



| Telemedicine and Direct Patient Contact |   |
|---|---|
| Policy Type:                            | Revised   |
| Applies to:                             | <ul style="list-style-type: none"><li>All Medical Products (including Commercial &amp; Medicare)</li><li>All participating and nonparticipating physicians, facilities, and other qualified health care professionals</li></ul> |
| Policy Implementation:                  | Date of Service   |
| Policy Revision Date:                   | <a href="#">Click Here</a>  |
| 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   |
|---------------------------------------|--|
| <b>Asynchronous Telecommunication</b> | 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](#)  
[Telemedicine for Medicare Advantage Plans](#)  
[Direct Patient Contact](#)  
[Telehealth Transmission Fees](#)  
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[List of Eligible CPT/HCPS for two-way,synchronous](#)

**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](http://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 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. HCPCS codes Q3014 and T1014

### 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 psychotherapy  | 90846, 90847                             |



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| 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                  |
| Interrogation device evaluations, up to 30 days; cardiac monitor system   | 93298, 93299                                |
| Medical genetics and genetic counseling services  | 96040                                       |
| Neurobehavioral status examination  | 96116                                       |
| Individual and group health and behavior assessment and intervention  | 96150 – 96154                               |
| 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 30 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<sup>SM</sup> 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<sup>SM</sup> Plans.
- Effective 05/01/12: Exception removed from Direct Patient Contact Policy to allow payment when precertified.