Telemedicine and Direct Patient Contact

Policy Type:	Revised
Applies to:	• All Medical Products (including Commercial & Medicare) • All participating and nonparticipating physicians, facilities, and other qualified health care professionals
Policy Implementation:	Date of Service
Policy Revision Date:	Click Here
Last Review:	December, 2019
Next Review	December, 2020

Our payment policies ensure that we pay providers based on the code that most accurately describes the procedure performed. We include CPT/HCPCS, CMS or other coding methodologies in our payment policies when appropriate. Unless noted otherwise, payment policies apply to all professionals who deliver health care services. When developing payment policies, we consider coding methodology, industry-standard payment logic, regulatory requirements, benefits design and other factors.

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Overview

This policy addresses our guidelines regarding payment for telehealth, telemedicine, direct patient contact, care plan oversight, concierge medicine, and missed appointments.

Refer to Expanded Claim Edits for additional coding and reimbursement policies that may apply separately from the policy detailed below.

Definitions/Glossary

Term	Definition
Asynchronous Telecommunication	Telecommunication systems that store medical information such as diagnostic images or video and forward it from one site to another for the physician or health care practitioner to view in the future at a site different from the patient. This is a non-interactive telecommunication because the physician or health care practitioner views the medical information without the patient being present.
Synchronous Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions and Audio-Visual Communication Technology	Real-time interactive video teleconferencing that involves communication between the patient and a distant physician or health care practitioner who is performing the medical service. The physician or health care practitioner sees the patient throughout the communication, so that two-way communication (sight and sound) can take place.

Telehealth	Telehealth is broader than telemedicine and takes in all health care services that are provided via live, interactive audio and visual transmissions of a physician-patient encounter. These health care services include non-clinical services, such as provider training, administrative meetings and continuing medical education; in addition to clinical services. Telehealth may be provided via real-time telecommunications or transmitted by store-and-forward technology.
Telemedicine	Telemedicine services involve the delivery of clinical medicine via real-time telecommunications such as telephone, the internet, or other communications networks or devices that do not involve in person direct patient contact.

Payment Guidelines

Telemedicine for Commercial Plans	
Two-way, Synchronous (i.e. real-time) Audiovisual Interactive Medical Service **Modifiers GT, 95**	We pay for two-way, synchronous (i.e. real-time) audiovisual interactive medical services between the patient and the provider. We consider services recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifier GT, as well as services recognized by the AMA included in Appendix P of the CPT® Codebook and appended with modifier 95. A list of eligible CPT/HCPCS codes is available here. When a provider reports modifier GT or 95, it certifies the patient received services via an audiovisual telecommunications system. • GT: Telehealth service rendered via interactive audio and video telecommunications system • 95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system

Asynchronous Telecommunication **Modifier GQ**	We don't pay for asynchronous telemedicine services. • These services are considered incidental to the overall episode of care for the member. • When providers report modifier GQ it certifies the patient received services via an asynchronous method.
Tele-Stroke Services **Modifier G0**	We pay for tele-stroke services when appended with modifier G0. • G0: Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

Telemedicine for Medicare Advantage Plans	
Telemedicine for Medicare Members/Plans	Medicare Advantage members may be eligible for telemedicine services in accordance with CMS regulations. We follow CMS policy. www.cms.gov

Direct Patient Contact	
Direct Patient Contact	Other than two-way synchronous (i.e. real time) audio visual interactive medical services, and tele-stroke services, as above, we don't pay for medical services that don't include direct in-person patient contact. Payment for these services is considered incidental to the overall episode of care for the member. One example of time spent without direct patient contact is physician standby services. We consider services payable only when provided in-person face-to-face.

Telehealth Transmission Fees	
Telehealth Transmission Fees **HCPCs codes Q3014 and T1014**	Charges for telehealth services or transmission fees aren't eligible for payment. These services are incidental to the charges associated with the evaluation and management of the patient.

Care Plan Oversight	
Care Plan Oversight	Care plan oversight is not eligible for payment. Care plan oversight is billed for physician supervision of patients under the care of home health agencies, hospice or nursing facilities. It includes the time spent reviewing reports on patient status and care conferences. We do not

	pay for time without direct patient contact. *Note:* Care plan oversight is eligible for payment on case management exceptions authorized by Patient Management.

