



Telehealth

<p>State(s):</p> <p><input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:</p>	<p>LOB(s):</p> <p><input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid</p>
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Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

This policy describes reimbursement for Telehealth services which occur when a qualified health care professional and member are not at the same site. This policy is meant to outline medical and behavioral telehealth services. Services regarding dental or other services are addressed in other policies.

General Guidelines and Information

- This is a general reference regarding PacificSource's reimbursement policy for the services described and is not intended to address every reimbursement situation.
- PacificSource recognizes federal and state mandates in regards to Telehealth and Telemedicine. Any terms not otherwise defined in this policy is directed by the federal and state mandates.
- Other factors affecting reimbursement may supplement, modify or supersede this policy which include, but are not limited to the following:
 - Legislative mandates
 - Provider contracts
 - Benefit and coverage documentation
 - Other medical or drug policies
- This policy may not be implemented exactly the same way as written due to system constraints and limitations, however, PacificSource will attempt to limit these discrepancies.

- Services are subject to medical necessity, evidence-based protocols, and member's eligibility and benefit at time of service.

Criteria

Commercial

Preauthorization to use a telehealth service is not required unless the service requires preauthorization when performed in-person.

Services must meet **all** of the following in order to qualify for coverage under the health plan:

- Limited to two-way real time video and phone communication as defined by state and/or federal mandates.
- Services must be medically necessary and eligible for coverage. Providers and originating site must be eligible for reimbursement.
- Telemedical video and telephonic communication and other consultation services are subject to all terms and conditions of the plan and member benefit.

Eligible Practitioners: PacificSource recognizes those practitioner types that are eligible for services in the healthcare setting as qualified health professionals eligible for reimbursement of appropriate services via telehealth.

Medicaid

PacificSource Medicaid follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR)s 410-130-0610, 410-146-0085, 410-147-0120, 410-172-0850 for coverage of Telehealth and Telemedicine services.

Medicare

PacificSource follows the Center for Medicare and Medicaid Services (CMS) for coverage of Telehealth and Telemedicine services. Please refer to CMS.gov for coverage criteria.

In addition to what is covered under CMS, PacificSource Medicare allows for Licensed Professional Counselors, Licensed Marital and Family Therapists, Licensed Clinical Professional Counselors, Licensed Mental Health Counselors, FQHC, RHC to be eligible practitioners for Tele-video and Telephonic Services as appropriate with state law.

Coding Information

Reimbursement Information:

- All Lines of Business
 - Telehealth visits will be subject to retrospective review, as appropriate
- Commercial Lines of Business

- Fees for originating site are ineligible for reimbursement

Claim Information:

- Place of Service (POS) code 02 on CMS HCFA 1500 form will be paid at non-facility RVU for Commercial and Medicaid lines of business and Facility RVU for Medicare line of business.
- Place of Service code 11 for telehealth claims is allowed but must be billed with either the GT or 95 modifier.
- Modifier GT or Modifier 95 and additional modifiers may be appended when appropriate to the CPT or HCPCS for telemedicine consultations.

All covered face to face services usually done in the office setting, including evaluation and management codes, are eligible to be performed via Tele-video and/or Telephone when criteria is met. Please see current AMA and CMS coding guidelines.

Telehealth Codes:

- 98966 Telephone assessment and management services provided by a qualified non-physician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management services or procedure within the next 24 hours or soonest available appointment: 5-10 minutes of medical discussion.
- 98967 11-20 minutes of medical discussion
- 98970 Qualified Nonphysician health care professional online digital evaluation and management service, for established patient for up to 7 days, cumulative
- 98971 Qualified Nonphysician health care professional online digital evaluation and management service, for established patient for up to 7 days, cumulative
- 98972 Qualified Nonphysician health care professional online digital evaluation and management service, for established patient for up to 7 days, cumulative
- 99091 Collection & Interpretation Physiologic Data,(e.g. ECG, blood pressure, glucose monitoring) digitally stored &/OR Transmitted, requiring a minimum of 30 minute of time, each 30 days
- 99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 5-10 minutes
- 99422 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 11-20 minutes
- 99423 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 21 or more minutes
- 99441 Telephone evaluation and management services provided by a physician 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: 5-10 minutes of medical discussion.

