MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

MP.065.MH – Telemedicine

This policy applies to the following lines of business:
- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers Telemedicine medically necessary for the following indications:

Real-Time Telemedicine
Services considered to be real-time telemedicine must include all of the following:
1. The member must be present at the originating site during time of the treatment or consultation;
2. All services provided must be medically necessary and appropriate;
3. The medical examination of the patient must be under the control of the consulting provider/specialist;
4. All transmissions must be made in keeping with the originating site's privacy, security, and technology standards.
5. Reasonable and appropriate peripheral examination tools are available and utilized.

Real-time telemedicine services include consultations, inpatient hospital, nursing facility, office and/or other outpatient care for any of but not limited to the following services:
- A. Endocrinology
- B. High risk OB
- C. Neo-natal
- D. Pharmacologic/patient medication management
- E. Telecardiology
- F. Psychiatry
- G. Pre and post-surgical care
- H. Teledermatology
- I. Telepathology
- J. Teleradiology
- K. Telestroke
- L. Trauma
- M. Wound care

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Asynchronous or Store-and-Forward Telemedicine

For store-and-forward telemedicine services all of the following are currently applicable:

1. Interpretation of covered lab, pathology, dermatology, ophthalmology, wound care and radiology services within 48 hours of receipt.
2. The practitioner at the interpretation site must be specialized in the field that the service is required.
3. All transmissions must be made in keeping with the originating site's privacy, security, and technology standards.
4. All transmissions must be made in keeping with the originating site's privacy, security, and technology standards.

Teledermatology

For teledermatology services all of the following are currently applicable:

1. Consults must be performed by board certified dermatologists with privileges for telemedicine at the affiliated hospitals, if inpatient.
2. Consultations must be done over approved HIPAA secure connections that provide secure archiving and backup of the information and images.
3. Repeat consults may not be billed within 48 hours of a prior consult.
4. Outpatient Teledermatology is limited to a maximum of three consults for outpatients - situations beyond this require face to face visits.
5. Subsequent visits after the first consult are considered as follow-up visits.
6. The following scenarios are excluded as they do not lend themselves to teledermatology:
   - Dermatoses of thick hair bearing skin e.g. scalp except in children under two years of age.
   - Total body skin examinations
   - Images of genitalia should be limited to lesion images only and not full field images.

Limitations

Limitations to telemedicine services include all of the following:

1. The service must be within a practitioner's scope of specialty practice and State law.
2. The practitioner at the distant site must be licensed to provide the service under State law and must have telemedicine privileges at both the originating and distant site per the Centers for Medicare & Medicaid Services (CMS) guidelines.
3. Telephones, facsimile machines and electronic mail systems or devices do not meet the requirements of interactive telecommunications systems (such as the interpretation of an EKG that has been transmitted via telephone).

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4. All claims for telemedicine services performed by the "originating site" facility provider must be billed using HCPCS code Q3014.
5. All claims for telemedicine services performed by a "distant site" provider must be submitted using the modifier- GT or –GQ along with the applicable CPT/HCPCS code.
6. Telemedicine services for the practice of dentistry are considered not medically necessary and not covered.

See Also:
PA.060.MH Outpatient/Mobile Real Time Cardiac Surveillance Systems

Background
The American Telemedicine Association defines telemedicine as the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Examples of telemedicine may include: primary care and specialist referral services, remote patient monitoring, interpretation of results (lab results, diagnostic imaging), consumer medical and health information, and medical education. Various providers can provide real-time telemedicine, including: physicians, nurse practitioners (NPs) and physician assistants (PAs).

