PROVIDER REIMBURSEMENT GUIDANCE			
Telemedicine Policy			
Original Date Approved	Effective Date Senior Care/One Care	Effective Date Medicare Advantage*	Revision Date
03/13/2020	04/23/2022	04/23/2022	03/23/2022

Scope: Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options (MA)
☒ One Care (MA)
☒ Medicare Preferred – (PPO) MA*
☒ Medicare Value - (PPO) MA*
☒ Medicare Preferred – (PPO) RI*
☒ Medicare Value - (PPO) RI*
☒ Medicare Maximum – (HMO DNSP) RI*

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 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 (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY) requirements.

Reimbursement Guidelines:

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.

Billing and Coding Guidelines:

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

Appending modifiers below attest 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, or treatment of symptoms of an acute stroke
GQ	Via asynchronous telemedicine
FQ	Service furnished using audio-only communication technology

*Services where modifier 95 is present must be appended

The Place of Service (POS), aligning with CMS CY 2022 descriptions, attests to the accurate place of service of the member:

Place of Service Code(s)	Place of Service Name	Place of Service Description
02	Telehealth Provided Other than in a patient's home	The location where health services and health related services are provided or received, through telecommunication technology. Patients are not located in their home when receiving health services or health related services through telecommunication technology.
10	Telehealth Provided in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

NOTE* For the latest Massachusetts-specific information, visit MassHealth, Coronavirus Disease 2019 (Covid-19). The latest Centers for Disease Control and Prevention guidance for health care professionals is available at www.cdc.gov/coronavirus/2019- ncov/hcp/index.html.

Procedure Codes	Description
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

G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
G0425	Telehealth consultation, emergency department or initial inpatient, typically, 30 minutes communicating with the patient via telehealth
G0426	Telehealth consultation, emergency department or initial inpatient, typically, 50 minutes communicating with the patient via telehealth
G0427	Telehealth consultation, emergency department or initial inpatient, typically, 70 minutes communicating with the patient via telehealth
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

NOTE**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.

Code	Description
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation with Medical Services
90832	Psychotherapy, 30 minutes with patient
+90833	Psychotherapy, 30 minutes with patient when performed with an evaluation & management service (List separately in addition to the code for the primary procedure)
90834	Psychotherapy, 45 min with patient
+90836	Psychotherapy, 45 minutes with patient when performed with an evaluation & management service (List separately in addition to the code for the primary procedure)
90837	Psychotherapy, 60 minutes with patient
+90838	Psychotherapy, 60 minutes with patient when performed with an evaluation & management service (List separately in addition to the code for the primary procedure)
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
+90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month

90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
92227	Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation, and report, unilateral or bilateral
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real-time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days: review and interpretation with report by a physician or other qualified health care professional
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring: transmission and analysis
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring: review and interpretation by a physician or other qualified health care professional
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, [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; first hour (excludes use of code for less than 31 minutes of time)
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-

	to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval 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 patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. 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 patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. 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. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the

	patient and/or caregiver within 2 business days of discharge medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge

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 if 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.

Virtual Check In's

Virtual-check ins must have consent obtained by the patient as well as patient initiation of the service:

Code	Description	Modality
G2012	Brief communication technology-based service (e.g., virtual check-in) by a physician, or other qualified health care professional who can report evaluation & management services, provided to an established patient, not related to a service within the previous seven days and not resulting in a visit within 24 hours. 5-10 minutes of medical discussion	Telephone, Audio/Video, Secure Text Messaging, Email, or Patient Portal.
G2010	Remote evaluation of recorded video and/or image(s) submitted by an established patient (e.g., store and forward) including interpretation with follow up with the patient within 24	Recorded video and/or image(s)

	business hours or soonest available appointment, not originating from a visit within the previous 7 days	
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a 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	Recorded video and/or image(s) ***DURING COVID-19 PHE (Public Health Emergency) THIS ALSO INCLUDES 99421-99423***

E-Visits

Established patients have the ability to engage in non-face-to-face patient-initiated communications with their doctors without traveling to their provider's office and communicating with their provider via Patient Portal. The patient must initiate and consent to the discussion, and communication may occur over a 7-day period.

