Telehealth/Telemedicine Policy

Policy Number: ADMINISTRATIVE 114.36 T0
Effective Date: April 19, 2021

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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/Telemedicine and other electronic communication services, which occur when the physician or other qualified healthcare professional and the patient are not at the same site. Examples of such services are those that are delivered via the Internet or using other communication devices.

Note: For the purposes of this policy, the terms “Telehealth” and “Telemedicine” are used interchangeably.

Reimbursement Guidelines

Telehealth Services, Distant Site and POS 02

UnitedHealthcare will consider for reimbursement the following Telehealth services when they are rendered via audio and video and reported with place of service POS 02 (the location where health services and health related services are provided or received, through a telecommunication system):

- 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 that can be effectively performed via Telehealth. Refer to Telehealth Eligible Services Code List below.

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

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. Oxford recognizes the CMS designated Originating Sites considered eligible for furnishing a Telehealth service to a patient located in an Originating Site. The Originating Site may submit a claim for the services of the Telepresenter with code Q3014.

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 - only for monthly end stage renal, ESRD-related clinical assessments, and for purposes of treatment of a substance use disorder or a co-occurring mental health disorder

In addition, UnitedHealthcare recognizes home as an originating site for Telehealth services (no Telepresenter).

**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
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists
- Registered dietitian or nutrition professional

In addition, UnitedHealthcare 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**

Oxford will reimburse certain physical, occupational, and speech therapy (PT/OT/ST) Telehealth services provided by qualified health care professionals 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 (refer to PT/OT/ST Telehealth Eligible Services Code List below), and
- The appropriate place of service code 02 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.

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

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

- (Electronic) 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 and/or a Telehealth modifier (95, GT, GQ or G0).

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

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

Definitions

Communication Technology-Based Services (CTBS): Services furnished via telecommunications technology but not considered Telehealth services.

Distant Site: The location of a Physician or Other Qualified Healthcare Professional at the time the service being furnished via a telecommunications system occurs.

Electronic Visit (E-visit): Communication between a patient and provider through an online patient portal with an established patient-provider relationship.

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

Physician or Other Qualified Health Care Professional: 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.

Remote Physiologic Monitoring: 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.

Telehealth/Telemedicine: Telehealth services which 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.

Telepresenter: The healthcare practitioner present with patient at an Originating Site.

Virtual Check-In: A brief check-in with the provider with an established patient-provider relationship.
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.

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<th>Telehealth Eligible Services Code List</th>
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<td>A list of codes that Oxford will consider for reimbursement as Telehealth under this policy when reported with POS 02</td>
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PT/OT/ST Telehealth Eligible Services Code List

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

| 92507 | 92521 | 92522 | 92523 | 92524 | 97110 | 97112 | 97116 | 97161 | 97162 | 97163 |
| 97164 | 97165 | 97166 | 97167 | 97168 | 97535 | 97750 | 97755 | 97760 | 97761 |

Communication Technology-Based Services and Remote Physiologic Monitoring Eligible Code List

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 and/or a Telehealth modifier (95, GT, GQ or G0)

| 98970 | 98971 | 98972 | 99091 | 99421 | 99422 | 99423 | 99446 | 99447 | 99448 | 99449 |
| 99451 | 99452 | 99453 | 99454 | 99457 | 99458 | 99473 | 99474 | G2010 | G2012 | G2250 |
| G2251 | G2252 |

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Questions and Answers

1 Q: How should care providers submit claims for telehealth services that a member received before Jan. 1, 2021?
A: For Telehealth services rendered in response to the COVID-19 public health emergency, providers should visit UnitedHealthcare's COVID-19 information page on UHCprovider.com/covid19 > Telehealth Services for additional resources.

2 Q: Do care providers need to be contracted with Oxford to be considered for reimbursement under this policy?
A: For benefit plans that include out-of-network coverage, this policy applies to Telehealth claims submitted by both participating and non-participating care providers.

3 Q: What are the documentation requirements for Telehealth visits?
A: 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 provider should also document that the visit was done through audio-video telecommunications.

4 Q: Does this policy apply to Telehealth services reported on a UB claim?
A: No, this policy is applicable only to professional services reported on a 1500 claim.

5 Q: How should care providers report Virtual Check-In services?
A: 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.

6 Q: How should new 2021 Evaluation and Management coding guidelines be used with Telehealth services?
A: Refer to the Evaluation and Management (E/M) Policy for details regarding correct E/M code selection.

References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed, and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2021R0046A]

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files.

Policy History/Revision Information

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| 05/01/2021 | Template Update
  ● Reformatted and reorganized policy; transferred content to new template |
| 04/19/2021 | Applicable Codes
  ● Updated Telehealth Eligible Services Code List to reflect quarterly edits: |
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<tr>
<td></td>
<td>- Added CPT codes 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, and 99255</td>
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<td>- Removed HCPCS code G2211</td>
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Supporting Information
- Archived previous policy version ADMINISTRATIVE 114.35 T0

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 InterQual® criteria, to assist us in administering health benefits. The InterQual® criteria 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.