



|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| <b>Payment Policy:</b> Telemedicine Policy   |                                     |                                  |
| <b>Original Date Approved:</b><br>3/13/2020  | <b>Effective Date</b><br>01/01/2020 | <b>Date Revised:</b><br>4/9/2020 |
| <b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines:<br><input checked="" type="checkbox"/> <u>Senior Care Options</u><br><input checked="" type="checkbox"/> <u>One Care</u> |                                     |                                  |

**PAYMENT POLICY SUMMARY:**

---

Telemedicine is defined as the use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. It does not include the use of audio-only telephone, fax machine, or email. Telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient at the originating site, and the physician at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes secure audio and video interaction that meets or exceeds HIPAA requirements.

**\*\*Please see COVID-19 payment policy for more information regarding the current public health emergency and the recent implementation of the Coronavirus Preparedness and Response Supplemental Appropriations Act which temporarily expands the services available to our members in order to ensure their safety by preventing unnecessary traveling which further reduces the spread of COVID-19\*\***

**REIMBURSEMENT REQUIREMENTS:**

---

Providers eligible to perform Telemedicine services: Physician, Nurse Practitioner, Physician Assistant, Nurse Midwife, Clinical Nurse Specialist, Clinical Psychologist, Clinical Social Worker, Registered Dietician or Nutrition Professional, and certain other qualified health care professionals.

Only providers who are within the scope of their practice to perform certain services and licensed within their respective state to perform and bill the corresponding face-to-face service will be reimbursed for the performance of Telemedicine services.

Documentation must support the service performed and must be retained in the patient's permanent medical record.

**REFERRAL/NOTIFICATION/PRIOR AUTHORIZATION REQUIREMENTS:**

---

Please review [Section 4: Provider Manual](#) for any Prior Authorization requirements.

**BILLING AND CODING GUIDELINES:**

The following modifiers/codes are recognized for reimbursement for Telemedicine services:

Appending modifiers below attests to the provider performing Synchronous Telemedicine services.

| Modifier | Description   |
|----------|---|
| 95       | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System |
| GT       | Via Audio & Video Telecommunications Systems  |
| G0       | Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke                      |
| GQ       | Via Asynchronous Telemedicine   |

**\*Modifier 95 must be appended**

**\*\*Full range of Evaluation and Management office visits 99201-99215 are payable during this Public Health Emergency COVID-19 in addition to Virtual Check-Ins and E-Visits. Please visit [COVID-19 Policy](#)\*\***

| Code   | Description   |
|--------|---|
| 99201* | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.   |
| 99211* | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.  |
| 99212* | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.                          |
| 99213* | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family. |
| G0406  | Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth  |

|              |   |
|--------------|---|
| <b>G0407</b> | Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth                   |
| <b>G0408</b> | Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth                        |
| <b>G0425</b> | Telehealth consultation, emergency department or initial inpatient, typically, 30 minutes communicating with the patient via telehealth               |
| <b>G0426</b> | Telehealth consultation, emergency department or initial inpatient, typically, 50 minutes communicating with the patient via telehealth               |
| <b>G0427</b> | Telehealth consultation, emergency department or initial inpatient, typically, 70 minutes communicating with the patient via telehealth               |
| <b>G0459</b> | Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy  |
| <b>G0508</b> | Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth    |
| <b>G0509</b> | Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth |

***\*\*Limited services in Appendix P of AMA CPT are reimbursed when appended with modifier 95. Non-covered Telemedicine services from Appendix P include but are not limited to: 98960, 98961, 98962, 99202-99205, 99214- 99215, 99241- 99245, 99251-99255, and 99354-99355. The above listed G codes are not billable by non-physician behavioral health providers.***

In addition to the above procedure codes, the following services are also covered as it pertains to behavioral health treatment. Community Health Centers, Community Mental Health Centers, and Outpatient Substance Use Disorder providers may deliver the following services via telehealth:

- All services specified in MassHealth Regulation 101 CMR 306.00 et seq.; and
- The outpatient services specified in the following categories of MassHealth Regulation 101 CMR 346.04
  - Opioid Treatment Services: Counseling
  - Ambulatory Services: Outpatient Counseling; Clinical Case Management; and
  - Services for Pregnant/Postpartum Clients: Outpatient Services

#### Additional Requirements for Telehealth Prescribing

A provider may prescribe medications via telehealth, in accordance with the following requirements:

- Prescribing of Schedule II controlled substances via telehealth only after conducting an initial in-person examination of the member
- In-person, ongoing examinations are required every three months for the duration of time that the provider is prescribing the Schedule II controlled substance to the member. An in-person ongoing examination conducted by a primary care provider may meet the requirement for ongoing examinations as long as the results of the examination are shared with the provider prescribing medication via telehealth.

Providers must comply with all applicable state and federal statutes and regulations governing medication management and prescribing services when delivering these services via telehealth.

Providers who deliver prescribing services via telehealth must maintain policies for provider providing patients with timely and accurate prescriptions by use of mail, phone, e-prescribing and/or fax. Providers must document prescriptions in the member's medical record consistent with in-person care.

## **RELATED SERVICE POLICIES:**

---

[Evaluation & Management](#)

## **DISCLAIMER:**

---

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

## **REFERENCES:**

---

[CMS Website](#)

[CCA Website](#)

Current Year American Medical Association CPT Manual

Current Year HCPCS Manual

## **POLICY TIMELINE DETAILS**

---

1. Drafted October 2019
2. Approved March 2020
3. Revised March 17<sup>th</sup> 2020 to reference COVID-19 temporary Telemedicine regulation changes
4. Revised April 9<sup>th</sup> 2020 to include further language to clarify Behavioral Health services