- 99442 11-20 minutes of medical discussion
- 99443 21-30 minutes of medical discussion
- 99446 Interprofessional telephone/Internet/EHR assessment and management service provided by consultative physician; 5-10 minutes
- 99447 Interprofessional telephone/Internet/EHR assessment and management service provided by consultative physician; 11-20 minutes
- 99448 Interprofessional telephone/Internet/EHR assessment and management service provided by consultative physician; 11-20 minutes
- 99449 Interprofessional telephone/Internet/EHR assessment and management service provided by consultative physician; >31 minutes
- 99451 Interprofessional telephone/Internet/EHR assessment and management service provided by consultative physician, incl written report to patient's treating physician, 5+ of med consultative time
- 99452 Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or QHC professional, 30 minutes
- 99453 Remote monitoring of physiologic parameter(s) (eg weight, blood pressure, pulse oximetry, respiratory flow rate) initial ; set-up and patient education on use of equipment
- 99454 Remote monitoring of physiologic parameter(s), initial device(s) supply with daily recordings(s) or programmed alert(s) transmission, each 30 days
- 99457 Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician time in a calendar month requires interactive communication with the patient/caregiver
- 99484 Behavioral health condition 20min clinical staff time per calendar month with required assessment/rating scales continuity of care with a designated member of the care team
- 99487 Complex Chronic Care Coordination Services; first hour with no face-to-face visit, per calendar month
- 99489 Complex Chronic Care Coordination Services; each additional 30 minutes, per calendar month
- 99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

- 99491 Chronic care management services, provided personally by a physician or other QHC professional, at least 30 minutes of physician or other QHC professional time
- 99492 Initial psychiatric collaborative care manager 70 min/1 month behavioral health care manager activities in consult with psychiatric consult & directed by treating physician other focused treatment strategies
- 99493 Subsequent psychiatric collaborative care 60 minutes subsequent month other treatment goals and are prepared for discharge from active treatment
- 99494 Int/subsequent psychiatric collaborative care manager, each additional 30 minutes/calendar month behavioral health care manager activities in consultation with a psychiatric consultant & directed by treating physician
- 99495 Transitional Care management Services, moderate complexity, within 14 calendar days
- 99499 Unlisted Evaluation & management Service
- G0406 Follow-up inpatient telehealth consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth (modifier GT--Via interactive audio and video telecommunications systems)
- 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 or more 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
- Q3014 Telehealth originating site facility fee (ineligible code for commercial)

Definitions

Telehealth or Telemedicine—refers to consultations with a qualified healthcare professional provided in real-time over an electronic mechanism. These services are rendered to patients using electronic communications such as secure email, patient portals and online audio and/or video conferencing.

E-visits –refers to communication between a patient and providers through an online patient portal or e-mail, not in real time. Email visits must meet the following criteria: The provider must use encrypted or authenticated email for online medical evaluation visits as described in current CMS criteria.

- Standard email is not acceptable, as it is not secure, has no "terms of use" or legal disclaimers in place to protect the patient or provider, and can easily expose patient PHI including email addresses and contents of consultation discussion to unintended third parties.

Virtual Check In – for established patients to have a brief communications with practitioners via telephone or other telecommunication devices to decide if an office visit or other services are needed.

Originating Site - The physical location of the patient receiving telemedical health services. Eligible originating sites are limited to:

- Office of a qualified health care professional
- A hospital (Inpatient or Outpatient)
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federal Qualified Health Center (FQHC)
- A hospital based or critical access hospital based renal dialysis center
 - Independent Renal Dialysis facilities are not eligible originating sites
- Skilled Nursing Facility (SNF)
- Mobile Stroke Unit
- Patient Home (Commercial and Medicaid)

Distant Site – The physical location of the eligible health care provider.

Oregon Medicaid: PacificSource Community Solutions (PCS) adheres to Oregon Health Authority (OHA) OAR 410-130-0610

- Participating providers must comply with Medicaid Network Access standards as outlined in OAR 410-141-3515

Appendix

Policy Number: [Policy Number]

Effective: 3/1/2020

Next review: 3/1/2021

Policy type: **Enterprise**

Depts: Health Services

Applicable regulation(s): ORS 743A.058

External entities affected: N/A