

TELEHEALTH AND TELEMEDICINE

Policy # 85

Implementation Date: 85

Review Dates:

Revision Dates: 8/25/17, 12/5/18, 3/30/20, 7/1/22, 3/2/23, 10/1/24

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Telehealth and telemedicine are sometimes used interchangeably or can have multiple definitions. SelectHealth will use the Centers for Medicaid and Medicare services (CMS) definition of telehealth (or telemonitoring), which states, "The use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance".

Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine, they are often considered under the broad umbrella of telehealth services. Even though such technologies are not considered "telemedicine," they may, nevertheless, be covered and reimbursed as part of a Medicaid coverable service, such as laboratory service, x-ray service, or physician services (under section 1905(a) of the Social Security Act).

Telemedicine refers specifically to remote clinical services, and is not as broad as the term telehealth, because telehealth can include some forms of remote non-clinical services. Telehealth can be performed synchronously or asynchronously. Synchronous interaction is real-time communication through interactive technology that enables a provider and a patient at two locations, separated by distance, to interact simultaneously through two-way video and audio or audio transmission. Asynchronous interaction is the transmission of a patient's healthcare information from an originating site to a provider at a distant site over a secure connection that complies with state and federal security and privacy laws.

Distant Site and Originating Site

CMS has created billing and payment rules associated with a distant and originating site. A distant site is the site at which a provider delivering telehealth services is located at the time the service is provide. The originating site is the location of a patient at the time telehealth services are provided.

ConnectCare

ConnectCare is a telehealth service provided by Intermountain Healthcare and Select Health. It provides virtual visits via live audio/video secure interaction with a provider using a smartphone, tablet, or computer's camera and microphone, 24/7, 365 days a year. Benefits for ConnectCare can fall under different benefits than that of other covered telehealth services from other providers.

Communication Technology-Based (CTBS) and Remote Physiologic Monitoring (RPM) or Remote Patient Monitoring

Services furnished via telecommunications technology but not considered Telehealth services. These services are never rendered in person.

According to the Center for Connected Health Policy, “Remote patient monitoring (RPM) uses digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment and recommendations. This type of service allows a provider to continue to track healthcare data for a patient once released to home or a care facility, reducing readmission rates.”

CTBS and RPM services

- (Electronic) E-visits/Digital visits
- Virtual Check-Ins
- Remote Physiologic Monitoring (Collecting of vitals and physiologic information by the patient that is then sent to the healthcare professional for interpretation and monitoring of the data)
- Interprofessional Telephone/Internet/Electronic Health Record Consultations

Reimbursement, Coverage, and Benefits

Telehealth coverage and reimbursement will vary by plan and geography based on certificates of coverage and state and federal regulations. Services are covered in accordance with Select Health’s medical policy. Providers will be required to follow all state regulations related to state certifications and providing telehealth services to members outside of the state where the provider is licensed.

Telehealth/Telemedicine services are required to be submitted with place of service 02 or 10. Modifiers 95, GT, GQ, G0, FQ, and FR can also be appended as appropriate but is not required if the correct place of service is used.

Effective 1/1/2024, telehealth services billed with the place of service 02 will be reimbursed at the facility site of service differential and according to the Medicaid or Medicare fee schedules as appropriate. Telehealth services billed with the place of service 10 will be reimbursed at the non-facility site of service differential and according to the Medicaid or Medicare fee schedules as appropriate.

Note: During the emergency period for the COVID pandemic, services can be billed with the place of service which matches the face-to-face service and be reimbursed a higher amount. Services require an appropriate telehealth modifier during this time.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN’S HEALTH INSURANCE PROGRAM)

[Effective July 1, 2022]

Select Health covers Telehealth services in limited clinical circumstances when specific CPT/HCPCS codes are billed with appropriate modifiers and/or correct place of service by a qualified entity. Select Health will follow all applicable state laws and regulations in service areas. Providers will be required to use ADA and HIPAA compliant platforms and have documentation to support all services billed. In general, covered telehealth services will not be paid at the same rate as the face-to-face service, as determined by Select Health. Providers must also document where the patient is located (state) in order to verify appropriate licensing requirements.

For questions on specific codes, call Select Health customer service.

Covered face-to-face (synchronous) services

- Evaluation and management services (including office visits, some established preventive services, hospital visits, transitional care, and care management)
- Some physical, occupational, and speech therapy
- Medical nutrition therapy
- Genetic counseling
- Mental health services
- Diabetes self-management

Covered non face-to-face (asynchronous) services*

*Utah plans will follow CMS guidance for these services

- Audio-only or telephonic – based on criteria below
 - Virtual check-ins and e-visits – based on criteria
 - Provider-to-provider consultations
 - Remote patient monitoring
1. **Audio-only or virtual/digital check-ins are covered in limited situations and will not be reimbursed the same as a face-to-face visit. Audio-only will only be covered for mental health services and only if audio/visual visits cannot be done. Audio visits and/or digital visits cannot be billed if:** Service initiated or originated from a related E/M service within the previous 7 days.
 2. Service leads to an E/M service or procedure within the next 24 hours or soonest available appointment.
 3. Related to medication refills
 4. Time spent on the telephone is captured in other services reported, such as:
 - If CPT codes 99421–99423 have been reported by the same physician in the previous seven days for the same problem,
 - When CPT codes 99339–99340 and 99374–99380 are used for the same call,
 - During the same month with CPT codes 99487 and 99489, and
 - When performed during the same service period at CPT codes 99495–99496
 5. Member has provided informed consent for service provided and it is documented in the patient chart.

