

TELEHEALTH AND TELEMEDICINE POLICY (CES)

Policy Number: ADMINISTRATIVE 114.34C T0

Effective Date: May 1, 2020

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Related Policies
<ul style="list-style-type: none"> • Procedure to Modifier (CES) • Procedure/Technical Component (CES)

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 1500 Health Insurance Claim Form (a/k/a CMS-1500), or its electronic equivalent or its successor form. This policy applies to 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.

OVERVIEW

This policy describes reimbursement for Telehealth and Telemedicine 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 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.

REIMBURSEMENT GUIDELINES

Oxford will consider for reimbursement Telehealth services which are recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifiers GT, GQ, or G0 (numeric zero, not alpha O) for telehealth services related to acute stroke, 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 Telehealth/Telemedicine. These codes will be considered for reimbursement when reported with modifier GT or GQ:

- 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 (CPT codes 98960-98962)
- Alcohol and/or substance abuse screening and brief intervention services (CPT codes 99408-99409)
- Remote real-time interactive video-conferenced critical care evaluation and management of the critically ill or critically injured patient (CPT code 99499)

Oxford requires one of the telehealth-associated modifiers (GT, GQ, G0, or 95) to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth. Oxford will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately. Coding relationships for modifier GQ and modifier 95 are administered through the Reimbursement Policy titled [Procedure to Modifier \(CES\)](#).

Oxford recognizes the CMS designated Originating Sites which are considered eligible for furnishing a Telehealth service to a patient located in an Originating Site.

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)

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

Oxford recognizes the CMS-designated practitioners eligible to be reimbursed for Telehealth services. Examples of practitioners are listed below:

- 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, G0, or 95 are required instead to identify Telehealth services.

Oxford recognizes federal and state mandates regarding Telehealth and Telemedicine.

Telehealth Transmission

Oxford follows CMS guidelines which do not allow reimbursement for Telehealth transmission, per minute, professional services bill separately reported with HCPCS code T1014. They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered included in Telehealth services.

Telephone Services

Oxford follows CMS guidelines which we do not allow reimbursement for telephone services which are non-face-to face evaluation and management services by a Physician or Other Qualified Health Care Professional reported with CPT codes 98966-98968 or 99441-99443. They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered an integral part of other services provided.

Online Digital Evaluation and Medical Evaluation

Oxford aligns with CMS Physician Fee Schedule (PFS) guidelines and considers online digital evaluation and management services (99421-99423 and G2061-G2063) eligible for reimbursement. These codes must be reported according to the guidelines as outlined by the AMA in CPT.

Note: Codes 98970-98972 are not eligible for reimbursement, according to the CMS PFS.

Interprofessional Telephone/Internet/Electronic Health Record Consultations

Oxford follows CMS guidelines and considers interprofessional telephone/Internet assessment and management services reported with CPT codes 99446-99449 and 99451-99452 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

Digitally Stored Data Services/Remote Physiologic Monitoring/Remote Physiologic Treatment Management

Oxford follows CMS guidelines and considers digitally stored data services or remote physiologic monitoring services reported with CPT codes 99453, 99454, 99457, and 99091 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

Remote Evaluation of Recorded Video and/or Images

Oxford follows CMS guidelines and considers remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days reported with HCPCS codes G2010 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

Brief Communication Technology-Based Service

Oxford follows CMS guidelines and considers brief communication technology-based service, e.g., virtual check-in, by a Physician or Other Qualified Health Care Professional who can report evaluation and management services, provided to an established patient, 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 reported with HCPCS code G2012 eligible for reimbursement according to the CMS qualified Fee Schedule (PFS).

Opioid Use Disorder Treatment

Oxford follows CMS guidelines effective for services rendered on or after January 1, 2020, and considers office-based treatment for opioid use disorders (HCPCS codes G2086-G2088) eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

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 Qualified Healthcare Professional at the time the service being furnished via a telecommunications system occurs.

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.

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.

