

MEDICAL POLICY



SUBJECT: TELEMEDICINE and TELEHEALTH	EFFECTIVE DATE: 06/22/06 REVISED DATE: 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 (ARCHIVED DATE: 06/25/09-12/08/11; EDITED DATE: 08/27/09, 08/26/10) PAGE: 1 OF: 10
POLICY NUMBER: 1.01.49 CATEGORY: Miscellaneous	
<ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i>• <i>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.</i>	

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

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, 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,
 6. Pharmacologic management,
 7. Individual and group medical nutrition education,
 8. Individual and group diabetes self-management training services.
 - 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 originating site must involve a health care professional (e.g., school nurse, trained and certified telemedicine technician) who initiates and manages the telecommunication services; and

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- 4. 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
 - 5. 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**.

POLICY GUIDELINES:

- I. Refer to the member’s subscriber contract for specific contract benefits and limitations, including member deductibles and co-payments for services rendered.
- II. 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.
- III. The clinical/distant site must develop a process for obtaining co-payments and deductibles, where applicable per member contract.
- IV. Providers rendering telemedicine services must verify with the Health Plan that they utilize HIPAA compliant telecommunication systems/devices.

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.

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"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.

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.

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CODES: Number Description

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:

<u>HCPCS:</u>	G0406-G0408	Follow-up inpatient telehealth consultation (code range)
	G0406-G0408	Follow-up inpatient telehealth consultation (code range)
	G0425-G0427	Emergency department or initial inpatient telehealth consultation (code range)
	G0425-G0427	Emergency department or initial inpatient telehealth consultation (code range)
	G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
	G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
	G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
	G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, less than 10-20 minutes. <i>(effective 1/1/18)</i>
	G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 10-20 minutes. <i>(effective 1/1/18)</i>
	G9870	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. <i>(effective 1/1/18)</i>
	Q3014	Telehealth originating site facility fee
	S9110 (NMN)	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month

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

<u>MODIFIERS:</u>	95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system (effective 1/1/17) 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

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<u>CPT:</u>	90785	Interactive complexity
	90791-90792	Psychiatric diagnostic evaluation (code range)
	90832-90838	Psychotherapy (code range)
	90839-90840	Psychotherapy for crisis (code range)
	90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
	90951-90970	End-stage renal disease related services (code range)
	94002-94005	Ventilator management (code range)
	96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
	96116	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
	96118-96119	Neuropsychological testing (code range)
	96150-96155	Health and behavioral assessment or intervention (code range)
	96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
	96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
	97802-97804	Medical nutrition therapy (code range)
	98960-98962	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)
	98966-98968	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 (code range)
	98969	Online assessment and management service provided by a qualified nonphysician health care 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
	99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)
	99090	Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)

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- 99091 Collection and interpretation of physiologic data (eg, 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
- 99201-99205 Office or other outpatient visit, new (code range)
- 99211-99215 Office or other outpatient visit, established patient (code range)
- 99217 Observation care discharge day management
- 99218-99220 Initial observation care, new or established patient (code range)
- 99221-99223 Initial hospital care, new or established patient (code range)
- 99224-99226 Subsequent observation care (code range)
- 99231-99233 Subsequent hospital care (code range)
- 99234-99236 Observation or inpatient hospital care (code range)
- 99251-99255 Inpatient consultation, new or established patient (code range)
- 99291-99292 Critical care, evaluation and management of the critically ill or critically injured patient (code range)
- 99304-99306 Initial nursing facility care, new or established patient (code range)
- 99307-99310 Subsequent nursing facility care (code range)
- 99334-99337 Domiciliary or rest home visit for the evaluation and management of an established patient (code range)
- 99339-99340 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)
- 99347-99350 Home visit for the evaluation and management of an established patient (code range)
- 99354-99355 Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service (code range)
- 99356-99357 Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service (code range)
- 99358-99359 Prolonged evaluation and management service before and/or after direct patient care (code range)
- 99363-99364 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)
- 99366 Medical team conference with interdisciplinary team of health care professionals,

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face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional

- 99374-99380 Care plan oversight services (code range)
- 99381-99387 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)
- 99391-99397 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)
- 99401-99404 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (code range)
- 99406-99407 Smoking and tobacco use cessation counseling visit (code range)
- 99408-99409 Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services (code range)
- 99411-99412 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (code range)
- 99441-99443 Telephone evaluation and management service 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 (code range)
- 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 or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network
- 99446-99449 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 (code range)
- 99462 Subsequent hospital care, per day, for evaluation and management of normal newborn
- 99469 Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
- 99472 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
- 99476 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
- 99478 Subsequent intensive care, per day, for the evaluation and management of the

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- recovering very low birth weight infant (present body weight less than 1500 grams)
- 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)
- 99487-99490 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:

- 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
- G0270 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
- G0271 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
- G0296 Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)
- G0396-G0397 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) (code range)
- G0420-G0421 Face to face educational services related to the care of chronic kidney disease (code range)
- G0442 Annual alcohol misuse screening, 15 minutes
- G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- G0444 Annual depression misuse screening, 15 minutes
- G0445 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
- G0446 Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
- G0447 Face-to-face behavioral counseling for obesity, 15 minutes
- G0506 Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care)

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management service)

ICD9: Several

ICD10: Several

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NYS Public Health Law § 2999-CC Definitions.

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

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

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

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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>

Medicare Payment for Telehealth Services Pub 100.04, Chapter 12, Section 190:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

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