

## Telehealth/Virtual Health Policy, Professional

### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Individual Exchange reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 form. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare Individual Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Individual Exchange enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.*

*UnitedHealthcare Individual Exchange may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

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### Application

**This reimbursement policy applies to UnitedHealthcare Individual Exchange products.**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and Other Qualified Health Care Professionals (QHPs), including, but not limited to, non-network authorized and percent of charge contract physicians and Other QHPs.

#### Applicable States:

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York.

### Policy

#### Overview

This policy describes reimbursement for Telehealth and Virtual health services. For the purpose of understanding the terms in this policy, Telehealth/Telemedicine and Virtual health occur when the Physician or Other QHP and the patient are not at the same site. Virtual health encompasses all synchronous, asynchronous and Remote Physiologic Monitoring (RPM) care between health care professionals and patients. This includes Telehealth/Telemedicine, Communication Technology-Based Services (CTBS), E-visits, Virtual Check-Ins, interprofessional telephone/internet/electronic health record consultations, etc. Specifically, Telehealth/Telemedicine services only include live, interactive audio and visual transmissions of an encounter from one site to another using telecommunications technology (synchronous only). The terms Telehealth and Telemedicine are used interchangeably in this policy.

## Reimbursement Guidelines

### Telehealth/Telemedicine Services, Distant Site, Places of Service (POS) 02 and 10

UnitedHealthcare Individual Exchange will consider for reimbursement the following Telehealth services when they are rendered via audio and video and reported with either place of service POS 02 or 10.

- Services recognized by the Centers for Medicare and Medicaid Services (CMS), and
- Services recognized by the American Medical Association (AMA) included in Appendix P of the CPT code set, and
- Additional services identified by UnitedHealthcare Individual Exchange that can be effectively performed via Telehealth.

See the Telehealth Eligible Services Code List in the Attachments section.

The Distant Site is where the rendering provider is housed during a Telehealth encounter and is reported on the claim with POS 02 or 10 in Box 24B on the 1500 claim form.

- POS 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.
- POS 10 (effective 1/1/2022): Telehealth Provided in Patient's Home – The location where health services and health related services are provided or received through telecommunication technology. Patient is located 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.

Modifiers 95, GT, GQ and G0 are not required to identify Telehealth services but are accepted as informational if reported on claims with eligible Telehealth services.

### Originating Site Requirements

The Originating Site is where the member is housed with a Telepresenter during a Telehealth encounter. UnitedHealthcare Individual Exchange recognizes the CMS-designated Originating Sites considered eligible for furnishing Telehealth services to a patient located in an Originating Site. The Originating Site may submit a claim for the services of the Telepresenter with code Q3014. Note: Telehealth POS codes 02 and 10 do not apply to Originating Site facilities reporting code Q3014 and POS codes 02 and 10 should not be reported by an Originating Site facility if code Q3014 is reported. For POS where code Q3014 is reported, report the valid POS code reflecting the location of the patient.

Examples of CMS Originating Sites:

- The office of a physician or practitioner
- A hospital (inpatient or outpatient)
- A critical access hospital (CAH)
- A rural health clinic (RHC)
- A federally qualified health center (FQHC)
- A hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE: Independent renal dialysis facilities are not eligible Originating Sites
- A skilled nursing facility (SNF)
- A community mental health center (CMHC)
- Mobile Stroke Unit
- Patient home – for monthly end stage renal, ESRD-related clinical assessments, for purposes of treatment of a substance use disorder or a co-occurring mental health disorder

In addition, UnitedHealthcare Individual Exchange recognizes home as an Originating Site for Telehealth services (no Telepresenter).

For information regarding correct submission of claims for Originating Site services reported on a facility (UB-04) claim, please see the Telehealth Policy, Facility.

### **Eligible Care Providers**

As described by CMS, the types of care providers eligible to deliver Telehealth services include, for example:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists

In addition, UnitedHealthcare Individual Exchange considers the following care providers eligible to deliver certain Telehealth services:

- Therapy providers (e.g., Physical Therapy, Occupational Therapy, Speech Therapy)

### **Physical Health, Occupational, and Speech Therapy**

UnitedHealthcare Individual Exchange will reimburse certain physical, occupational, and speech therapy (PT/OT/ST) Telehealth services provided by QHPs rendered via interactive audio and video technology.

Services submitted on a CMS 1500 form should include:

- Code(s) from the list of specific physical, occupational and speech therapy Telehealth services (see the **PT/OT/ST Telehealth Eligible Services Code List** in the Attachments section), and
- The appropriate place of service code 02 or 10 in Box 24B.

All PT/OT/ST Telehealth visits must be performed using live, interactive video conferencing that involves the presence of both parties at the same time and a communication link between them that allows a real-time audio and visual interaction to take place. E-mailing “stored” exercise videos and discussing or reviewing by phone is not reimbursable.

### **Audio-Only Telehealth**

UnitedHealthcare aligns with the AMA and will consider for reimbursement the services included in Appendix T of the CPT code set, which are appropriate for reporting real-time, interactive audio-only Telehealth, when appended with modifier 93, and reported with POS 02 or 10. See the Telehealth Audio-Only Eligible Services Code List in the Attachments section. CPT codes reported with modifier 93 that are not included in Appendix T of the CPT code set will not be eligible for reimbursement.

### **Other Types of Virtual Health**

### **Communication Technology-Based Services (CTBS) and Remote Physiologic Monitoring (RPM)**

These services are eligible for to be considered for reimbursement under this policy and are described in the CMS Physician Fee Schedule (PFS). See the **Communication Technology-Based Services and Remote Physiologic Monitoring Eligible Code List** in the Attachments section; examples include:

- (Electronic Visits) E-Visits
- Virtual Check-Ins
- Remote Physiologic Monitoring
- Interprofessional Telephone/Internet/Electronic Health Record Consultations

Note: The CTBS and RPM services are never rendered in-person and therefore should not be reported with POS 02 or 10 and/or a Telehealth modifier (95, GT, GQ or G0).