The following facilities are eligible to be an originating site for telemedicine services:
- The office of a physician or practitioner
- A hospital, including a critical access hospital
- Emergency Department consultations with physician specialists (e.g. pediatric consultations in rural hospitals.)
- A clinic or rural health clinic
- Skilled nursing facility
- Community mental health center for physical health consultations and some behavioral consultations
- Hospital-based renal dialysis centers

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
90863	*Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services*
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of

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	nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits by a physician or other qualified health care professional per month
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month.
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month.
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month.
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month.
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month.
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
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), 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.*

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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
99201	*Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Usually, the presenting problems are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.*
99202	*Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Usually, the presenting problems are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.*
99203	*Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Usually, the presenting problems are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.*
99204	*Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Usually, the presenting problems are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.*
99205	*Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Usually, the presenting problems are of moderate to high severity. Physicians typically spend 60 minutes 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. Typically, the presenting problems 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 3 key components. Usually the presenting problems are self limited or minor. Physicians typically spend 10 minutes 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 3 key components. Usually*

	the presenting problems are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	*Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components. Usually the presenting problems are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.*
99215	*Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components. Usually the presenting problems are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.*
99231	*Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of 3 key components. Usually the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.*
99232	*Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of 3 key components. Usually the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.*
99233	*Subsequent hospital care, per day, for the evaluation and management of a patient, which requires 2 of 3 key components. Usually the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.*
99241	*Office consultation for a new or established patient which requires 3 key components. Usually the presenting problems are self-limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.*
99242	*Office consultation for a new or established patient , which requires 3 key components. Usually the presenting problems are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.*
99243	*Office consultation for a new or established patient, which requires 3 key components. Usually the presenting problems are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.*

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99244	*Office consultation for a new or established patient, which requires 3 key components. Usually the presenting problems are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.*
99245	*Office consultation for a new or established patient, which requires 3 key components. Usually the presenting problems are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.*
99251	*Inpatient consultation for a new or established patient, which requires 3 key components. Usually, the presenting problems are self-limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.*
99252	*Inpatient consultation for a new or established patient, which requires 3 key components. Usually, the presenting problems are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.*
99253	*Inpatient consultation for a new or established patient, which requires 3 key components. Usually, the presenting problems are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.*
99254	*Inpatient consultation for a new or established patient, which requires 3 key components. Usually, the presenting problems are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.*
99255	*Inpatient consultation for a new or established patient, which requires 3 key components. Usually, the presenting problems are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.*
99307	*Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of 3 key components. Usually, the patient is stable, recovering or improving. Physicians typically spend 10 minutes 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 2 of 3 key components. Usually the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.*

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99309	*Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires 2 of 3 key components. Usually the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes 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 2 of 3 key components. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.*
99354	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)
99355	Prolonged service 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 for prolonged service)
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
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
CPT Codes for Behavioral Health (Covered for Medical Assistance only)	
96150	*Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires); each 15 minutes face-to-face with the patient; initial assessment*

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96151	*Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires); each 15 minutes face-to-face with the patient; re-assessment*
96152	*Health and behavior intervention; each 15 minutes, face-to-face; individual*
96153	*Health and behavior intervention; each 15 minutes, face-to-face; group (2 or more patients)*
96154	*Health and behavior intervention; each 15 minutes, face-to-face; family (with the patient present)*
HCPCS codes covered if selection criteria are met (If Appropriate):	
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
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
G0406	*Follow-up inpatient telehealth consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth.*
G0407	*Follow-up inpatient telehealth consultation, intermediate, Physicians typically spend 25 minutes communicating with the patient via telehealth.*
G0408	*Follow-up inpatient telehealth consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth*
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour
G0425	*Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth.*

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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.*
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Annual depression screening, 15 minutes
G0445	High intensity behavioral counseling to prevent sexually transmitted infection, face-to-face, individual, includes education skills training & 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
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
Q3014	Telehealth originating site facility fee
T1014	*Telehealth transmission, per minute, professional services bill separately*
Modifiers	
GT	Interactive telecommunication
GQ	Telehealth – store and forward
GY	Item or service statutorily excluded does not meet the definition of any Medicare benefit
Medicare benefit (Appending both modifier GT and GY will allow tracking of telehealth services provided while indicating the payer's reimbursement criteria have not been met.)	

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Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of

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MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.