

# PreferredOne

**DEPARTMENT:** Coding Reimbursement

**APPROVED DATE:**

**POLICY DESCRIPTION:** Telemedicine/Telehealth/Telecommunications/Televideo

**EFFECTIVE DATE:** 6-24-04

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**REPLACES POLICY DATED:**

**REFERENCE NUMBER:** P-30

**RETIRED DATE:**

Updated 8/14/09, 12/26/12, 7/11/13,  
2/24/17

**SCOPE:** Account Management, Coding, Customer Service, Legal, Medical Management, Finance, Claims, Underwriting, Network Management

**PURPOSE:** To provide coding guidelines for services related to telemedicine/telehealth/telecommunications/televideo (these terms are used interchangeably within the medical community. Policy infers and is applicable to all the different terms.)

**POLICY:** Member's health plan document will determine coverage if there are differences between this policy and the plan document.

PreferredOne will recommend reimbursement for telemedicine services only when provided by an interactive telecommunications system. Interactive audio and video telecommunications must be used, permitting real-time communication between the distant site physician or practitioner and the patient. The patient must be present and participating in the telehealth visit.

Allowed services for telemedicine reporting are listed in Appendix P of the CPT® Manual plus the codes on the CMS official Medicare-covered Telehealth Services List. All appropriate documentation guidelines must be followed and in the visit note.

Telemedicine services must be Health Insurance Portability and Accountability Act (HIPAA) compliant in addition to all applicable state and federal rules and regulations.

PreferredOne will recommend reimbursement for both the originating site (where the patient is located) and the distant practitioner performing the consultation or office visit.

The service should be reasonable and necessary, medically appropriate, and provided within the accepted standards of medical practice.

Providers must be licensed to provide the services for which they are billing, and all services are subject to post payment or pre payment verification.

Licensed health care provider (consulting provider) at the distant site who may furnish allowed telemedicine services:

- Physician (MD, DO, DMD, Podiatrist)
- Dentist
- Nurse Practitioner (NP, FNP, PNP, APRN)
- Physician Assistant (PA-C)
- Certified Nurse Midwife (CNM)
- Clinical Nurse Specialist (CNS)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical psychologist (LP, PhD, PsyD)
- Clinical social worker (CSW, MA, LICSW, LCSW)
- Registered Dieticians (RD)
- Pharmacists (PharmD)
- Physical, Occupational, or Speech Therapist
- Certified Genetic Counselor
- Audiologist

Telemedicine;

a. IS

- An alternative to the direct face-to-face visit between a provider and a member.
- Delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site.
- Provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.
- Patient initiated contact to a licensed health care provider at a distant site utilizing skype-like, secure, two-way interactive audio and visual communication via smartphone, tablet, PC, or other electronic communication device. Member is accountable for the security coverage.

b. IS NOT –

- A communication between licensed health care providers that consists solely of a telephone conversation, e-mail (e-visit), or facsimile transmission.
- A communication between a licensed health care provider and a member that consists solely of an e-mail (e-visit) or facsimile transmission.

- Provider initiated telephone call, e-mail (e-visit), or facsimile transmission to a member.
- Interprofessional telephone/Internet consultations
- Scheduling or result reporting of a test
- Prescription renewals or refills
- Referral requests
- Brief follow up from a recent visit in order to obtain status results or to clarify visit recommendations when no additional work up or change in treatment plan is medically necessary
- Appointment reminders
- Updating of patient demographics
- Patient initiated contact that results in the patient requiring a face-to-face visit in the clinic or facility
- Any service that would not be charged for in a regular office visit, i.e., provision of educational material.

**NON-COVERED:**

- Asynchronous “store and forward” technology (modifier GQ)

**PROCEDURE:**

Once the above criteria is met, all of the following components must be on the claim in order to be considered for reimbursement:

- a. Codes listed in Appendix P of the CPT® Manual plus the codes on the CMS official Medicare-covered Telehealth Services List.
- b. Originating site code Q3014 (Telehealth originating site facility fee), when applicable, on the appropriate claim form type, 837P (professional or CMS-1500) or 837I (institutional or UB04) or 837D (dental).
- c. When reported on an 837I, revenue code 0780 (Telemedicine) plus appropriate type of bill (TOB) indicating inpatient or outpatient service.

- d. Place of Service (POS) **02** (The location where health services and health related services are provided or received, through a telecommunication system), for the distant provider.
- e. Place of Service (POS) that represents the originating site, i.e., clinic, outpatient hospital, when code Q3014 is reported on claim form type 837P or 837D.
- f. An appropriate modifier:
  - i. For the 837P or 837I or 837D claim form type: **modifier 95** (Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system, for the distant provider (consulting provider)).
  - ii. For reporting of **Q3014** on the 837I, 837P or 837D for the originating site: **modifier GT** (Via interactive audio and video telecommunication systems).
  - iii. For the 837P or 837I or 837D claim form type: **modifier GQ** (Via asynchronous telecommunications system) when asynchronous services have been rendered by both the originating site and the distant provider.

NOTE: Separate policies exist for E-Visits (P-41) and Telephone Calls (P-42). Please refer to those policies for reporting criteria.

## DEFINITIONS:

1. Distant Site – a site, e.g., hospital, office/clinic, skilled nursing facility where the licensed health care provider is located at the time the service is provided.
2. Originating Site – including but not limited to, a health care facility at which a patient is located at the time health care services are provided by means of telemedicine.
3. Store-and-forward technology – transmission of a patient’s medical information from an originating site to a health care provider at a distant site without the patient being present, or the delivery of telemedicine that does not occur in real-time via synchronous transmissions.
4. Asynchronous Transmission - form of telemedicine that is not real-time and in which the distant site provider can review the communications from the originating site, without the patient being present.
5. Synchronous Transmission – real-time two-way, interactive audio and visual communications, including the application of secure video conferencing, with

the patient present and participating in the decisions regarding their health care.

6. Telemedicine/Telehealth – delivery of secure health care services or consultations while the member is at an originating site and licensed health care provider is at a distant site.

**Resources:**

Minnesota Telemedicine Act, sections 62A.67 – 62A.672  
Minnesota Administrative Uniformity Committee (MN AUC),  
Medical Code Technical Advisory Group (MCT) minutes  
Center for Medicaid and Medicare Services (CMS)