Concierge Medicine or Boutique Medicine	
Concierge Medicine or Boutique Medicine	Concierge medicine, also called boutique medicine is a fee charged for services a patient receives outside of direct patient contact. These services are considered above and beyond the usual, such as scheduling preference or return phone calls from the provider. These services do not represent treatment of disease or injury. They are standard administrative services that are included in the evaluation & management service, we don't allow separate payment. No specific code exists for these services. Services may be billed with a written description, such as "Concierge Services" or "Administrative Services."

Missed Appointments	
Missed Appointments	We don't cover missed appointments because no direct or indirect medical care was rendered to the patient. Charges due to a missed appointment are the responsibility of the member.

List of Eligible CPT/HCPCs for two-way, synchronous

Eligible Code Description	Eligible CPT/HCPCS
Psychiatric diagnostic interview examination	90791, 90792
Individual psychotherapy	90832, 90833, 90834, 90836, 90837, 90838
Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes	90839, 90840
Psychoanalysis	90845
Family or group psychotherapy	90846, 90847, 90853
Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	90863
End-Stage renal disease (ESRD) related services	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 90963, 90964, 90965, 90966,

	90967, 90968, 90969, 90970
Remote imaging for detection of retinal disease	92227
External mobile cardiovascular telemetry with ECG recording	93228, 93229
External patient and when performed auto activated ECG rhythm derived event recording	93268, 93270, 93271, 93272
Medical genetics and genetic counseling services	96040
Neurobehavioral status examination	96116
Administration of patient-focused health risk assessment instrument with scoring and documentation or for the benefit of the patient, per standardized instrument	96160, 96161
Individual and group medical nutrition therapy	97802, 97803, 97804; G0270
Education and training for patient self-management by a qualified, non-physician health care professional	98960, 98961, 98962
Office or other outpatient visits or consults	99201 – 99205, 99211 – 99215, 99241 – 99245
Subsequent hospital care services, with the limitation of 1 Telehealth visit every 3 days	99231, 99232, 99233
Inpatient consultation for a new or established patient	99251 - 99255
Subsequent nursing facility care services, with the limitation of 1 Telehealth visit every 30 days	99307, 99308, 99309, 99310
Prolonged service, inpatient or office	99354, 99355, 99356, 99357
Smoking and tobacco use cessation counseling visit	99406, 99407, G0436, G0437
Alcohol and substance screen and intervention	99408, 99409
Transitional care management services	99495, 99496
Advanced care planning	99497, 99498
Interactive complexity	90785
Individual and group diabetes self-management training services	G0108, G0109
Counseling visit to discuss need for lung cancer screening using low dose CT scan	G0296
Alcohol and/or substance abuse structured assessment	G0396, G0397
Follow-up inpatient Telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406*, G0407*, G0408*
Telehealth consultations, emergency department or initial inpatient	G0425*, G0426*, G0427*
Annual Wellness Visit, includes a personalized prevention plan of service	G0438, G0439
Alcohol misuse screening, counseling	G0442, G0443
Annual depression screening	G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior	G0445

Annual, face-to-face intensive behavioral therapy for cardiovascular disease	G0446
Face-to-face behavioral counseling for obesity	G0447
Telehealth Pharmacologic Management	G0459
Comprehensive assessment of and care planning for patients requiring chronic care management services	G0506
Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient via telehealth; subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	G0508*, G0509*
Prolonged preventive service	G0513, G0514
Opioid treatment	G2086, G2087, G2088

*Modifier GT, 95 not required

Questions and Answers

N/A

Additional References

N/A

Policy Revision Date

- Effective 01/01/20: Added coverage details for Commercial Plans and Medicare Advantage Plans
- 08/30/18 Update: Removed "Telemedicine for Consumer Business/Aetna Leap℠ Plans" section. Plans are no longer active as of 01/01/2018.
- 07/05/18 Update: Removed Medicare from the "Applies to" section. Medicare Advantage follows CMS guidelines for telemedicine as of January, 2012.
- Effective 03/08/17: Existing stand-alone policy "Concierge Medicine or Boutique Medicine" added to Telemedicine and Direct Patient Contact Policy. No change in policy.
- Effective 01/26/17: Added Modifier 95.
- Effective 01/01/17: Added Telemedicine Policy for Consumer Business/Aetna Leap℠ Plans.
- Effective 05/01/12: Exception removed from Direct Patient Contact Policy to allow payment when precertified.
- Effective 07/23/09: Charges for coordination of care under the "Patient-Centered Medical Home" model are eligible for payment.
- Effective 05/22/07: Charges for an online medical evaluation (e.g. eHealth visit) may be eligible for payment.