

Temporary Payment Policy: Supplemental Telehealth Guidelines – All Lines of Business

Last Review Date: 03/23/2020

Number: MG.MM.ME.AD.Sup.02

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to Health Insurance Plan of Greater New York, and Group Health Incorporated, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

EmblemHealth will temporarily allow for limited telehealth services to be provided by telephone only as outlined in the policy below for all EmblemHealth lines of business and all products.

This policy applies to EmblemHealth participating providers only.

This change in policy is effective until May 31, 2020, but we may extend that date if necessary and will communicate through all appropriate channels.

EmblemHealth reserves the right to implement and revoke this policy without the contractual sixty-day (60) notification for a change in policy that is normally required under EmblemHealth contracts with its providers. This would apply both for the effective date, due to the urgent and emergent nature of a pandemic, as well as for the withdrawal of the policy.

Overview

Effective March 1, 2020 for Medicaid, and March 13, 2020 for Medicare Advantage and commercial members, EmblemHealth is expanding our policies around telehealth services making it even easier for patients to connect with their health care provider. Consistent with CMS, EmblemHealth will waive the Centers for Medicare and Medicaid's (CMS) originating site restriction for Medicare Advantage, and commercial members, so that care providers can bill for telehealth services performed while a patient is at home. Additionally, Medicare Advantage and some DSNP plans, EmblemHealth already reimburses appropriate claims for several technology-based communication services, including virtual check-ins, which may be done by telephone, for established patients.

Definitions:

Telehealth/Telemedicine: 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.

What is the difference between Telehealth services and telephone calls?

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.

Guideline - Telephone and Telehealth Services

Telehealth or Telephone services are covered when all of the following criteria are met:

1. The patient is present/participates at the time of service.
2. Services should be similar to in-person services with a patient.
3. Services must be medically necessary and otherwise covered under the member's benefit booklet or subscriber agreement.
4. Services must be within the provider's scope of license.
5. A permanent record of the telephonic communication(s) must be documented/maintained as part of the patient's medical record. It must be sufficiently documented to support the code used.
6. Consistent with CMS, EmblemHealth will allow non-HIPAA compliant technology such as FaceTime and Skype to be used with discretion and patient consent.
7. Only the provider rendering the services may submit for reimbursement for telehealth services.

Non-Behavioral Health Providers

For non-behavioral health providers, services ***provided via telephone only*** during a state of emergency or implementation of this policy by EmblemHealth are limited to the following provider types/primary care physician and midlevel primary care providers for Commercial and Medicare Advantage.

The following provider types may render services

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional

Behavioral Health Providers

For behavioral health providers, services ***provided via telephone only*** during a state of emergency or implementation of this policy by EmblemHealth are limited to the following providers for Commercial and Medicare Advantage.

- Clinical nurse specialist
- Psychiatrist
- Psychologist
- Clinical social worker
- Licensed Marriage and Family Therapist (not allowed for Medicare)
- Licensed Mental Health Counselor (not allowed for Medicare)

Limitations/Exclusions

The following services are excluded from reimbursement:

1. Services rendered through email, text or by fax.
2. Telemedicine that occurs the same day as a face-to-face visit, when performed by the same provider and for the same condition. Services rendered within the past 7 days or 24 hours after telehealth/telemedicine visits will be considered bundled.
3. Patient communications incidental to E&M services, including, but not limited to reporting of test results or provision of educational materials.
4. Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.

Applicable Procedure Codes

EmblemHealth requires Place of Service (POS) code 02 for reporting telemedicine and telephone services rendered by a physician or other practitioner. Please use Place of Service 02 with Modifier GT is required to identify telemedicine services.

Code(s) for Telephone Services:

CPT Code	Description
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided 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	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided 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; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided 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; 21-30 minutes of medical discussion

G2012 (Medicare only)	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
D9991 (Medicaid only)	Dental case management - addressing appointment compliance barriers; Individualized efforts to assist a patient to maintain scheduled appointments by solving transportation challenges or other barriers.

Code(s) for TeleHealth Services for all provider types: *(download pdf and click paperclip to open code list)*



Modifier(s) for Telehealth Services: *Must be used for telemedicine services*

Modifier	Description
CR	Catastrophe/Disaster Related (Reporting only)
GT	Via interactive audio and video telecommunication systems. (must be real-time)
GQ (Medicaid Telephonic only)	Via asynchronous telecommunications system

Applicable Diagnosis Codes

ICD-10-CM Official Coding Guidelines - Supplement Coding Encounters Related to COVID-19
 Coronavirus Outbreak

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advicecoronavirus-feb-20-2020.pdf>

<https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf>

To ensure proper adjudication please make sure the following are reported if applicable:

ICD-10	Description
Z03.818 <i>Possible exposure/ruled out</i>	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.828 <i>Exposure confirmed</i>	Contact with and (suspected) exposure to other viral communicable diseases.
U07.1	COVID-19 (confirmed cases only)

References

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>