Elements for Establishing an Entity as a Qualified Telehealth Services Provider.

(ALL Elements must be met):

1. A provider offering telehealth services must at all times act within the scope of the provider's license and according to all applicable laws and rules, including, but not limited to, this policy and the community standard of care in the state(s) the services are rendered/where the patient is currently located. **Note: Laws differ state by state and providers should consult with clinic staff before providing services to members out of state.**
2. The provider demonstrates an ability to obtain and capture informed consent consistent with applicable state laws and be able to reproduce a copy of informed consent on request.
3. The provider demonstrates the ability to establish a provider-patient relationship by use of telehealth.
4. The provider must demonstrate the ability to obtain, document, and store a patient's relevant clinical history and current symptoms, to establish the diagnosis and identify underlying conditions and contraindications to the treatment recommended in a similar format used for face-to-face interactions.
5. Treatment recommendations meet the applicable community standard of care that applies in an in-person setting.
6. A provider shall demonstrate a written policy which identifies the process to refer patients to appropriate medical resources, including emergency resources near the patient's location.
7. Any provider offering telehealth services as part of their practice shall generate and maintain medical records for each patient using such telehealth services in compliance with any applicable state and federal laws, rules, and regulations—including the health insurance portability and accountability act (HIPAA), and the health information technology for economic and clinical health act (HITECH). Such records shall be accessible to other providers and to the patient in accordance with applicable laws, rules, and regulations.
8. A provider of telehealth services must demonstrate the ability to provide for follow-up care or to provide information to patients who make use of such services.

9. The provider must demonstrate the ability to electronically transfer any medical records generated as a result of the telemedicine interaction to any provider requesting the records within a reasonable timeframe—defined as allowing for timely care of any patient seen by the requesting provider.
10. Must use HIPAA and ADA compliant platforms.
11. Provider or online service does NOT maintain or direct a preferred relationship with any pharmacy.
12. Remote patient monitoring must have medically appropriate protocols and escalation pathways and 24/7 response capabilities.
13. Wearable devices must be FDA approved as medically approved equipment and approved by Select Health. They must be used for medically appropriate reasons and the Biometrics should be electronically transmitted.
14. All Select Health medical policies, benefits, and guidelines will apply to telehealth services.
15. A provider must have documentation in the chart indicating services are done via telehealth and by what mechanism the services are conducted.

Guidelines for certain prescription drugs:

- Initial prescriptions for Vicodin, OxyContin, Adderall, and Ritalin, must result from an in-person visit with a provider; only refills after the initial prescription will be allowed via telehealth
- Initial prescriptions for Codeine, Xanax, Ambien, and Buprenorphine, may result from a telehealth consultation with a provider; however, an in-person visit will be required for a refill

Accepted modifiers for telehealth services provided by an approved provider(s) include the following:

- GT – Via interactive audio and video telecommunication systems
- 95 – Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System (preferred)
- GQ – Via asynchronous telecommunications system
- GO – Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke
- FQ – The service was furnished using audio-only communication technology
- FR – The supervising practitioner was present through two-way, audio/video communication technology
- 93 – Synchronous Telemedicine Service Rendered Via Telephone or other real-time interactive audio-only telecommunications system. Note: (This will not be covered as the telehealth visit should be billed with the telephonic or audio-only code for the service rather than an office visit with the modifier.)

Appropriate Place of Service for Telehealth:

- 02 – Telehealth provided other than in patient's home
- 10 – Telehealth provided in patient's home

Select Health does NOT cover the following services, including, but not limited to, as telehealth/telemedicine services:

1. Facsimile transmission
2. Equipment, installation, or maintenance of any telecommunication devices or systems

3. Software or other applications for management of acute or chronic disease
4. Store and forward telecommunication (transferring data from one site to another using a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation)
5. Provider-initiated digital communication (including email or provider portal)
6. Appointment scheduling
7. For only refilling existing prescriptions
8. Scheduling diagnostic tests
9. Reporting normal test results
10. Updating patient information
11. Providing educational materials
12. Brief follow-up of a medical procedure to confirm stability of the patient's condition without indication of complication or new condition.
13. A service that would similarly not be charged for in a regular office visit
14. Reminders of scheduled office visits
15. Requests for a referral
16. Consultative message exchanges with an individual who is seen in the provider's office immediately afterward based on coding guidelines
17. Clarification of simple instructions
18. Non-licensed provider interactions (office staff)
19. Virtual services related to prescriptions, related to non-covered services, or complementary and alternative medicine

