



Telemedicine

State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:	LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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Enterprise Policy

BACKGROUND

Providers will be reimburse for specific telemedicine services (real-time two-way video communication, telephone consultation, and consultations provided over e-mail (e-visits) when the criteria associated with the telemedicine communication service are met.

DEFINITIONS

Telemedicine – refers to actual medical consultations provided in real-time over an electronic mechanism as allowed below. This includes, but is not limited to, the Teladoc-style web doctor services. Telemedicine visits typically result in normal claims specifically coded as telemedicine visits. Telemedicine visits involve a medical doctor or a nurse practitioner.

Telecare – distinct from telemedicine, telecare refers to health monitoring and other technology-enabled health support services. Not addressed in this policy.

Telehealth – distinct from telemedicine and telecare, telehealth refers to health and wellness programs, nurse lines, and other services supporting patient health. Not addressed in this policy.

E-visits – outdated term formerly used internally to refer to various technology-supported care, most typically email. Phasing out this term.

Email Consultations – refers to consultations over secure email systems, non-real-time. Generally not addressed in this policy, with specific exception noted below.

This policy focuses on medical telemedicine specifically, additional information regarding dental or other categories of care to be addressed in additional policies

CRITERIA- CONDITIONS UNDER WHICH WE COVER

Tele-Video and Telephonic

Providers will be reimbursed for services delivered by real-time, interactive, two-way video and phone communication when those services are medically necessary, evidence-based, and a covered benefit.

Originating Site: The originating site means the physical location of the patient (receiving telemedical health services), be that a healthcare facility, home, school or workplace, etc.

Criteria for Tele-Video Services and Telephonic Services

Preauthorization to use a telemedicine service is not required; however, if the service requires preauthorization when done in-person, then preauthorization is required when done as a telemedicine service. Services must meet **all** of the following in order to qualify for coverage under the health plan:

- Eligible telemedicine services are limited to two-way real time video and phone communication.
- Services must be medically necessary and eligible for coverage if the same service were provided in person.
- Providers must be eligible for reimbursement under the PacificSource health contracts.
- Telemedical video communication services are subject to all terms and conditions of the plan, including but not limited to deductible, copayment or coinsurance for which the member would be responsible for if the service had been provided in person.
- Modifier-GT must be appended to the CPT or HCPCS for telemedicine consultations.
- Facility fee charges from the originating site are ineligible for reimbursement.
- Some office visits and/or procedures will be subject to retrospective review.

State-specific Criteria

- Oregon – Allows telemedicine to be both video and phone visits
- Montana – Allows telemedicine to be both video and phone visits
- Idaho – requires telemedicine visits to be video specifically, voice-only not allowed
- Washington - requires telemedicine visits to be video specifically, voice-only not allowed

Email Visits

In limited cases, specific provider contracts allow patients to have email consultations with providers. Email visits are defined in the CPT manual, and their billing and coding requirements can be found immediately preceding CPT code 98969 for qualified non-physicians and immediately preceding CPT 99444 for physicians.

Communications Privacy Requirements for Email

The provider must use encrypted or authenticated email for online medical evaluation visits. Standard email is not acceptable, since it is not secure, has no "terms of use" or legal disclaimers in place to protect the patient or provider, and can easily expose patient PHI including email addresses and contents of consultation discussion to unintended third parties.

CRITERIA- BEHAVIORAL HEALTH CONDITIONS UNDER WHICH PACIFICSOURCE COVERS TELE-VIDEO

Tele-Video for Behavioral Health Providers

Eligible behavioral health providers will be reimbursed for services delivered by real-time, interactive, two-way video when those services are medically necessary, evidence-based, and a covered benefit.

Coding Information

- 0188T Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
- 0189T Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
- 98966 Telephone assessment and management services provided by a qualified non-physician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management services or procedure within the next 24 hours or soonest available appointment: 5-10 minutes of medical discussion.
- 98967 11-20 minutes of medical discussion
- 98968 21-30 minutes of medical discussion
- 98969 Non-physician online assessment and management services provided by a qualified non-physician 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.
- 99091 Collection & Interpretation Physiologic Data,(e.g. ECG, blood pressure, glucose monitoring) digitally stored &/OR Transmitted, requiring a minimum of 30 minute of time, each 30 days
- 99441 Telephone evaluation and management services provided by a physician 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 11-20 minutes of medical discussion
- 99443 21-30 minutes of medical discussion
- 99444 Physician online evaluation and management - physician non-face-to-face E&M service to patient/guardian or health care provider not originating from a related E&M service provided within the previous 7 days.
- 99451 Interprof telephone/Internet/EHR assessment and management service provided by consultative phys, incl written report to patient's treating physician, 5+ of med consultative time
- 99452 Interprofessional telephone/Internet/electronic health record referral service(s) provided by a

treating/requesting physician or QHC professional, 30 minutes

- 99453 Remote monitoring of physiologic parameter(s) (eg weight, blood pressure, pulse oximetry, respiratory flow rate) initial ; set-up and patient education on use of equipment
- 99454 Remote monitoring of physiologic parameter(s), initial device(s) supply with daily recordings(s) or programmed alert(s) transmission, each 30 days
- 99457 Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician time in a calendar month requires interactive communication with the patient/caregiver
- 99484 Behavioral health condition 20min clinical staff time per calendar month with required assessment/rating scales continuity of care with a designated member of the care team
- 99487 Complex Chronic Care Coordination Services; first hour with no face-to-face visit, per calendar month
- 99489 Complex Chronic Care Coordination Services; each additional 30 minutes, per calendar month
- 99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
- 99491 Chronic care management services, provided personally by a physician or other QHC professional, at least 30 minutes of physician or other QHC professional time
- 99492 Initial psychiatric collaborative care manager 70 min/1 month behavioral health care manager activities in consult with psychiatric consult & directed by treating physician other focused treatment strategies
- 99493 Subsequent psychiatric collaborative care 60 minutes subsequent month other treatment goals and are prepared for discharge from active treatment
- 99494 Int/subsequent psychiatric collaborative care manager, each additional 30 minutes/calendar month behavioral health care manager activities in consultation with a psychiatric consultant & directed by treating physician
- 99495 Transitional Care management Services, moderate complexity, within 14 calendar days of discharge
- 99496 Transitional Care management Services, moderate complexity, within 7 calendar days of discharge
- G0406 Follow-up inpatient telehealth consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth (modifier GT--Via interactive audio and video telecommunications systems)

- G0407 Follow-up inpatient telehealth consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
- G0408 Follow-up inpatient telehealth consultation, complex, physicians typically spend 35 minutes or more communicating with the patient via telehealth
- G0425 Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
- G0426 Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
- G0427 Telehealth consultation, emergency department or initial inpatient, typically 70 minutes communicating with the patient via telehealth
- G0459 Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

NOTE:

Teladoc is a specific branded service which provides telephone and video visits with Teladoc's own providers.

- Teladoc codes for general medicine tele visit will be 99441, 99442, and 99443 (all will include GT modifiers)
- Teladoc codes for behavioral health telemedicine visit will be listed in an additional policy doc

Coding Information – Ineligible code for commercial ONLY

- Q3014 Telehealth originating site facility fee (ineligible code for commercial)

Coding Information – Other codes reimbursable for professional services

Codes reimbursable for professional services which are reimbursable (and other criteria are met) as Live Video and phone Telemedicine Encounters must have -GT modifier attached