

# TELEMEDICINE POLICY

**Policy Number:** ADMINISTRATIVE 114.28 T0

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<b>Related Policy</b>
• <a href="#">Care Plan Oversight</a>

## 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 UB-04 claim form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500), or their electronic equivalents or their successor forms. This policy applies to all network and non-network providers, including hospitals, ambulatory surgical centers, 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 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 communication devices. This policy does not address care plan oversight services (see the [Care Plan Oversight](#)).

**Telehealth Services**

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.

The modifiers below describe the technology used to facilitate a Telehealth encounter. One of these modifiers should be reported when performing a service via Telehealth to indicate the type of technology used and to differentiate a Telehealth encounter from an encounter when the physician and patient are at the same site. For more information, see the [Definitions](#) section below.

Modifier	Description
GQ	Via Asynchronous Telecommunications systems
GT	Via Interactive Audio and Video Telecommunications systems

The Centers for Medicare and Medicaid Services (CMS) have authorized specific Originating Sites as “eligible” for furnishing a Telehealth service. When reporting modifier GT, the physician, hospital, ambulatory surgical center, or qualified healthcare professional is certifying that they are rendering services to a patient located in an eligible Originating Site via an Interactive Audio and Visual Telecommunications system.

In accordance with CMS the eligible 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);
- A skilled nursing facility (SNF); and
- A community mental health center (CMHC)

CMS has also authorized which practitioners may be reimbursed for Telehealth services. In accordance with CMS these 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

**Note:** Clinical psychologists (CP) and clinical social workers (CSW) cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.

The use of modifier GT indicates a Telehealth service was performed by an eligible practitioner via an Interactive Audio-Visual Telecommunications system and the patient was present at an eligible Originating Site.

Oxford will reimburse for Telehealth services which are recognized by CMS when reported with modifier GT (Interactive Telecommunications). In addition, Oxford recognizes that 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), and alcohol and/or substance abuse screening and brief intervention services (CPT codes 99408-99409) can be effectively performed via Interactive Audio and Video Telecommunications systems; these codes will be allowed for reimbursement when reported with modifier GT. Oxford will also reimburse CPT codes 0188T and 0189T when these codes are reported with or without a modifier GT, since the description for these codes indicates a Telehealth service and the technology used.

Any other service reported with a modifier GT that is not recognized by CMS will not be reimbursed. For a complete list of codes that Oxford recognizes when reported with modifier GT refer to [Codes Recognized with Modifier GT](#).

Oxford will consider reimbursement for a procedure code/modifier combination using modifier GQ to report Asynchronous Telecommunications only when the modifier has been used appropriately. For a complete list of codes that Oxford recognizes when reported with modifier GQ refer to [Codes Recognized with Modifier GQ](#).

Oxford will not reimburse for HCPCS code T1014 (Telehealth transmission, per minute, professional services bill separately) because these services are included in Telehealth services.

### **Telemedicine Services**

#### ***Telephone Calls***

Oxford follows CMS guidelines and does not reimburse for telephone charges submitted with Current Procedural Terminology (CPT) codes 98966-98968 or 99441-99443 because they do not involve direct, in-person patient contact.

#### ***Internet Services***

Oxford follows CMS guidelines and does not reimburse for CPT codes 98969 and 99444 (Online Medical Evaluation), because these services do not involve direct, in person patient contact.

#### ***Consultation Services***

Oxford follows CMS guidelines and does not reimburse for interprofessional telephone/Internet assessment and management services reported with CPT codes 99446-99449 because they do not involve direct, in-person patient contact.

## **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.

**Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions, Audio-Visual Communication Technology:** 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.

**Originating Site:** The location of a patient at the time the service being furnished via a telecommunications system occurs.

**Telehealth:** Telehealth services are live, Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another, using telecommunications technologies. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.

**Telemedicine:** Telemedicine services are medical services provided via telephone, the Internet, or other communications networks or devices that do not involve direct, in-person patient contact.

## **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 Code	Description
<b>Non-Reimbursable CPT Codes (regardless of appended modifier)</b>	
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

CPT Code	Description
<b>Non-Reimbursable CPT Codes (regardless of appended modifier)</b>	
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
98969	Online assessment and management service provided by a qualified nonphysician 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
99441	Telephone evaluation and management service provided 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 provided 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 provided 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
99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review

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HCPCS Code	Description
<b>Non-Reimbursable HCPCS Code (regardless of appended modifier)</b>	
T1014	Telehealth transmission, per minute, professional services bill separately

## 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 (99441-99443 or 98966-98968) since it did not require direct, in-person patient contact. This service is 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 (99441-99443 or 98966-98968) since they do not involve direct, in-person patient contact. These services are considered included in the overall management of the patient.
3	Q:	Does Oxford reimburse website charges for physician groups if their website provides patient education material?
	A:	No, Oxford will not reimburse for Internet charges since there is no direct, in-person patient contact.
4	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 technologies. 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.
5	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.

## ATTACHMENTS

### Codes Recognized with Modifier GT

A list of codes that Oxford recognizes when reported with modifier GT.



Codes Recognized  
with Modifier GT

### Codes Recognized with Modifier GQ

A list of codes that Oxford recognizes when reported with modifier GQ.



Codes Recognized  
with Modifier GQ

## 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. [2017R0046A]

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.

**POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
01/01/2018	<ul style="list-style-type: none"><li>• Updated and reformatted list of <i>Codes Recognized with Modifier GT</i> (attachment file identifying codes that Oxford recognizes when reported with modifier GT)<ul style="list-style-type: none"><li>○ Transferred content to embedded Excel file format</li><li>○ Updated list of applicable CPT/HCPCS codes to reflect annual code edits:<ul style="list-style-type: none"><li>▪ Added 90785, 90839, 90840, 96160, 96161, G0296, and G0506</li><li>▪ Removed G0436 and G0437</li></ul></li></ul></li><li>• Archived previous policy version ADMINISTRATIVE 114.27 T0</li></ul>