**Communication Technology-Based and Other Related Services Not Reimbursed by UnitedHealthcare Individual Exchange**

Certain CTBS and other related services are not eligible for reimbursement according to the CMS PFS. Consistent with CMS, UnitedHealthcare Individual Exchange will not separately reimburse for certain codes assigned a non-payable status. See the **Communication Technology-Based and Other Related Services Non-Eligible Code List** in the Attachments section.

Definitions	
<b>Communication Technology-Based Services (CTBS)</b>	Services furnished via telecommunications technology and considered under virtual care but not considered Telehealth services.
<b>Distant Site</b>	The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.
<b>Electronic Visit (E-visit)</b>	Communication between a patient and provider through an online patient portal with an established patient-provider relationship.
<b>Originating Site</b>	The location of a patient at the time the service being furnished via a telecommunications system occurs.
<b>Physician or Other Qualified Health Care Professional</b>	Per the CPT book, a Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
<b>Remote Physiologic Monitoring</b>	Collecting of vitals and physiologic information by the patient that is then sent to the health care professional for interpretation and monitoring of the data.
<b>Telehealth/Telemedicine</b>	Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.
<b>Telepresenter</b>	The healthcare practitioner present with patient at an Originating Site.
<b>Virtual Check-In</b>	A brief check-in with the provider with an established patient-provider relationship.

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> How should care professionals submit claims for Telehealth services that are only eligible through the end of the COVID-19 national public health emergency (NPHE)?</p> <p><b>A:</b> For Telehealth services rendered in response to the COVID-19 NPHE, health care professionals should visit UnitedHealthcare's COVID-19 information page on <a href="https://UHCprovider.com/covid19">UHCprovider.com/covid19</a> &gt; <a href="#">Telehealth Services</a> for additional resources.</p>
<b>2</b>	<p><b>Q:</b> Do health care professionals need to be contracted with UnitedHealthcare to be considered for reimbursement under this policy?</p> <p><b>A:</b> For benefit plans that include out-of-network coverage, this policy applies to claims submitted by both participating and non-participating care providers.</p>
<b>3</b>	<p><b>Q:</b> What are the documentation requirements for Telehealth visits?</p> <p><b>A:</b> A patient visit performed through Telehealth should be documented to the same extent as an in-person visit, reflecting what occurred during the visit. The health care professionals should also document that the visit was done through audio-video telecommunications.</p>
<b>4</b>	<p><b>Q:</b> Does this policy apply to Telehealth services reported on a UB claim?</p> <p><b>A:</b> No, this policy is applicable only to professional services reported on a 1500 claim.</p>
<b>5</b>	<p><b>Q:</b> How should health care professionals report Virtual Check-In services?</p> <p><b>A:</b> Virtual Check-In services are reported with HCPCS codes G2012, G2251 and G2252. As described by CMS, care providers may report HCPCS codes G2012, G2251 and G2252 when the practitioner may not necessarily be able to visualize the patient and is used when the acuity of the patient's problem is not necessarily likely to warrant a visit. If this service originates from a related E/M service provided within the previous 7 days or leads to an E/M service or procedure within the next 24 hours or soonest available appointment, the service is considered bundled into that in-person service.</p>
<b>6</b>	<p><b>Q:</b> How should new 2021 Evaluation and Management coding guidelines be used with Telehealth services?</p> <p><b>A:</b> Please refer to the Evaluation and Management (E/M) Policy for details regarding correct E/M code selection.</p>

<b>Attachments</b>	
<a href="#">Telehealth Eligible Services Codes</a>	A list of codes that UnitedHealthcare will consider for reimbursement as Telehealth under this policy when reported with POS 02 or 10.
<a href="#">PT/OT/ST Telehealth Eligible Codes</a>	A subset of the Telehealth Eligible Services Code List that will be considered for reimbursement under this policy for physical, occupational, and speech therapy (PT/OT/ST) using interactive audio-video technology.
<a href="#">Communication Technology-Based Services and Remote Physiologic Monitoring Eligible Codes</a>	A list of codes that UnitedHealthcare will consider for reimbursement for technology-based services such as E-Visits, Virtual Check-In, remote patient monitoring, that should not be reported with POS 02 or 10 and/or a Telehealth modifier (95, GT, GQ or G0).
<a href="#">Communication Technology-Based Services and Other Related Services Non-Eligible Codes</a>	A list of codes not reimbursed for technology-based and other related services.

<a href="#">Telehealth Audio-Only Eligible Services Codes</a>	A list of codes that UnitedHealthcare will consider for reimbursement as audio-only Telehealth under this policy when appended with modifier 93 and reported with POS 02 or 10.
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Resources
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History	
1/1/2024	Policy Version Change Attachments Section: Telehealth Eligible Services Code List Updated
7/23/2023	Policy Version Change Attachments Section: Verbiage modified to include POS 10 for Communication Technology-Based Services and Remote Physiologic Monitoring Eligible Codes List
6/1/2023	Policy Version Change Logo Updated Reimbursement Guidelines section revised Attachments Section: Telehealth Audio-Only Eligible Services Code List added
1/1/2023	Policy Version Change Application Section: Updated Reimbursement Guidelines section revised Attachments Section: Telehealth Eligible Services Code List and Communication Technology-Based Services and Remote Physiologic Monitoring Eligible Code List Updated
8/7/2022	Policy Version Change Attachments Section: Telehealth Eligible Services Code List updated
1/1/2022	Policy Version Change Reimbursement Guidelines Section revised
1/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange