**MEDICAL POLICY**

**MEDICAL POLICY DETAILS**

<table>
<thead>
<tr>
<th>Medical Policy Title</th>
<th>TELEMEDICINE and TELEHEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number</td>
<td>1.01.49</td>
</tr>
<tr>
<td>Category</td>
<td>Miscellaneous</td>
</tr>
<tr>
<td>Effective Date</td>
<td>06/22/06</td>
</tr>
<tr>
<td>Revised Date</td>
<td>06/28/07, 06/26/08, 12/08/11, 04/26/12, 08/23/12, 10/25/12, 08/22/13, 08/28/14, 10/28/15, 10/27/16, 12/14/17, 12/13/18, 04/24/19, 08/22/19</td>
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<tr>
<td>Archived Date</td>
<td>06/25/09-12/08/11</td>
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<tr>
<td>Edited Date</td>
<td>08/27/09, 08/26/10</td>
</tr>
</tbody>
</table>

**Product Disclaimer**

- If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.
- If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.
- If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

**MEDICARE ADVANTAGE MEMBERS are covered for Telemedicine under the Supplemental benefit of remote access technologies which provides the same benefits as commercial policies**

**Additional coverage for MEDICAID MANAGED CARE/HARP MEMBERS is addressed at the end of this document**

**POLICY STATEMENT**

I. The Health Plan offers telemedicine services, including services via a telemedicine vendor, in accordance with the member’s subscriber contract.

II. When telemedicine vendor program providers are *not utilized* the following criteria will apply.

A. Originating and Distant Site defined:

   1. An “originating site” is where the **patient is located** at the time the service is being furnished via a Health Insurance Portability and Accountability Act (HIPAA) compliant telecommunications system; such as, but not limited to, a practitioner’s office, a hospital, a health clinic, a skilled nursing facility within the state of New York, an adult care facility, elementary and secondary schools within the state of New York, school-age child care programs within the state of New York, child day care centers located within the state of New York, or the patient’s home located within the state of New York or other temporary location located within or outside the state of New York.

   2. A “distant site” is where the **practitioner providing the professional service is located** at the time the service is provided via a HIPAA compliant telecommunications system.

B. Based upon our criteria, the following telemedicine and telehealth services using a synchronous (real-time) telecommunications system to substitute for an in-person encounter are considered **medically appropriate** when services are telecommunicated from an originating site to a distant site, when the patient is present and participating in the visit, and when benefits are available in accordance with the member’s subscriber contract:

   1. Consultations,
   2. Initial or follow-up inpatient telehealth consultations,
   3. Office or other outpatient visits,
   4. Subsequent hospital or skilled nursing facility care services (with the limitation of one telehealth visit every 3 days),
   5. Individual psychotherapy or psychiatric diagnostic interview examination,

_Proprietary Information of Excellus Health Plan, Inc._
C. Based on our criteria, the use of asynchronous (e.g., store and forward) telecommunication systems are considered medically appropriate in accordance with the criteria listed in Policy Statement II when:

1. The use of the telecommunication system addresses a care access issue within the designated population; and

2. The medical literature on the use of the asynchronous technology has demonstrated favorable impacts on health outcomes for a specific patient population (e.g., acute illnesses in the pediatric age group); and

3. The telecommunication system is capable of providing clear audio and video communication with a digital camera with attachments designed to capture pertinent clinical findings such as ear, nose, throat skin, eyes and electronic stethoscope; and

4. The clinical evaluation must occur and be communicated back to the patient within the same business day.

D. Based on our criteria, when the originating site is a personal originating site (e.g., the patient’s home or worksite), subsequent ongoing care by a provider for long distance relationships, is considered medically appropriate only if there are arrangements for handling emergency situations locally that are consistent with established local care practice.

E. Based upon our criteria and review of the peer-reviewed literature, telemonitoring home care services, including equipment and related professional services (patient training, interpretation of data, and consultation with the patient) are not medically necessary.

F. For Medicaid Managed Care members, telemedicine via audio-only telephone communication, facsimile machines, or electronic messaging alone, is not covered under telehealth.

POLICY GUIDELINES

I. In accordance with New York State regulations, for new or renewing commercial policies on or after January 1, 2016, coverage may not be excluded for services delivered via telehealth. Coverage may be subject to member cost-sharing, as long as it is at least as favorable to the member as the cost-sharing established for the same service when not delivered via telehealth. Coverage may also be subject to reasonable utilization management and quality assurance requirements that are consistent with those established for the same service when not delivered via telehealth.

II. Refer to the member’s subscriber contract for specific contract benefits and limitations, including member deductibles and co-payments for services rendered.

III. The patient must provide consent, prior to the telecommunication services being rendered, acknowledging the service will be considered as an evaluation and management service by the practitioner.

IV. The clinical/distant site must develop a process for obtaining co-payments and deductibles, where applicable per member contract.

V. Providers rendering telemedicine services must verify with the Health Plan that they utilize HIPAA compliant telecommunication systems/devices. For example, the Health Plan does not consider the following telecommunication systems HIPAA compliant, including but not limited to, FaceTime, Skype, texting, and social media.

DESCRIPTION

Telehealth, telemedicine and telemonitoring all utilize interactive telecommunication in order to provide designated services.

“Telehealth” includes a broad range of electronic information and communication technologies that support and promote long-distance health care services by a health care provider which includes the assessment, diagnosis, consultation,
treatment, education, care management and/or self-management of a patient. Telehealth health care is not delivered by means of facsimile machines or electronic messaging alone, although these technologies can be used if combined with telemedicine, store and forward technology, or remote patient monitoring. Telehealth offers a convenient way for a health care provider to deliver health care services without having to worry about the logistics of travel.

"Telemedicine" is a subset of telehealth that uses interactive telecommunication devices between a patient and a healthcare professional for the purpose of delivering clinical health care services that include assessment, diagnosis and treatment of the patient. Interactive telecommunication devices consist of equipment capable of transmitting two-way, real-time (synchronous) communications between a patient (originating site) and healthcare professional (distant site). Telemedicine can offer a convenient method of delivering healthcare to patients in rural or underserved areas that may otherwise have limited or no access to the healthcare professionals they need.

"Store and forward technology" means the asynchronous, electronic transmission of a patient's health information in the form of patient-specific digital images and/or pre-recorded videos from a provider at an originating site to a telehealth provider at a distant site.

"Remote patient monitoring" (Telemonitoring), is the use of synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a patient at an originating site that is transmitted to a telehealth provider at a distant site for use in the treatment and management of medical conditions that require frequent monitoring (such as blood pressure checks, weight checks via a telescale). Such conditions include, but are not limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding. Remote patient monitoring shall be ordered by a physician licensed pursuant to article one hundred thirty-one of the education law, a nurse practitioner licensed pursuant to article one hundred thirty-nine of the education law, or a midwife licensed pursuant to article one hundred forty of the education law, with which the patient has a substantial and ongoing relationship.

There are numerous types of telemedicine, telehealth and remote patient monitoring (telemonitoring) services available with additional services that are emerging or under development. These services include, but are not be limited to:
I. Healthcare visits which encompass e-visits, telephone visits, web visits (including post-surgical follow-up visits) and kiosk care such as onsite or employer-based clinic services.
II. Diagnostics which include remote diagnostic services such as tele-radiology, tele-pathology and tele-echocardiography.
III. Disease and chronic conditions management services (e.g., patients with CHF, diabetes, needing tele-mental health, tele-physical rehabilitation or therapy).
IV. Remote healthcare professional coverage for rural and underserved areas, as well as access to consultations with medical specialists or experts that are out of the service area and remote critical care monitoring (e-ICU) for patients in hospitals.
V. Mobile healthcare delivery through smart phone applications promoting health, patient medication compliance and allowing the transfer of medical data and images.
VI. Electronic messaging through the use of emails and texting between a patient and a clinician which may include medication reminders and medical appointment reminders.

**CODES**

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).
THE FOLLOWING CODES ARE SPECIFIC TO TELEMEDICINE/TELEHEALTH:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0071</td>
<td>Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only</td>
</tr>
<tr>
<td>G0406-G0408</td>
<td>Follow-up inpatient telehealth consultation (code range)</td>
</tr>
<tr>
<td>G0425-G0427</td>
<td>Emergency department or initial inpatient telehealth consultation (code range)</td>
</tr>
<tr>
<td>G0459</td>
<td>Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy</td>
</tr>
<tr>
<td>G0508</td>
<td>Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth</td>
</tr>
<tr>
<td>G0509</td>
<td>Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth</td>
</tr>
<tr>
<td>G2010</td>
<td>Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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</td>
</tr>
<tr>
<td>G2012</td>
<td>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 (effective 1/1/19)</td>
</tr>
<tr>
<td>G9868</td>
<td>Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, less than 10 minutes.</td>
</tr>
<tr>
<td>G9869</td>
<td>Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 10-20 minutes.</td>
</tr>
<tr>
<td>G9870</td>
<td>Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 20 or more minutes.</td>
</tr>
<tr>
<td>Q3014</td>
<td>Telehealth originating site facility fee</td>
</tr>
<tr>
<td>S9110 (NMN)</td>
<td>Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month</td>
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</table>
### CPT Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99441-99443</td>
<td>Telephone evaluation and management service by a physician or other qualified healthcare 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 (code range)</td>
</tr>
<tr>
<td>99444</td>
<td>Online evaluation and management service provided by a physician or other qualified healthcare professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network</td>
</tr>
<tr>
<td>98966-98968</td>
<td>Telephone assessment and management service provided by a qualified nonphysician healthcare 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 (code range)</td>
</tr>
<tr>
<td>98969</td>
<td>Online assessment and management service provided by a qualified nonphysician healthcare professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network</td>
</tr>
<tr>
<td>99091</td>
<td>Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days</td>
</tr>
</tbody>
</table>

**NOTE: THE FOLLOWING CODES ARE NOT SPECIFIC TO TELEMEDICINE/TELEHEALTH SERVICES AND SHOULD BE IDENTIFIED UTILIZING ONE THE FOLLOWING MODIFIERS IF USED FOR TELEMEDINE/TELEHEALH SERVICES:**

### Modifiers

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</table>
| 95   | **Synchronous** telemedicine service rendered via a real-time interactive audio and video telecommunications system  
Note: Refer to CPT Appendix P for codes for which modifier 95 may be used with. |
| GQ   | Via asynchronous telecommunications system                                                          |
| GT   | Via **interactive** audio and video telecommunications system                                      |
| G0   | Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke       |

### CPT Codes

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>90785</td>
<td>Interactive complexity</td>
</tr>
<tr>
<td>90791-90792</td>
<td>Psychiatric diagnostic evaluation (code range)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>90832-90838</td>
<td>Psychotherapy (code range)</td>
</tr>
<tr>
<td>90839-90840</td>
<td>Psychotherapy for crisis (code range)</td>
</tr>
<tr>
<td>90863</td>
<td>Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services</td>
</tr>
<tr>
<td>90951-90970</td>
<td>End-stage renal disease related services (code range)</td>
</tr>
<tr>
<td>94002-94005</td>
<td>Ventilator management (code range)</td>
</tr>
<tr>
<td>96040</td>
<td>Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family</td>
</tr>
<tr>
<td>96116</td>
<td>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist’s or physician’s time, both face-to-face time with the patient and time interpreting test results and preparing the report</td>
</tr>
<tr>
<td>96121</td>
<td>Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96132</td>
<td>Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour</td>
</tr>
<tr>
<td>96133</td>
<td>each additional hour (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96136</td>
<td>Psychological or neuropsychological test administration and scoring by physician or other qualified health professional, two or more tests, any method; first 30 minutes</td>
</tr>
<tr>
<td>96137</td>
<td>each additional 30 minutes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96138</td>
<td>Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes</td>
</tr>
<tr>
<td>96139</td>
<td>each additional 30 minutes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96146</td>
<td>Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only</td>
</tr>
<tr>
<td>96150-96155</td>
<td>Health and behavioral assessment or intervention (code range)</td>
</tr>
<tr>
<td>96160</td>
<td>Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument</td>
</tr>
<tr>
<td>96161</td>
<td>Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument</td>
</tr>
<tr>
<td>97802-97804</td>
<td>Medical nutrition therapy (code range)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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</tr>
<tr>
<td>98960-98962</td>
<td>Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) (code range)</td>
</tr>
<tr>
<td>99201-99205</td>
<td>Office or other outpatient visit, new (code range)</td>
</tr>
<tr>
<td>99211-99215</td>
<td>Office or other outpatient visit, established patient (code range)</td>
</tr>
<tr>
<td>99217</td>
<td>Observation care discharge day management</td>
</tr>
<tr>
<td>99218-99220</td>
<td>Initial observation care, new or established patient (code range)</td>
</tr>
<tr>
<td>99221-99223</td>
<td>Initial hospital care, new or established patient (code range)</td>
</tr>
<tr>
<td>99224-99226</td>
<td>Subsequent observation care (code range)</td>
</tr>
<tr>
<td>99231-99233</td>
<td>Subsequent hospital care (code range)</td>
</tr>
<tr>
<td>99234-99236</td>
<td>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date (code range)</td>
</tr>
<tr>
<td>99251-99255</td>
<td>Inpatient consultation, new or established patient (code range)</td>
</tr>
<tr>
<td>99291-99292</td>
<td>Critical care, evaluation and management of the critically ill or critically injured patient (code range)</td>
</tr>
<tr>
<td>99304-99306</td>
<td>Initial nursing facility care (code range)</td>
</tr>
<tr>
<td>99307-99310</td>
<td>Subsequent nursing facility care (code range)</td>
</tr>
<tr>
<td>99334-99337</td>
<td>Domiciliary or rest home visit for the evaluation and management of an established patient (code range)</td>
</tr>
<tr>
<td>99339-99340</td>
<td>Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month (code range)</td>
</tr>
<tr>
<td>99347-99350</td>
<td>Home visit for the evaluation and management of an established patient (code range)</td>
</tr>
<tr>
<td>99354-99355</td>
<td>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service (code range)</td>
</tr>
<tr>
<td>99356-99357</td>
<td>Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service (code range)</td>
</tr>
<tr>
<td>99358-99359</td>
<td>Prolonged evaluation and management service before and/or after direct patient care (code range)</td>
</tr>
<tr>
<td>99363-99364</td>
<td>Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests (code range)</td>
</tr>
<tr>
<td>99366</td>
<td>Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional</td>
</tr>
<tr>
<td>99374-99380</td>
<td>Care plan oversight services (code range)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>99381-99387</td>
<td>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient (code range)</td>
</tr>
<tr>
<td>99391-99397</td>
<td>Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient (code range)</td>
</tr>
<tr>
<td>99401-99404</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (code range)</td>
</tr>
<tr>
<td>99406-99407</td>
<td>Smoking and tobacco use cessation counseling visit (code range)</td>
</tr>
<tr>
<td>99408-99409</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services (code range)</td>
</tr>
<tr>
<td>99411-99412</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (code range)</td>
</tr>
<tr>
<td>99446-99449</td>
<td>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 (code range)</td>
</tr>
<tr>
<td>99451</td>
<td>Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient’s treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time</td>
</tr>
<tr>
<td>99452</td>
<td>Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes</td>
</tr>
<tr>
<td>99453</td>
<td>Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment</td>
</tr>
<tr>
<td>99454</td>
<td>device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days</td>
</tr>
<tr>
<td>99457</td>
<td>Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month</td>
</tr>
<tr>
<td>99462</td>
<td>Subsequent hospital care, per day, for evaluation and management of normal newborn</td>
</tr>
<tr>
<td>99469</td>
<td>Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger</td>
</tr>
<tr>
<td>99472</td>
<td>Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age</td>
</tr>
<tr>
<td>99476</td>
<td>Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age</td>
</tr>
<tr>
<td>99478</td>
<td>Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)</td>
</tr>
</tbody>
</table>
### Medical Policy: TELEMEDICINE and TELEHEALTH

