

Premier Health Insuring Corporation

POLICY AND PROCEDURE MANUAL

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

MP.065.PC – Telemedicine

This policy applies to the following lines of business:

- ✓ Premier Health Insuring Corporation MA – DSNP

Premier Health Insuring Corporation considers **Telemedicine** medically necessary for the following indications:

Real-Time Telemedicine

Services considered to be real-time telemedicine must include all of the following:

1. The member must be present and participating at the originating site during time of the treatment or consultation;
2. All services provided must be medically necessary and appropriate;
3. The medical examination of the patient must be under the control of the consulting provider/specialist;
4. All transmissions must be made in keeping with the originating site's privacy, security, and technology standards.
5. Reasonable and appropriate peripheral examination tools are available and utilized.

Note: To be eligible for payment, interactive audio and video telecommunications must be used. It must permit real time communications between the distant physician and the patient. As a condition of payment, the patient must be present and participating.

Real-time telemedicine services include consultations, inpatient hospital, nursing facility, office and/or other outpatient care for any of but not limited to the following services:

- A. Endocrinology
- B. High risk OB
- C. Neo-natal
- D. Pharmacologic/patient medication management
- E. Telecardiology
- F. Psychiatry
- G. Pre and post-surgical care
- H. Teledermatology
- I. Telepathology
- J. Teleradiology
- K. Telestroke
- L. Trauma
- M. Wound care

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

Limitations

Limitations to telemedicine services include all of the following:

1. The service must be within a practitioner's scope of specialty practice and State law.
2. Telephones, facsimile machines and electronic mail systems or devices do not meet the requirements of interactive telecommunications systems (such as the interpretation of an EKG that has been transmitted via telephone).
3. All claims for telemedicine services performed by the "originating site" facility provider must be billed using HCPCS code Q3014.
4. All claims for telemedicine services performed by a "distant site" provider must be submitted using the modifier- GT or –GQ along with the applicable CPT/HCPCS code.
5. Telemedicine services for the practice of dentistry are considered not medically necessary and not covered.
6. The use of standard telephone, facsimile transmissions, unsecured electronic mail (email), or a combination of all does not constitute telemedicine or telehealth service and is not a covered benefit and will not be reimbursable.

Note: The member is subject to the applicable cost sharing and payment amounts based upon his or her benefits.

Medicare Limitation:

The practitioner at the distant site must be licensed to provide the service under State law and must have telemedicine privileges at both the originating and distant site per the Centers for Medicare & Medicaid Services (CMS) guidelines.

For real-time telemedicine services: The Medicare beneficiary must be at an originating site at the time the service furnished via a telecommunications system occurs. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in:

- A rural Health Professional Shortage Area (HPSA) located either outside of a Metropolitan Statistical Area (MSA) or in a rural census tract; or
- A county outside of an MSA.

See Also:

MP.075 – E-visits

Background

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

The American Telemedicine Association defines telemedicine as the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Examples of telemedicine may include: primary care and specialist referral services, remote patient monitoring, interpretation of results (lab results, diagnostic imaging), consumer medical and health information, and medical education. Various providers can provide real-time telemedicine, including: physicians, nurse practitioners (NPs) and physician assistants (PAs).

The following facilities are eligible to be an originating site for telemedicine services:

- The office of a physician or practitioner
- A hospital, including a critical access hospital
- Emergency Department consultations with physician specialists (e.g. pediatric consultations in rural hospitals.)
- A clinic or rural health clinic
- Skilled nursing facility
- Community mental health center for physical health consultations and some behavioral consultations
- Hospital-based renal dialysis centers

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits by a physician or other qualified health care professional per month
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month.
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
 Last Review Date: 05/11/2017
 Effective Date: 07/01/2017

	to-face visits by a physician or other qualified health care professional per month.
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month.
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month.
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month.
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month.
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g. acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Usually, the presenting problems are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Usually, the presenting problems are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Usually, the presenting problems are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Usually, the presenting problems are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Usually, the presenting problems are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Typically, the presenting problems are minimal. Typically 5 minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components. Usually the presenting problems are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components. Usually the presenting problems are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components. Usually the presenting problems are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components. Usually the presenting problems are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

	focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. 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. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. 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. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. 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. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
99241	Office consultation for a new or established patient which requires 3 key components. Usually the presenting problems are self-limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99242	Office consultation for a new or established patient, which requires 3 key components. Usually the presenting problems are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient, which requires 3 key components. Usually the presenting problems are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

