

TELEHEALTH AND TELEMEDICINE POLICY

Policy Number: ADMINISTRATIVE 114.31 TO

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Related Policy
None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the UB-04 claim form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500), or their electronic equivalents or their successor forms. This policy applies to all network and non-network providers, including hospitals, ambulatory surgical centers, physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

OVERVIEW

This policy describes reimbursement for Telehealth and Telemedicine services, which occur when the physician or other healthcare professional and the patient are not at the same site. Examples of such services are those that are delivered over the phone, via the Internet or using other communication devices. **Note:** For the purposes of this policy, the terms "Telehealth" and "Telemedicine" are used interchangeably.

Codes and Modifiers

Oxford will consider for reimbursement Telehealth services which are recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifiers GT or GQ, as well as services recognized by the AMA included in Appendix P of CPT and appended with modifier 95.

In addition, Oxford recognizes certain additional services which can be effectively performed via Interactive Audio and Video Telecommunications systems; these codes will be considered for reimbursement when reported with modifier GT:

- Medical genetics and genetic counseling services (CPT code 96040)
- Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum
- Alcohol and/or substance abuse screening and brief intervention services
- Remote real-time interactive video-conferenced critical care (reimbursable with or without modifier GT since their description indicates a Telehealth service and the technology used)

[2018 Codes Recognized with Modifiers GT or GQ](#)

[2018 Codes Recognized with Modifier 95](#)

Oxford requires one of the following modifiers to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth.

Modifier	Description
GQ	Via Asynchronous Telecommunications systems
GT	Via Interactive Audio and Video Telecommunications systems
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications system (reported only with codes from Appendix P)

Oxford will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately.

Oxford recognizes the CMS designated Originating Sites which are considered eligible for furnishing a Telehealth service to a patient located in such sites via an Interactive Audio and Visual Telecommunications system.

Examples of Originating Sites are listed below:

- 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);
- A skilled nursing facility (SNF); and
- A community mental health center (CMHC)

Oxford recognizes the CMS-designated practitioners eligible to be reimbursed for Telehealth services:

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

Oxford recognizes but does not require Place of Service (POS) code 02 for reporting Telehealth services rendered by a physician or practitioner from a Distant Site. Modifiers GT, GQ or 95 are required instead to identify Telehealth services.

POS	Description
02	Telehealth – The location where health services and health related services are provided or received, through a telecommunication system. (Note: This Telehealth POS code does not apply to Originating Site facilities billing a facility fee.)

Oxford recognizes federal and state mandates regarding Telehealth and Telemedicine.

Telehealth Transmission

Oxford will not reimburse for HCPCS code T1014 (Telehealth transmission, per minute, professional services bill separately) because these services are included in Telehealth services.

Telephone Services

Oxford follows CMS guidelines and does not reimburse for telephone charges submitted with Current Procedural Terminology (CPT) codes 98966-98968 or 99441-99443 because they are considered an integral part of other services provided.

On-Line Medical Evaluation

An on-line medical evaluation is an internet response to a patient's on-line question. Oxford follows CMS guidelines and does not reimburse for CPT codes 98969 and 99444, because these services do not involve direct, face-to-face patient contact.

Interprofessional Telephone/Internet Consultations

Oxford follows CMS guidelines and does not reimburse for interprofessional telephone/Internet assessment and management services because they are communications between healthcare providers and do not involve direct, face-to-face patient contact.

DEFINITIONS

Asynchronous Telecommunication: Medical information is stored and forwarded to be reviewed at a later time by a physician or health care practitioner at a Distant Site. The medical information is reviewed without the patient being present. Also referred to as store-and-forward telehealth or non-interactive telecommunication.

Distant Site: The location of a physician or other healthcare professional at the time the service being furnished via a telecommunications system occurs.

Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions, Audio-Visual Communication Technology: Medical information is communicated in real-time with the use of Interactive Audio and Video Communications equipment. The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported. The patient must be present and participating throughout the communication.

