

## Telehealth and Telemedicine Policy, Professional

### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

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#### Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

#### Policy

##### Overview

This policy describes reimbursement for Telehealth and Telemedicine services, which occur when the Physician or Other Qualified Health Care Professional and the patient are not at the same site. Examples of such services are those that are delivered over the phone, via the Internet or using other communication devices. Note: For the purposes of this policy, the terms Telehealth and Telemedicine are used interchangeably.

##### Reimbursement Guidelines

UnitedHealthcare will consider for reimbursement Telehealth services which are recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifiers GT or GQ, or G0 (numeric zero, not alpha O) for telehealth services related to acute stroke, as well as services recognized by the AMA included in Appendix P of CPT and appended with modifier 95.

In addition, UnitedHealthcare recognizes certain additional services which can be effectively performed via Telehealth/Telemedicine. These services will be considered for reimbursement when reported with modifier GT or GQ:

- Medical genetics and genetic counseling services (code 96040)
- Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum (codes 98960-98962)
- Alcohol and/or substance abuse screening and brief intervention services (codes 99408-99409)

- Remote real-time interactive video-conferenced critical care evaluation and management of the critically ill or critically injured patient, use 99499

UnitedHealthcare requires one of the telehealth-associated modifiers (GT, GQ, G0 or 95) to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth.

UnitedHealthcare will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately. Coding relationships for modifier GQ and modifier 95 are administered through the UnitedHealthcare Procedure to Modifier Policy.

UnitedHealthcare recognizes the CMS-designated Originating Sites considered eligible for furnishing Telehealth services to a patient located in an Originating Site.

Examples of Originating Sites are listed below:

- The office of a physician or practitioner;
- A hospital (inpatient or outpatient);
- A critical access hospital (CAH);
- A rural health clinic (RHC);
- A federally qualified health center (FQHC);
- A hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE: Independent renal dialysis facilities are not eligible Originating Sites
- A skilled nursing facility (SNF); and
- A community mental health center (CMHC)
- Mobile Stroke Unit
- Patient home - only for monthly end stage renal, ESRD-related clinical assessments, and for purposes of treatment of a substance use disorder or a co-occurring mental health disorder.

UnitedHealthcare recognizes the CMS-designated practitioners eligible to be reimbursed for Telehealth services.

Examples of practitioners are listed below:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists

UnitedHealthcare recognizes but does not require Place of Service (POS) code 02 for reporting Telehealth services rendered by a physician or practitioner from a Distant Site. Modifiers GT, GQ, G0 or 95 are required instead to identify Telehealth services.

UnitedHealthcare recognizes federal and state mandates regarding Telehealth and Telemedicine.

<p><b>Telehealth Transmission</b></p> <p>UnitedHealthcare follows CMS guidelines which do not allow reimbursement for Telehealth transmission, per minute, professional services bill separately reported with HCPCS code T1014. They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered included in Telehealth services.</p>
<p><b>Telephone Services</b></p> <p>UnitedHealthcare follows CMS guidelines which do not allow reimbursement for telephone services which are non-face-to-face evaluation and management services by a Physician or Other Qualified Health Care Professional reported with CPT codes 98966-98968 or 99441-99443. They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered an integral part of other services provided.</p>
<p><b>Online Digital Evaluation and Management Services</b></p> <p>UnitedHealthcare aligns with CMS Physician Fee Schedule (PFS) guidelines and considers online digital evaluation and management services (99421-99423 and G2061-G2063) eligible for reimbursement. These codes must be reported according to the guidelines as outlined by the AMA in CPT.</p> <p>Note: Codes 98970-98972 are not eligible for reimbursement, according to the CMS PFS.</p>
<p><b>Interprofessional Telephone/Internet/Electronic Health Record Consultations</b></p> <p>UnitedHealthcare follows CMS guidelines and considers interprofessional telephone/Internet assessment and management services reported by consultative physicians with CPT codes 99446-99449 and 99451-99452 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).</p>
<p><b>Digitally Stored Data Services/Remote Physiologic Monitoring/Remote Physiologic Treatment Management</b></p> <p>UnitedHealthcare follows CMS guidelines and considers digitally stored data services or remote physiologic monitoring services reported with CPT codes 99453, 99454, 99457, 99458, 99473, 99474, and 99091 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).</p>
<p><b>Remote Evaluation of Recorded Video and/or Images</b></p> <p>UnitedHealthcare follows CMS guidelines and considers remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days reported with HCPCS codes G2010 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).</p>
<p><b>Brief Communication Technology-based Service</b></p> <p>UnitedHealthcare follows CMS guidelines and considers brief communication technology-based service, e.g., virtual check-in, by a Physician or Other Qualified Health Care Professional who can report evaluation and management services, provided to an established patient, 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 reported with HCPCS code G2012 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).</p>
<p><b>Opioid Use Disorder Treatment</b></p>

UnitedHealthcare follows CMS guidelines effective for services rendered on or after January 1, 2020, and considers office-based treatment for opioid use disorders, G2086-G2088, eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).



