/05/20	In the Asynchronous Communications section, removed reference to “telephone calls” since these are covered as part of interprofessional communications codes.
	04/30/20	<ul style="list-style-type: none"> • Revised definitions of “Originating Site” and “Store and Forward” • In the Exceptions section, removed the termination date previously entered for the removal of the exceptions noted; the exceptions will remain active during the public health emergency
	11/04/20	<p>General overall revision of the entire policy to include:</p> <ul style="list-style-type: none"> • Clarified the Purpose statement to indicate that the policy applies to Professional Claims. • Moved the Definitions <u>after</u> the Code/Coding Guidelines section • In the introductory paragraphs of the Policy section, identified the methods of electronic communications the policy applied to audio and video, telephone and online digital exchanges • In the Documentation subsection, expanded the criteria for documenting a “telehealth” encounter via a telecommunications system • In the Codes/Coding Guidelines section: <ul style="list-style-type: none"> ○ Added a new section “Telemedicine Real-Time Communication (Audio and Video required) and provided examples of acceptable coding ○ In the “Online Digital Services (Secure emails, MyChart, Text messages, etc.) section, added HCPCS codes applicable for qualified non-physician providers usage as well • In the Exception section, indicated that Telephone Assessment codes and the Online Digital services codes can be billed for NEW

		patient visits even though the code description itself indicates “established patients”
	09/22/21	<ul style="list-style-type: none"> • In the Telephone/Audio only section, added a paragraph indicating that member consent for an audio only encounter needs to be obtained prior to the encounter. • Clarified the definitions of the originating and distant site providers • Removed codes from the Codes/Coding Guidelines section that are no longer active codes • Added a new definition for “Audio only telemedicine” in the Definitions section
	12/02/21	<ul style="list-style-type: none"> • In the Originating and Distant Site section of the Policy, revised the section to include reference to member’s home or private residence to support the new Place of Service (POS) code “10” • In the Telehealth Modifiers section of the Policy, revised the descriptions for modifiers 95 and GT to reference member’s home or private residence to support the new POS code “10” • In the Telehealth Place of Service (POS) Code section of the Policy, the description of POS code “02” was revised and a description of the new POS code “10” was added to represent care rendered to a patient while they are in their home or private residence
	02/10/22	Updated the Modifier Section of the Policy to include new telehealth modifiers effective January 1, 2022: 93, FQ and FR
	05/12/22	<ul style="list-style-type: none"> • In the Telephone Assessment (Audio Only) section, two paragraphs added, applicable to Washington state providers only, that describe requirements for an established relationship with the audio-only patient that will need to be present effective January 1, 2023. • In the Originating and Distant Site section, a list of originating sites has been added, applicable to Washington state providers only, effective June 8, 2022. In addition, a paragraph was added to the end of this section, exclusive to Washington state providers, that an originating site fee (Q3014) cannot be billed for any audio-only services. • In the Telehealth Modifiers section under Audio-Only services, additional information on the use of Modifier 93 was added. • In the Code/Coding Guidelines section, removed terminated codes G2061, G2062 and G2063. • In the Laws, Regulations and Standards section, added the recently passed Washington state House Bills affecting audio-only services.
	01/17/23	Removed effective dates on modifiers that are over a year old
	12/13/23	<p>In the “Telehealth Real-time Communications (audio and video)” section:</p> <ul style="list-style-type: none"> • Revised wording of the first paragraph, • Expanded the second paragraph to identify sources for audio and video services • Expanded the third paragraph to add a referral notation to the modifier and place of services sections of the policy

		<p>In the “Telephone Assessment and Management (Audio only) section: Added the last two paragraphs to identify sources for the audio only services and added a referral to the modifier and place of service sections of the policy</p> <p>In the “Online Digital Services” section: Added the last paragraph to refer to the Online Digital Services section in the “Codes and Coding Guidelines” section of the policy for additional information</p> <p>In the “Originating Site” section of the policy, revised the wording of the first and third paragraphs.</p> <p>In the “Distant Site” section of the policy: Revised the wording of the first paragraph, and added the last two paragraphs of the section</p> <p>In the “Audio Only Services Modifiers”, added the fourth bullet</p> <p>In the “Codes and Coding Guidelines” section:</p> <ul style="list-style-type: none"> • In the “Telemedicine Real-Time Communications (Audio AND Video required)” section, expanded bullet three to indicate that services in the AMA CPT Codebook Appendix T may be rendered via audio and video if the code is also marked with a “star” symbol in the code lists within the codebook • In the “Telephone Assessment and Management (Audio Only)” section, added the last paragraph indicating where in the policy these procedure codes can be found.
	07/08/24	<p>In the section “Telephone Assessment and Management (Audio only)”:</p> <ul style="list-style-type: none"> • Added the fifth paragraph with two sub-bullets which identify the new definition for an “established relationship” for audio only services received by all members from Washington providers only in response to WA legislation • In the sixth and seventh paragraphs, added a termination date for the definitions of “established relationship” for Washington providers only
	01/08/25	<p>In the Policy section, moved the following sections into the Codes/Coding Guideline section:</p> <ul style="list-style-type: none"> • Telehealth Modifiers • Telehealth Place of Service (POS) Codes <p>In the Codes/Coding Guidelines section:</p> <ul style="list-style-type: none"> • Added new CPT codes, effective January 1, 2025, to the following sections: <ul style="list-style-type: none"> ○ Audio and video communications: Codes 98000-98007 ○ Audio only communications: Codes 98008-98016 • Updated the CPT Codebook guidelines with the following sections: <ul style="list-style-type: none"> ○ Audio and video communications ○ Audio only communications ○ Online digital communications • The following Audio only codes terminated effective December 31, 2024: 99441-99443 and G2012

		<p>Removed the following statements from the Exceptions section:</p> <ul style="list-style-type: none">• 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.• For the duration of the Public Health Emergency (PHE), Telephone assessment codes (99441-99443, 98966-98968) and Online Digital services codes (99421- 99423, 98970-98972 and G2061-G2063) can be billed for NEW PATIENT encounters even though the actual code descriptions identify the codes are to be billed for “established patients”. (terminated May 12, 2023)
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