99244	Office consultation for a new or established patient, which requires 3 key components. Usually the presenting problems are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99245	Office consultation for a new or established patient, which requires 3 key components. Usually the presenting problems are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and 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. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and 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. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. 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. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. 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. Usually, the presenting

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

	problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. 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. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused 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. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. 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. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. 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. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
 Last Review Date: 05/11/2017
 Effective Date: 07/01/2017

99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. 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 patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
99354	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)
99355	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge
CPT Codes for Behavioral Health (Covered for Medical Assistance only)	
96150	Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires); each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

	questionnaires); each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention; each 15 minutes, face-to-face; individual
96153	Health and behavior intervention; each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention; each 15 minutes, face-to-face; family (with the patient present)
HCPCS codes covered if selection criteria are met (If Appropriate):	
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
G0406	Follow-up inpatient telehealth consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth.
G0407	Follow-up inpatient telehealth consultation, intermediate, Physicians typically spend 25 minutes communicating with the patient via telehealth.
G0408	Follow-up inpatient telehealth consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth.
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes communicating with the patient via telehealth.
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Annual depression screening, 15 minutes
G0445	High intensity behavioral counseling to prevent sexually transmitted infection, face-to-face, individual, includes education skills training & guidance on how to change sexual behavior; performed semi-annually, 30 minutes.
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
Q3014	Telehealth originating site facility fee
T1014	Telehealth transmission, per minute, professional services bill separately
Modifiers	
GT	Interactive telecommunication
GQ	Telehealth – store and forward
GY	Item or service statutorily excluded does not meet the definition of any Medicare benefit
Medicare benefit (Appending both modifier GT and GY will allow tracking of telehealth services provided while indicating the payer's reimbursement criteria have not been met.)	

References

1. American Telemedicine Association. What is Telemedicine? 2012.
<http://www.americantelemed.org/about-telemedicine/what-is-telemedicine>

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

2. American Telemedicine Association. Telemedicine and Telehealth Services. January 2013. <http://www.americantelemed.org/docs/default-source/policy/medicare-payment-of-telemedicine-and-telehealth-services.pdf>
3. Centers for Medicare and Medicaid Services: MLN Matters MM7900- Expansion of Medicare telehealth services for calendar year (CY) 2013. Effective January 1, 2013. <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7900.pdf>
4. Centers for Medicare and Medicaid Services: Telemedicine services in hospitals and critical access hospitals-Ref: S&C: 11-32-Hospital/CAH, Issued July 15, 2011. http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter11_32.pdf
5. CMS Medicare Learning Network, *Rural Health Fact Sheet Series*. . Telehealth Services. ICN 91705 December 2012. <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>
6. Hayes News. Telemedicine Consultations Significantly Improve Pediatric Care in Rural EDs. August 9, 2013.
7. Hayes Medical Technology Directory. Teledermatology for Diagnosis and Management of Skin Neoplasms. Annual Review April 17, 2015.
8. Highmark Medicare Advantage Medical Policy. Section: CMS National Guidelines. Number N-60. Telemedicine/Telehealth Services Effective January 1, 2009. <http://www.msbcbs.com/medadvpolicy/N-60-001.html>
9. Premiere Telemedicine. Telemedicine News: New Federal Legislation Impacts Telemedicine. (Source: Federal Telemedicine News, July 13, 2008). <http://www.premieretelemedicine.com/news-federal-impacts.htm>
10. U.S. Department of Health and Human Services, Health Resources and Services Administration. Office for the Advancement for Telehealth. Telemedicine Reimbursement Report. October 2003. <http://www.hrsa.gov/ruralhealth/about/telehealth/reimburse.pdf>
11. United States Government Printing Office. Code of Federal Regulations- Title 42 Section 410.78. December 2013. <http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol2/pdf/CFR-2011-title42-vol2-sec410-78.pdf>

Disclaimer:

Premier Health Insuring Corporation medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Insuring Corporation and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MP.065.PC - Telemedicine

Policy Number: MP.065.PC
Last Review Date: 05/11/2017
Effective Date: 07/01/2017

Premier Health Insuring Corporation reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.