### Definitions

<b>Asynchronous Telecommunication</b>	Medical information is stored and forwarded to be reviewed at a later time by a physician or health care practitioner at a Distant Site. The medical information is reviewed without the patient being present. Also referred to as store-and-forward Telehealth or non-interactive telecommunication.
<b>Distant Site</b>	The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.
<b>Originating Site</b>	The location of a patient at the time the service being furnished via a telecommunications system occurs.
<b>Physician or Other Qualified Health Care Professional</b>	Per the CPT book, a Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
<b>Telehealth/Telemedicine</b>	Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.

### Questions and Answers

<b>1</b>	<p><b>Q:</b> How does UnitedHealthcare reimburse for phone calls to patients that are not associated with any other service? For example, a pediatrician receives a call from a mother at 2 A.M. regarding an asthmatic child having difficulty breathing. The physician is able to handle the situation over the phone without requiring the child to be seen in an emergency room. On what basis will the visit be denied?</p> <p><b>A:</b> UnitedHealthcare will not reimburse for these services (99441-99443 or 98966-98968), as they are considered included in the overall management of the patient.</p>
<b>2</b>	<p><b>Q:</b> A physician makes daily telephone calls to an unstable diabetic patient to check on the status of his condition. These services are in lieu of clinic visits. Will UnitedHealthcare reimburse the physician for these telephone services?</p> <p><b>A:</b> No, UnitedHealthcare will not reimburse telephone services (99441-99443 or 98966-98968), as they are considered included in the overall management of the patient.</p>
<b>3</b>	<p><b>Q:</b> What is the difference between Telehealth services and telephone calls?</p> <p><b>A:</b> Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology. Telephone calls, which are considered audio transmissions, per the CPT definition, are non-face-to-face evaluation and management (E/M) services provided to a patient using the telephone by a Physician or Other Qualified Health Care Professional, who may report evaluation and management services.</p>
<b>4</b>	<p><b>Q:</b> If a provider renders the professional component for a diagnostic service, at a Distant Site from the patient, should modifier GT be reported?</p> <p><b>A:</b> No. Modifier GT indicates a face-to-face encounter utilizing interactive audio-visual communication technology. Therefore, it is not appropriate to report modifier GT in this scenario since this does not represent a face-to-face encounter. However, use of modifier 26 would be appropriate to designate that the professional</p>

	component of the diagnostic service was provided. Please refer to the Professional/Technical Component Policy for more information.
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Attachments	
  <b>Codes Recognized with modifiers GT or GQ</b>	A list of codes that UnitedHealthcare recognizes when reported with modifier GT or GQ.
  <b>Codes Recognized with modifier 95</b>	A list of codes that UnitedHealthcare recognizes when reported with modifier 95.

Resources
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History	
<b>3/6/2020</b>	Annual Anniversary Date and Version Change Reimbursement Guidelines Section: Modifier and Place of Service tables removed and verbiage updated
<b>1/1/2020</b>	Policy Version Change Codes and Modifiers Section: Revised Online Evaluation and Management Evaluation codes, Interprofessional Telephone/Internet/Electronic Health Record Consultations, Digitally Stored Data Services/Remote Physiologic Monitoring/Remote Physiologic Treatment Management, Remote Evaluation of Recorded Video and/or Images, Brief Communication Technology-based Service and added Opioid Use Treatment Attachment Section: Codes Recognized with modifiers GT or GQ List and Codes Recognized with modifier 95 list updated History prior to 1/1/2018 archived
<b>10/1/2019</b>	Policy Version Change Attachment Section: Codes Recognized with modifiers GT or GQ List and Codes Recognized with modifier 95 list updated by removing 99241-99255 consultation services codes.
<b>7/01/2019</b>	Policy Version Change Codes and Modifiers Section: Clarification of GQ modifier and 95 modifier processing Added permissible conditions for home as an originating site

	Definition Section: Removal of Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions, Audio-Visual Communication Technology and removed capitalization throughout the policy Q&A #3: Added "audio transmission" to answer
<b>1/25/2019</b>	Policy Version Change Codes and Modifiers Section: Added 98960-98962, 99408, 99409 info back in Attachment Section: Codes Recognized with modifiers GT or GQ List updated
<b>1/1/2019 – 1/24/2019</b>	Policy Version Change Application Section: Removed Community and State and Medicare and Retirement information Reimbursement section: Added modifier G0, added originating sites and types of non-face-to-face services Definition section: Updated Telehealth/Telemedicine definition and Physician or Other Qualified Health Care Professional definition Removed previous Q&A #3. Updated definitions in current Q&A #3. Attachments Section: Lists updated. History prior to 1/1/2017 archived
<b>9/30/2018 – 12/31/2018</b>	Policy Version Change: Professional added to policy title Codes Recognized with Modifier GT list updated
<b>7/11/2018</b>	Annual Approval Date Change (no new version)
<b>4/17/2018 – 9/29/2018</b>	Policy Verbiage Change and Restructuring. New version. Policy List Change: Codes Recognized with Modifier 95 added
<b>1/1/2018 – 4/16/2018</b>	Annual Policy Version Change Policy List Change: Codes Recognized with Modifier GT list updated History Section: Entries prior to 1/1/2016 archived