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#### Code | Description
---|---
99479 | Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
99480 | Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
99487-99491 | Chronic and complex chronic care management services (code range)
99495-99496 | Transitional care management services (code range)
99497-99498 | Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional (code range)

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#### HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0108</td>
<td>Diabetes outpatient self-management training services, individual, per 30 minutes</td>
</tr>
<tr>
<td>G0109</td>
<td>Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes</td>
</tr>
<tr>
<td>G0270</td>
<td>Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes</td>
</tr>
<tr>
<td>G0271</td>
<td>Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes</td>
</tr>
<tr>
<td>G0296</td>
<td>Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)</td>
</tr>
<tr>
<td>G0396-G0397</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) (code range)</td>
</tr>
<tr>
<td>G0420-G0421</td>
<td>Face to face educational services related to the care of chronic kidney disease (code range)</td>
</tr>
<tr>
<td>G0442</td>
<td>Annual alcohol misuse screening, 15 minutes</td>
</tr>
<tr>
<td>G0443</td>
<td>Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</td>
</tr>
<tr>
<td>G0444</td>
<td>Annual depression misuse screening, 15 minutes</td>
</tr>
<tr>
<td>G0445</td>
<td>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; performed semi-annually, 30 minutes</td>
</tr>
<tr>
<td>G0446</td>
<td>Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes</td>
</tr>
<tr>
<td>G0447</td>
<td>Face-to-face behavioral counseling for obesity, 15 minutes</td>
</tr>
<tr>
<td>G0506</td>
<td>Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)</td>
</tr>
</tbody>
</table>

*Proprietary Information of Excellus Health Plan, Inc.*
Medical Policy: TELEMEDICINE and TELEHEALTH
Policy Number: 1.01.49
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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0513</td>
<td>Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)</td>
</tr>
<tr>
<td>G0514</td>
<td>Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)</td>
</tr>
</tbody>
</table>

**ICD10 Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Several</td>
<td>Several</td>
</tr>
</tbody>
</table>

**REFERENCES**


NYS Laws under categories PBH (Public Health) & ISC (Insurance) [http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:] accessed 11/8/18:

NYS Public Health Law § 2999-CC Definitions.