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/HCPCS Code

Non-Reimbursable CPT/HCPCS Codes (regardless of appended modifier)

98966	98967	98968	98970	98971	98972	99441	99442	99443	T1014
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CPT/HCPCS Codes

CPT/HCPCS Codes Recognized with Modifier GT and GQ

90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840
90845	90846	90847	90951	90952	90954	90955	90957	90958	90960	90961
90963	90964	90965	90966	90967	90968	90969	90970	96040	96116	96160
96161	97802	97803	97804	98960	98961	98962	99201	99202	99203	99204
99205	99211	99212	99213	99214	99215	99231	99232	99233	99307	99308
99309	99310	99354	99355	99356	99357	99406	99407	99408	99409	99495
99496	99497	99498	99499	G0108	G0109	G0270	G0296	G0396	G0397	G0406
G0407	G0408	G0420	G0421	G0425	G0426	G0427	G0438	G0439	G0442	G0443
G0444	G0445	G0446	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086
G2087	G2088	G9481	G9482	G9483	G9484	G9485	G9486	G9487	G9488	G9489
G9978	G9979	G9980	G9981	G9982	G9983	G9984	G9985	G9986		

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CPT Codes

CPT Codes Recognized with Modifier 95

90791	90792	90832	90833	90834	90836	90837	90838	90845	90846	90847
90863	90951	90952	90954	90955	90957	90958	90960	90961	92227	92228
93228	93229	93268	93270	93271	93272	93298	96040	96116	97802	97803
97804	98960	98961	98962	99201	99202	99203	99204	99205	99212	99213
99214	99215	99231	99232	99233	99307	99308	99309	99310	99354	99355
99406	99407	99408	99409	99495	99496					

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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:	What is the difference between Telehealth services and telephone calls?
	A:	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. Telephone calls, which are considered audio transmissions, per the CPT definition, are non-face-to-face evaluation and management (E/M) services provided to a patient using the telephone by a Physician or Other Qualified Health Care Professional, who may report evaluation and management services.
4	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. Refer to the Reimbursement Policy titled Professional/Technical Component (CES) for more information.

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. [2020R0046A]

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
05/01/2020	<p>Reimbursement Guidelines</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Oxford will consider for reimbursement Telehealth services which are recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifier G0 (numeric zero, not alpha O) for telehealth services related to acute stroke 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 G0 are required instead to identify Telehealth services Replaced language indicating "Oxford requires one of the <i>[listed]</i> modifiers to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth" with "Oxford requires one of the <i>telehealth-associated</i> modifiers (<i>GT, GQ, G0 or 95</i>) to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth" Removed list of modifier descriptions <p>Online Digital Evaluation and Medical Evaluation</p> <ul style="list-style-type: none"> Revised language to indicate: <ul style="list-style-type: none"> Oxford aligns with CMS Physician Fee Schedule (PFS) guidelines and considers online digital evaluation and management services (99421-99423 and G2061-G2063) eligible for reimbursement; these codes must be reported according to the guidelines as outlined by the AMA in CPT Codes 98970-98972 are not eligible for reimbursement, according to the CMS PFS <p>Remote Evaluation of Recorded Video and/or Images (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate Oxford follows CMS guidelines and considers remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days reported with HCPCS codes G2010 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS) <p>Opioid Use Disorder Treatment (new to policy)</p>

Date	Action/Description
	<ul style="list-style-type: none"> Added language to indicate Oxford follows CMS guidelines effective for services rendered on or after January 1, 2020, and considers office-based treatment for opioid use disorders (HCPCS codes G2086-G2088) eligible for reimbursement according to the CMS Physician Fee Schedule (PFS) <p>Applicable Codes</p> <ul style="list-style-type: none"> Reformatted list of <i>Non-Reimbursable CPT/HCPCS Codes</i> (regardless of appended modifier) <p>Questions and Answers (Q&A)</p> <ul style="list-style-type: none"> Removed Q&A #3 pertaining to reimbursement of website charges for physician groups <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version ADMINISTRATIVE 114.33C T0