Originating Site: The location of a patient at the time the service being furnished via a telecommunications system occurs.

Telehealth/Telemedicine: Services which are live, Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another or asynchronous transmissions using telecommunications technologies across a secure connection that complies with state and federal Telehealth laws.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
Non-Reimbursable CPT Codes (regardless of appended modifier)	
98966	Telephone assessment and management service provided by a qualified nonphysician health care 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

CPT Code	Description
Non-Reimbursable CPT Codes (regardless of appended modifier)	
98967	Telephone assessment and management service provided by a qualified nonphysician health care 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; 11-20 minutes of medical discussion
98968	Telephone assessment and management service provided by a qualified nonphysician health care 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; 21-30 minutes of medical discussion
98969	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network
99441	Telephone evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management 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 within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	Telephone evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management 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 within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management 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 within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network

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HCPCS Code	Description
Non-Reimbursable HCPCS Code (regardless of appended modifier)	
T1014	Telehealth transmission, per minute, professional services bill separately

QUESTIONS AND ANSWERS

1	Q:	How does Oxford reimburse for phone calls to patients that are not associated with any other service? For example, a pediatrician receives a call from a mother at 2 A.M. regarding an asthmatic child having difficulty breathing. The physician is able to handle the situation over the phone without requiring the child to be seen in an emergency room. On what basis will the visit be denied?
	A:	Oxford will not reimburse for this service (CPT codes 99441-99443 or 98966-98968) as they are considered included in the overall management of the patient.
2	Q:	A physician makes daily telephone calls to an unstable diabetic patient to check on the status of his condition. These services are in lieu of clinic visits. Will Oxford reimburse the physician for these telephone services?
	A:	No, Oxford will not reimburse telephone services (CPT codes 99441-99443 or 98966-98968) as they are considered included in the overall management of the patient.

3	Q:	Does Oxford reimburse website charges for physician groups if their website provides patient education material?
	A:	No, Oxford will not reimburse for Internet charges as they are considered an integral part of the service.
4	Q:	What is the difference between Telehealth services and telephone calls?
	A:	Telehealth services are live Interactive (face-to-face) Audio and Visual Transmissions of a physician-patient encounter from one site to another or asynchronous transmissions, using telecommunications technologies across a secure connection that complies with state and federal Telehealth laws. Telephone calls are medical discussions, between a physician or other healthcare professional and a patient and are considered included in the overall management of the patient.
5	Q:	If a provider renders the professional component for a diagnostic service, at a Distant Site from the patient, should modifier GT be reported?
	A:	No. Modifier GT indicates a face-to-face encounter utilizing Interactive Audio-Visual Communication Technology. Therefore, it is not appropriate to report modifier GT in this scenario since this does not represent a face-to-face encounter. However, use of modifier 26 would be appropriate to designate that the professional component of the diagnostic service was provided.

ATTACHMENTS

Codes Recognized with Modifier GQ or GT

A list of CPT/HCPCS codes that Oxford recognizes when reported with modifier GQ or GT



Codes Recognized w/
Modifier GT & GQ

Codes Recognized with Modifier 95

A list of CPT codes that Oxford recognizes when reported with modifier 95



Codes Recognized
with Modifier 95

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Payment Policy Oversight Committee. [2018R0046C]

American Medical Association, Current Procedural Terminology (CPT[®]) 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 & Code Sets.
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none"> Updated list of non-reimbursable CPT codes to reflect annual code edits; removed 99446, 99447, 99448, and 99449 Updated list of CPT/HCPCS <i>Codes Recognized with Modifier GQ or GT</i> to reflect annual code edits: <ul style="list-style-type: none"> Added 99499, G0513, and G0514 Removed 0188T, 0189T, 98960, 98961, 98962, 99408, and 99409 Updated list of CPT <i>Codes Recognized with Modifier 95</i> to reflect annual code edits; removed 0188T and 0189T Archived previous policy version ADMINISTRATIVE 114.30 T0