Code	Description
99421	Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 21 or more minutes

Clinicians who may not bill independently evaluation & management services (ex: Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists) may report the following codes for E-Visits:

Code	Description
G2061	Qualified non-physician health care professional; Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes
G2062	Qualified non-physician health care professional; Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11-20 minutes
G2063	Qualified non-physician health care professional; Online digital evaluation & management service, for an established patient, for up to 7 days cumulative time during the 7 days; 21 or more minutes
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a 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
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time

	during the 7 days; 5-10 minutes
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Telephone Services

Telephone Services are defined by CPT as non-face-to-face Evaluation & Management (E&M) services provided to a patient using the telephone provided by a physician or other qualified health care professional, who may report E&M services.

Established patients can engage in non-face-to-face patient-initiated communications with their provider if the telephone service does not end with the patient being seen within the next 24 hours or next available urgent care appointment. If the telephone service is in reference to a service performed within the previous 7 days (either requested or unsolicited patient follow up) or within the post-operative period of a previously completed procedure, then the service is considered part of that procedure and not reported separately.

Below are the coding/billing guidelines for Telephone Services:

(FQHC's/RHC's should bill T1015 in addition to the qualifying visit 99441-99443 and 98966-98968. G2025 should be used for Distant Site Telehealth fees for FQHC's/RHC's).

Code	Description
99441	Telephone E&M services by a physician, or other qualified health care professional who can report evaluation & management services, provided to an established patient, not related to a service within the previous seven days and not resulting in a visit within 24 hours or soonest available appointment. 5-10 minutes of medical discussion.
99442	Telephone E&M services by a physician, or other qualified health care professional who can report evaluation & management services, provided to an established patient, not related to a service within the previous seven days and not resulting in a visit within 24 hours or soonest available appointment. 11-20 minutes of medical discussion.
99443	Telephone E&M services by a physician, or other qualified health care professional who can report evaluation & management services, provided to an established patient, not related to a service within the previous seven days and not resulting in a visit within 24 hours or soonest available appointment. 21-30 minutes of medical discussion.

Telephone services provided by a qualified non-physician health care professional (Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists):

Code	Description
98966	Telephone assessment and management services by a qualified non-physician professional provided to an established patient, not related to a service within the previous seven days and not resulting in an assessment and management service or procedure within 24 hours or soonest available appointment. 5-10 minutes of medical discussion
98967	Telephone assessment and management services by a qualified non-physician professional provided to an established patient, not related to a service within the previous seven days and not resulting in an assessment and management service or procedure within 24 hours or soonest available appointment. 11-20 minutes of medical discussion
98968	Telephone assessment and management services by a qualified non-physician professional provided to an established patient, not related to a service within the previous seven days and not resulting in an assessment and management service or procedure within 24 hours or soonest available appointment. 21-30 minutes of medical discussion

Per Mass Health guidance, certain LTSS (Long Term Services and Supports) services are eligible to be performed via Telemedicine/Telehealth. Please review the latest Provider Type bulletin updates for complete details. Review the Access to Health Services through Telehealth Options Provider Bulletin on Mass Health site at the reference section below.

Disclaimer Information

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, 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

- CCA Website
- CMS Website
- Telehealth Options Provider Bulletin
- Current Year American Medical Association CPT Manual
- Current Year HCPCS (Healthcare Common Procedure Coding System) Manual

Policy Timeline Details

1. Drafted October 2019
2. Approved March 2020
3. Revised March 17th, 2020, to reference COVID-19 temporary Telemedicine regulation changes
4. Revised April 9th, 2020, to include further language to clarify Behavioral Health services
5. Revised April 13th, 2020, due to the release of new COVID-19 regulations
6. Revised April 17th, 2020, due to the release of new COVID-19 regulations
7. Revised April 20th, 2020, due to the release of new COVID-19 regulations
8. Revised April 27th, 2020, due to the release of new COVID-19 regulations
9. Revised June 2nd, 2020, to include FQHC/RHC codes
10. Revised November 15, 2021
11. Revised March 2022, revised POS codes 02 & 01