



Medical Management Policy
Subject: Telehealth, Telemedicine
NOTE: This is a temporary medical policy , put in place related to COVID-19 pandemic.
Policy Number: 250-0042-1812
Effective Date: <u>Temporary Medical Policy</u>

Policy: Telehealth, Telemedicine (TEMPORARY Medical Policy)

Disclaimer: This policy does not constitute medical advice, plan authorization, an explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage and some plans may or may not provide coverage for all services listed in this policy. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Contact customer services as listed on the member card for specific plan, benefit, and network status information.

Medical Management policies are reviewed at least annually and are subject to change. The organization also uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG to assist in administering health benefits. This policy and MCG guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider. To obtain additional information about MCG, email medical.policies@wpsic.com.

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Description:

Telemedicine or Telehealth services or consultations are performed while the patient is located at an originating site and the licensed or certified eligible health care provider is located at a distant site.

Note: For the purposes of this policy, the terms Telehealth and Telemedicine are used interchangeably.

Definitions:

Interactive Telehealth: Real-time two-way interaction/encounter between a patient (at an eligible originating site) and a physician or other eligible provider (at a distant site) using a secure and HIPAA compliant interactive audio and visual telecommunication system.

Asynchronous Telecommunication (may also be referred to as store-and-forward telehealth): The storing and forwarding of medical information for review by a physician or other eligible provider at a distant site while the patient is not present.

Originating site: Physical location at which the *patient* is located during the time telehealth services are provided. Eligible originating sites include all of the following:

- Hospital (inpatient, outpatient or critical-access)
- Physician or healthcare practitioner office

- Skilled Nursing Facility (SNF)
- Renal dialysis center
- Home of patient with end stage renal disease (ESRD) who receives home dialysis
- Home of patient with mental health or substance abuse disorder
- Home of patient with a medical condition that can be evaluated via interactive audio or visual telecommunication system
- Community Mental Health Center (CMHC)
- Rural health clinic
- Federally qualified health center (FQHC)
- Mobile stroke unit
- Residential substance abuse treatment facility

Distant site: The physical location at which the physician or other eligible provider is located during the time telehealth services are provided.

Eligible providers: Must have a valid license (or certification) for the state in which the *patient* is physically located at the time telehealth services are provided. Eligible telehealth providers may only provide services that fall within the scope of practice of the specific license/certification.

Eligible providers include all of the following:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse Midwife
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist
- Registered Dietitian or nutrition professional
- Certified Genetic Counselor
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Speech Language Pathologist (SLP)
- Clinical Psychologist*
- Clinical Social Worker*
- Licensed Professional Counselor*

*Note: may not bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services.

Reimbursement Requirements:

- Telehealth services must be submitted with place of service 02 and appropriate corresponding modifier
- The provided interactive telehealth services should be reported/billed using the appropriate codes for in-person services
- Modifier GQ is used to indicate services performed via asynchronous telecommunication system
- Modifier GT is used to indicate services performed face-to-face via interactive audio and visual telecommunication system
- Modifier G0 is used to indicate services performed for the evaluation, diagnosis, or treatment of acute stroke

- Modifier 95 is used to indicate services performed via real-time interactive audio and visual telecommunication system
- Patient must be present and at an eligible originating site (as defined on pages 1 and 2) for services billed with modifier GT, G0, or 95
- Services provided must be medically necessary and appropriate for treatment via telehealth/telecommunication
- Appropriate documentation of provided telehealth services must be included in the patient medical record
- Servicing provider must meet definition of eligible provider (as defined on page 2 of this policy)
- Telecommunication system must be secure and HIPAA compliant

NOTE: Providers are responsible for accurately, completely, and legibly documenting the services performed.

NOTE: The billing office is expected to submit claims for services rendered using valid codes. Claims should be coded appropriately according to industry standard coding guidelines (including but not limited to AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative [CCI] Policy Manual, CCI table edits and other CMS guidelines).

NOTE: Fee determinations will be based on the applicable provider contract language and this policy. To the extent there are any conflicts between this policy and the member contract language, the member contract language will prevail.

The following are not eligible for reimbursement:

- Transmission fees
- Providing patient educational material or website charges for online patient education material

Policy Review History:

Implemented	This is a TEMPORARY policy effective 03/23/2020 to 05/31/2020; it may be extended at the discretion of the Health Plan
Medical Policy Committee Approval	TEMPORARY Medical Policy Approved by Medical Director 03/23/2020
Reviewed	
Developed	03/23/2020

Approved by the Medical Director

References:

1. CMS: Medicare Learning Network (MLN) Booklet, ICN 901705, Telehealth Services, January 2019. Available at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Telehealth-Services-Text-Only.pdf>.
 2. CMS: Covered Telehealth Services, CY 2019 and CY 2020 (Updated 11/01/19). Available at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.
 3. Center for Connected Health Policy (CCHP), Current State Laws and Reimbursement Policies. Available at: <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies#>.
 4. The American Telemedicine Association (ATA). See ATA resources at: <https://www.americantelemed.org/>.
 5. National Consortium of Telehealth Resource Centers (TRC). Available at: <https://www.telehealthresourcecenter.org/>.
 6. American Medical Association (AMA), Current Procedural Terminology (CPT®) codebook 2020
 7. CMS National Correct Coding Initiative (CCI) Policy Manual. See: <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd>. Policy manual, instructions, and other information available from this site.
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