Note: Self-funded plans can develop their own coverage criteria and policies, and may opt out of coverage of these services.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Coverage is determined by the applicable Medicaid program; if the state in which the services are provided has no published coverage position the Select Health Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website <http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)

Summary of Medical Information

Telehealth includes a wide range of technologies used to fulfill many functions in healthcare for patients with a variety of clinical conditions. There are varying definitions of telehealth as outlined above, but for many, telehealth is defined as the use of information and telecommunications technology in healthcare delivery for a specific patient involving a provider across distance or time. Various types of telehealth interventions have been evaluated in thousands of research studies and hundreds of systematic reviews.

The vast size of the literature and the variations in how the literature has been collected, evaluated, and synthesized make it challenging to determine what is known about the effectiveness of telehealth for specific purposes and what questions remain unanswered.

A technology brief completed by the Agency on Health Research and Quality (AHRQ) published in June 2016 summarizes the current state of the evidence pertaining to telehealth. This technology brief identified 1,494 citations about telehealth, from which 58 systematic reviews that qualified for inclusion in the report. A large volume of research reported that telehealth interventions produce positive outcomes when used for remote patient monitoring, broadly defined, for several chronic conditions and for psychotherapy as part of behavioral health. The report noted the most consistent benefit has been reported when telehealth is used for communication and counseling or remote monitoring in chronic conditions such as cardiovascular and respiratory disease, with improvements in outcomes such as mortality, quality of life, and reductions in hospital admissions. It was suggested topics with an evidence base that could be the focus of future systematic reviews include telehealth for consultation, uses in intensive care units, and applications in maternal and child health.

The report identified topics with a limited evidence base such as telehealth for triage in urgent/primary care, management of serious pediatric conditions, patient outcomes for teledermatology, and the integration of behavioral and physical health that may be best addressed by additional primary research. Finally, the report concluded telehealth research should be integrated into evaluation of new models of care and payment so that the potential of telehealth can be assessed across the continuum of care in organizations that are implementing these reforms.

Key messages from this Technical Brief were:

- There is insufficient evidence to support the effectiveness of telehealth for specific uses with some types of patients including remote patient monitoring with chronic conditions, communication and counseling for patients with chronic conditions, and psychotherapy as part of behavioral health.

For these telehealth applications, the research focus should shift to how to promote broader implementation and address barriers:

- Additional systematic reviews may be helpful for some topics, such as consultation and maternal and child health, where primary studies are available, but these have not been synthesized.
- For other uses, such as triage for urgent care, telehealth is cited as offering value but limited primary evidence was identified, suggesting more studies are needed.
- Future research also should assess the use and impact of telehealth in new healthcare organizational and payment models.

Applicable Codes

CPT CODES

As the list of CPT codes approved for Telehealth services is dynamic and subject to change, please contact Select Health for the most updated list of approved CPT codes.

HCPCS Codes	Descriptions
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
H0004	Behavioral health counseling and therapy, per 15 minutes
Modifiers	
02	Telehealth

95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
GT	Via interactive audio and video telecommunication systems
Non-covered services	
GQ	Via asynchronous telecommunications system

Sources

1. AHRQ Technical Brief Number 26 - Telehealth: Mapping the Evidence for Patient Outcomes From Systematic Reviews. AHRQ Publication No. 16-EHC034-EF June 2016.
2. Center for Connected Health Policy. The National Telehealth Resource Center. Access on 12/26/16. <http://www.cchpca.org/about-cchp>
3. Federation of State Medical Boards. Model Policy on Telemedicine. Access on 12/26/16. https://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/FSMB_Telemedicine_Policy.pdf
4. Health Resources Services Administration. "Telehealth."
5. Idaho Telehealth Access Act of 2015.
6. The Current State of Telehealth Evidence: Rapid Review. Health Aff. (Millwood). 2018 Dec; (12):1975–1982.
7. World Health Organization. Report on Second Global Survey on eHealth, 2010.

Revision History

Revision Date	Summary of Changes
3/2/23	For Commercial Plan Policy, added the following guidelines: "Guidelines for certain prescription drugs: - Initial prescriptions for Vicodin, OxyContin, Adderall, and Ritalin, must result from an in-person visit with a provider; only refills after the initial prescription will be allowed via telehealth - Initial prescriptions for Codeine, Xanax, Ambien, and Buprenorphine, may result from a telehealth consultation with a provider; however, an in-person visit will be required for a refill."
10/1/24	For Commercial Plan Policy, added the following clarifying language: "Effective 1/1/2024, telehealth services billed with the place of service 02 will be reimbursed at the facility site of service differential and according to the Medicaid or Medicare fee schedules as appropriate. Telehealth services billed with the place of service 10 will be reimbursed at the non-facility site of service differential and according to the Medicaid or Medicare fee schedules as appropriate."

Disclaimer

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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