

## Telehealth and Telemedicine Policy, Professional

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 Medicare Advantage reimbursement policies 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 forms. 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 resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage 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 Medicare Advantage 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, and/or the enrollee's benefit coverage documents\*\*. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*\*\* For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

### Application

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 and all network and non-network 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.

### Policy

#### Overview

This policy describes reimbursement for Telemedicine and Telehealth services, which are services where 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 telecommunications technologies.

**Reimbursement Guidelines- Telehealth/Telemedicine**

The Centers for Medicare and Medicaid Services (CMS), effective January 1, 2017, created a new Place of Service (POS) code 02: Telehealth for use by the physician or practitioner furnishing Telehealth services from a distant site with a descriptor of “The location where health services and health related services are provided or received, through telecommunication technology.”

This Telehealth POS code does not apply to originating site facilities billing a facility fee.

Several conditions must be met for Medicare to make payments for Telehealth services under the Medicare Physician Fee Schedule (MPFS). The service must be on the list of Medicare Telehealth services and meet all of the following additional requirements:

- The service must be furnished via an interactive telecommunications system;
- The service must be furnished by a physician or authorized practitioner;
- The service must be furnished to an eligible Telehealth individual; and
- The individual receiving the service must be located in a Telehealth originating site.

UnitedHealthcare Medicare Advantage will reimburse for Telehealth services with the use of the telehealth POS code 02 which certifies that the service meets the telehealth requirements.

**Modifiers**

The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a Telehealth service (a physician-patient encounter from one site to another) are generally the same codes that describe an encounter when the physician and patient are at the same site.

UnitedHealthcare Medicare Advantage will consider reimbursement for a procedure code/modifier combination using modifier GQ to report Asynchronous Telecommunications only when the modifier has been used appropriately.

The GQ modifier describes the technology used to facilitate a Telehealth encounter. The GQ modifier indicates that store-and-forward technology is being used and the services do not include direct, in-person contact.

**Telephone Services**

United Healthcare Medicare Advantage follows CMS guidelines and does not reimburse for telephone charges submitted with CPT codes 98966-98968 or 99441-99443, as telehealth services because they do not involve direct, face to face patient contact and 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. UnitedHealthcare Medicare Advantage follows CMS guidelines and does not reimburse for Online Medical Evaluation CPT codes 99421-99423 and G2061-G2063 (Online Medical Evaluation), as telehealth services because these services do not involve a face to face encounter.

**Interprofessional Telephone/Internet Consultations**

UnitedHealthcare Medicare Advantage follows CMS guidelines and does not reimburse for interprofessional telephone/internet assessment and management services reported with CPT codes 99446-99449, 99451 – 99452 as telehealth services because they are communications between healthcare providers and do not involve direct, face to face patient contact.

**Chronic Care Remote Physiologic Monitoring**

UnitedHealthcare Medicare Advantage follows CMS guidelines, which do not reimburse for chronic care remote physiologic monitoring reported with CPT codes 99453, 99454, and 99457, 99458, 99473, 99474, 99091 as telehealth services because they do not involve direct, face to face patient contact and are considered an integral part of other services provided.

Definitions	
<b>Asynchronous Telecommunication</b>	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.
<b>Interactive Audio and Video Telecommunication</b>	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.
<b>Originating Site</b>	The location of a patient at the time the service being furnished via a telecommunications system occurs.
<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.

Questions and Answers	
1	<p><b>Q:</b> How does UnitedHealthcare Medicare Advantage 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?</p> <p><b>A:</b> UnitedHealthcare Medicare Advantage will not reimburse for this service since it did not require direct, in-person patient contact. This service is considered included in the overall management of the patient.</p>
2	<p><b>Q:</b> 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 UnitedHealthcare Medicare Advantage reimburse the physician for these telephone services?</p> <p><b>A:</b> No, UnitedHealthcare Medicare Advantage will not reimburse telephone services, since they do not involve direct, in-person patient contact. These services are considered included in the overall management of the patient.</p>
3	<p><b>Q:</b> Does UnitedHealthcare Medicare Advantage reimburse website charges for physician groups if their website provides patient education material?</p> <p><b>A:</b> No, UnitedHealthcare Medicare Advantage will not reimburse for Internet charges since there is no direct, in-person patient contact.</p>
4	<p><b>Q:</b> What is the difference between Telehealth services and telephone calls?</p> <p><b>A:</b> Telehealth services are live Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another using telecommunications technology. Telephone calls are non-face-to-face medical discussions, between a physician or other healthcare professional and a patient, that do not require direct, in-person contact.</p>

Codes
CPT code section
<a href="#">CMS Telehealth Services</a>

## Resources

[www.cms.gov](http://www.cms.gov)

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

## History

<b>03/17/2020</b>	Annual Anniversary Date and Version Change <ul style="list-style-type: none"> <li>• Code update to Policy Section             <ul style="list-style-type: none"> <li>○ Online Medical Evaluation</li> <li>○ Interprofessional Telephone/Internet Consultation</li> <li>○ Chronic Care Remote Physiologic Monitoring</li> </ul> </li> </ul>
<b>7/15/2019</b>	Policy Version Change Policy Reimbursement Guidelines Section: Verbiage referencing providers and eligible originating sites updated and removed.
<b>4/5/2019</b>	Annual Anniversary Date and Version Change <ul style="list-style-type: none"> <li>• Application section: Verbiage updated and removed references to other policies</li> <li>• Title section: Removed Annual Approval information &amp; moved policy # to the header</li> <li>• Policy section: Verbiage updated regarding eligible Originating Sites</li> <li>• Interprofessional Telephone/Internet Consultations section: verbiage updated and CPT codes added</li> <li>• Definitions Section: updated term for Interactive Audio and Video Telecommunication and definition for Telehealth/Telemedicine</li> <li>• Telephone Services section: verbiage updated</li> <li>• On-Line Medical Evaluation section: verbiage updated</li> </ul> Chronic Care Remote Physiologic Monitoring section: newly added
<b>10/24/2018</b>	Policy Version Change <ul style="list-style-type: none"> <li>○ Removed 2018 CMS Telehealth Services list and added CMS Telehealth Services link</li> </ul> Archived Policy
<b>9/4/2018</b>	Policy Version Change Policy number changed from 2018R0046B to 2018R9039A Added the word 'Professional' to the policy title
<b>7/11/2018</b>	Annual Policy Review (no new version)
<b>3/21/2018</b>	Policy Reimbursement Guidelines Section: Verbiage updated regarding GT Modifier (New Version) Q&A Section: Q&A #5 removed