NYS Public Health Law § 2999-DD Telehealth delivery of services.

NYS Public Health Law § 3614 (3-c) Home telehealth.

NYS Insurance Law § 3217-H Telehealth delivery of services.

NYS Insurance Law § 4306-G Telehealth delivery of services.

*Proprietary Information of Excellus Health Plan, Inc.*


*Key Article

KEY WORDS
Telecare, Telehealth, Telemedicine, Telemonitor, Telephonic.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

**MEDICARE ADVANTAGE MEMBERS are covered for Telemedicine under the Supplemental benefit of remote access technologies using the criteria listed in the commercial medical policy above**

There currently is no National or Local Coverage Determination for Telemedicine and Telehealth Home Care Services. However, the Medicare Benefit Policy Manual addresses Telehealth Services and Use of Telehealth in Delivery of Home Health Services. Please refer to the following websites for Medicare Members:

Telehealth Services, Chapter 15 – Covered Medical and Other Health Services, Section 270: http://www.cms.gov/manuals/Downloads/bp102c15.pdf


Use of Telehealth in Delivery of Home Health Services, Chapter 7 – Home Health Services, Section 110: http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf

**ADDITIONAL NYS DEPARTMENT OF HEALTH (DOH) COVERAGE FOR MEDICAID MANAGED CARE/HARP MEMBERS FOR TELEHEALTH HOME CARE SERVICES**

The information contained in this section provides a synopsis of additional Medicaid Managed Care coverage. This coverage criteria does not apply to Essential Plan or Child Health Plus enrollees. If Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Effective September 1, 2009, home telehealth services are a covered Medicaid Managed care benefit when provided by Certified Home Health Agencies (CHHAs), long-term health care programs, and AIDS home care programs approved by the New York State Department of Health (DOH).

When the criteria listed in this portion of the medical policy are met the provision of telehealth home care services are eligible for coverage when provided to assist in the effective monitoring and management of patients whose medical, functional and/or environmental needs can be appropriately and cost-effectively met at home through the application of telehealth intervention. Such conditions and clinical circumstances shall include, but are not limited to, congestive heart failure, mental or behavioral problems limiting self-management, and technology-dependent care (e.g., continuous oxygen, ventilator care, total parenteral nutrition and enteral feeding).

I. A request for initial certification should be submitted to the Health Plan prior to initiation of services. Recertification will be required quarterly, with patient specific documentation and orders by a qualified practitioner, thereafter.

II. Only patients who qualify for home care services will be considered for telehealth home services.

III. Only patients whose risks are assessed in-person prior to the receipt of telehealth services will be eligible for reimbursement.

IV. The following documentation is required for consideration of benefits:

   A. Remote patient monitoring must be ordered by a physician, nurse practitioner or midwife; and

   B. Agencies are required to assess high-risk enrollees using a DOH approved patient risk assessment. The tool must incorporate such variables as whether an individual:

      1. Is at risk for hospitalization or emergency care visits; and
      2. Lives alone; and
      3. Has a documented history of or is at high risk of requiring nursing visits or interventions; and
      4. Has a history of non-compliance adhering to disease management recommendations; and
      5. Requires on-going symptom management related to dyspnea, fatigue, pain, edema or medication side effects or adverse effects; and
      6. Resides in a medically under-served, rural, or geographically inaccessible area; and
      7. Has difficulty traveling to and from home for medical appointments; and
      8. Has the functional ability to work with telehealth monitoring equipment, in terms of sight, hearing, manual dexterity, comprehension and ability to communicate.

V. Telehealth services account for daily variation in the intensity and complexity of the patients’ telehealth service needs. Rates shall include the following functions:

   A. Monitoring of patient vital signs; and
   B. Patient education; and
   C. Medication management; and
   D. Equipment management; and
   E. Review of patient trends and/or changes in patient condition necessitating professional intervention; and
   F. Such other activities as the NYS commissioner may deem necessary and appropriate to this section.

VI. The provider cannot bill for telehealth services provided to patients who have Medicare, commercial insurance or are insured through other payers, during the time period or episode of care in which the provider is billing or is being paid by another insurer.

**ADDITIONAL RESOURCES**

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