Coverage Summary

Telemedicine/Telehealth Services

Policy Number: T-006   Products: UnitedHealthcare Medicare Advantage Plans   Original Approval Date: 02/26/2008
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee   Last Review Date: 02/19/2019

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Telemedicine and telehealth services are covered when Medicare coverage criteria are met.

Guidelines/Notes:

Note: When deciding coverage for this service, the member specific document must be referenced. Coverage must comply with all applicable network and benefit limitations.

1. Telemedicine/telehealth services including consultation, office visits, individual psychotherapy and pharmacologic management delivered via a telecommunications system are covered when the following criteria are met:
   a. Member requires services that telecommunication system can be substituted for a face to face “hands on” encounter for services within the Medicare scope of coverage

   1) The use of a telecommunications system may substitute for an in-person encounter for professional consultations, office visits, office psychiatry services, and a limited number of other physician fee schedule (PFS) services. The various services and corresponding current procedure terminology (CPT) or Healthcare Common
Procedure Coding System (HCPCS) codes are listed on the CMS website at [www.cms.gov/Medicare/Medicare-General-Information/Telehealth/](http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/).


NOTE: Beginning January 1, 2010, CMS eliminated the use of all consultation codes, except for inpatient telehealth consultation G-codes. CMS no longer recognizes office/outpatient or inpatient consultation CPT codes for payment of office/outpatient or inpatient visits. Instead, physicians and practitioners are instructed to bill a new or established patient office/outpatient visit CPT code or appropriate hospital or nursing facility care code, as appropriate to the particular patient, for all office/outpatient or inpatient visits. For detailed instructions regarding reporting these and other telehealth services. See the at Medicare Claims Processing Manual, Chapter 12, § 190.3 - List of Medicare Telehealth Services. (Accessed January 29, 2019)

b. Members are eligible for telehealth services only if they are presented from an originating site located in either a rural health professional shortage area (HPSA) or in a county outside of a Metropolitan Statistical Area (MSA).

NOTES:

- For telehealth services furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke (acute stroke telehealth services), as determined by the Secretary. Specifically, section 1834(m)(6)(A) of the Act removes the restrictions on the geographic locations and the types of originating sites where acute stroke telehealth services can be furnished. Section 1834(m)(6)(B) of the Act specifies that acute stroke telehealth services can be furnished in any hospital, critical access hospital, mobile stroke units or any other site determined appropriate by the Secretary, in addition to the current eligible telehealth originating sites. For additional information see the Medicare Claims Processing Manual, Chapter 12, § 190.3.7 – Payment for Telehealth for Individuals with Acute Stroke. (Accessed January 25, 2019)

- Effective January 1, 2014, rural HPSAs include HPSAs located outside of a county outside of an MSA as well as those located in rural census tracts as determined by the Office of Rural Health Policy. Also effective January 1, 2014, geographic eligibility for an originating site is established for each calendar year based upon the status of the area as of December 31st of the prior calendar year. For specific requirements, refer to the Medicare Claims Processing Manual, Chapter 12, § 190.2. (Accessed January 25, 2019)


2. Telemedicine/telehealth services using non-interactive telecommunications systems that do not permit real-time communication between the member and distant site provider are not covered.
3. Medicare practitioners who may bill for a covered telehealth service are listed below (subject to State law):
   • Physician;
   • Nurse practitioner;
   • Physician assistant;
   • Nurse midwife;
   • Clinical nurse specialist;
   • Clinical psychologist;
   • Clinical social worker; and
   • Registered dietitian or nutrition professional.

* Clinical psychologists and clinical social workers cannot bill for psychotherapy services that include medical evaluation and management services under Medicare.


II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

04/01/2019 Updated policy introduction; added language to clarify:
   • There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
   • In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5)

02/19/2019 Annual review with the following updates:

Guideline 1.a.1 - updated language based on the Medicare Claims Processing Manual, Chapter 12, § 190.3.


Guideline 1.b (“Note” Section) –

   • Added following language (based on the Medicare Claims Processing Manual, Chapter 12, § 190.3.7 – Payment for Telehealth for Individuals with Acute Stroke):
     “For telehealth services furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an
Added the following language (originally in Section II; definition of HPSA):

“For HPSA shortage statistics as of December 31, 2018, see the HRSA website at:

Deleted reference to the “Medicare Benefit Policy Manual, Chapter 15, § 270 - Telehealth Services” (as it directs reader to the MCPM Chapter 12§190).

Update CMS reference statement at end of Section I from “For billing, coding and payment instructions, See the Medicare Claims Processing Manual, Chapter 12, §190.3 - List of Medicare Telehealth Services.” to “See the Medicare Claims Processing Manual, Chapter 12, Sections 190-190.7”.

Section II; Definitions of “Originating Site”, “Health Professional Shortage Area (HPSA)” and “Metropolitan Statistical Area (MSA)” – deleted (as each are defined within the CMS reference used for guideline 1.b)

02/20/2018 Annual review with the following update:

Definition of Health Professional Shortage Area (HPSA) – updated the definition; remove the 2011 statistics and added a reference link to the website which has the most current statistics, i.e., Designated Health Professional Shortage Areas Statistics; available at https://ersrs.hrsa.gov/ReportServer/?HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Qtr_Smry_HTML&rc:Toolbar=false.

02/14/2017 Annual review; no updates.

02/16/2016 Annual review with the following updates:

Guideline 1.c – deleted the following (no CMS reference): “Services are authorized by UnitedHealthcare Medicare or designee”

Guideline 3 – deleted the following note (no CMS reference): “Medicare has a demonstration project for telemedicine for diabetic Medicare eligibles covered under “Original Medicare”. This demonstration project is voluntary and UnitedHealthcare Medicare is not participating at this time.”

02/17/2015 Annual review; no updates.
02/18/2014  Annual review with the following updates, based on the January 1, 2014 updates to the *Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15 § 270 Telehealth Services*:
- Added “Transitional Care Management Services” to the list of telehealth services.
- Added new information pertaining to HPSAs and originating site effective January 1, 2014.

02/19/2013  Annual review; no updates.

02/27/2012  Annual review; Guidelines #1.a.1 was updated based on the updated Medicare Benefit Policy Manual, Chapter 15, Section 270 Telehealth Services. Section II definition of Health Professional Shortage Area (HPSA) was also updated based on the most current data from the Bureau of Health Professions website.

02/21/2011  Annual review; no updates.