

TELEMEDICINE

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**Review Dates: 12/12, 12/13, 11/14, 11/15
Status: Current**

Summary of Changes

Clarifications:

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Deletions:

- Pg. 4, Section II, prior authorization requirement removed for telemonitoring.

Additions:

- Pg. 4, Section II, added a note under telemedicine indicating a psychiatric diagnostic evaluation or psychiatric diagnostic evaluation with medical services requires prior authorization for Priority Health Medicaid.

I. POLICY/CRITERIA

A. Evaluation, management and consultation services using synchronous technologies may be considered medically necessary when all of the following conditions apply:

1. The patient must be present at the time of consultation and
2. The consultation must take place via an interactive audio and/or video telecommunications system and the provider must be able to examine the patient in real-time. Interactive telecommunications systems must be multi-media communication that, at a minimum, include audio equipment permitting real-time consultation with the patient and the consulting practitioner and
3. A permanent record of telemedicine communications relevant to the ongoing medical care of the patient should be maintained as part of the patient's medical record and
4. Services delivered through a telemedicine modality shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located and
5. Appropriate informed consent is obtained which includes all of the information that applies to routine office visits as well as a description of the potential risks, consequences and benefits of telemedicine.

- B. Evaluation, management and consultation services using asynchronous technologies (any type of online patient-provider consultation where electronic information is exchanged involving the transmission via secure servers) may be covered when **all** of the criteria are met:
1. Services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located and
 2. The extent of services provided via telemedicine modality includes at least a problem focused history and straight forward medical decision making as defined by the CPT manual, and
 3. Services delivered via telemedicine modality should not be billed more than once within 7 days for the same episode of care or be related to an evaluation and management service performed within 7 days. E-visits billed within the post-operative period of a previously completed major or minor surgical procedure will be considered part of the global payment for the procedure and not paid separately.
- C. The following services are not covered as telemedicine services:
1. Facsimile transmission
 2. Installation or maintenance of any telecommunication devices or systems
 3. Software or other applications for management of acute or chronic disease
 4. Store and Forward telecommunication (transferring data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation)
 5. Provider-to-provider consultations when the member is not present
 6. Radiology interpretations
 7. Provider-initiated e-mail
 8. Appointment scheduling
 9. Refilling or renewing existing prescriptions without substantial change in clinical situation
 10. Scheduling diagnostic tests
 11. Reporting normal test results
 12. Updating patient information
 13. Providing educational materials
 14. Brief follow-up of a medical procedure to confirm stability of the patient's condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up
 15. Brief discussion to confirm stability of the patient's chronic condition without change in current treatment

16. When information is exchanged and further evaluation is required such that the patient is subsequently advised to seek face to face care within 48 hours
17. A service that would similarly not be charged for in a regular office visit
18. Reminders of scheduled office visits
19. Requests for a referral
20. Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
21. Clarification of simple instructions

Telemedicine services are subject to all terms and conditions of the Member's plan documents, including, but not limited to, required copayments, coinsurances, deductibles, and approved amount.

- D. Telemonitoring (the use of information technology to monitor patients at a distance) is a covered benefit for members who have a history of cardiac conditions including heart failure (HF) and hypertension, COPD, uncontrolled diabetes and:

1. Recent hospitalization(s) with a primary diagnosis of HF/COPD/CV conditions/Diabetes
2. A history of failing to adhere to their treatment plan and are at risk for an acute episode
3. Emergency Department visits in the recent past for treatment of cardiac conditions including heart failure and hypertension, COPD, and uncontrolled diabetes
4. The above conditions along with renal failure as defined as $GFR < 30$, hepatic failure or coronary disease that puts the patient at risk for myocardial function compromise
5. Major system co-morbid conditions that complicate their chronic disease status (i.e. heart failure, renal failure, diabetes and respiratory illness)

Patients **excluded** from telemonitoring include members who:

1. Refuse or are unwilling
2. Are unable to self-actuate or have no caregiver available to assist in use
3. Are enrolled in hospice services
4. Receive high frequency (greater than 3 times per week) clinical interventions

II. MEDICAL NECESSITY REVIEW**Telemedicine**

Required Not Required* Not Applicable

*Note: A psychiatric diagnostic evaluation or psychiatric diagnostic evaluation with medical services requires prior authorization for Priority Health Medicaid.

Telemonitoring

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Telemedicine is not a distinct medical specialty. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology to aid the delivery of clinical care.

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.” Telemedicine can be characterized as either synchronous or asynchronous. Synchronous telemedicine involves caregivers acquiring and acting upon information about a remote patient in near real-time, as in a two-way consult between a patient with their medical provider and a specialist at a distant site.

Asynchronous telemedicine or “store and forward” distance applications are delayed communications, such as those that transfer diagnostic images or video from one site to another for viewing (e.g., medical imaging data analyzed by a specialist at a later time).

V. CODING INFORMATION

TELEMEDICINE

ICD-9 Diagnosis Codes: *Not Specified see criteria*

CPT/HCPCS Codes:

- Q3014 Telehealth originating site facility fee
- 99441 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided 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 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided 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; 11-20 minutes of medical discussion
- 99443 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided 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; 21-30 minutes of medical discussion
- 99444 Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network (*Not covered for Priority Health Medicare*)

- Distant site services via telehealth -- append **modifier GT** to these codes*
- 90791 Psychiatric diagnostic evaluation (*Prior auth required for Priority Health Medicaid*)
 - 90792 Psychiatric diagnostic evaluation with medical services (*Prior auth required for Priority Health Medicaid*)
 - 90832 Psychotherapy, 30 minutes with patient and/or family member
 - 90834 Psychotherapy, 45 minutes with patient and/or family member
 - 90837 Psychotherapy, 60 minutes with patient and/or family member

 - 90833 Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
 - 90836 Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
 - 90838 Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

 - 90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure) (*Not payable for Priority Health Medicare & Medicaid*)

 - 99201 – 99215 Office-based evaluation and management services
 - 99231 – 99233 Subsequent hospital based evaluation and management services
 - 99241 – 99245 Outpatient Consultations (*Not billable for Priority Health Medicare*)
 - 99251 – 99255 Inpatient Consultations (*Not billable for Priority Health Medicare*)

 - 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

 - G0406 Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
 - G0407 Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
 - G0408 Follow-up inpatient consultation, complex, physicians typically spend 35 minutes 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 or more 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
- 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
- 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

TELEMONITORING

ICD-10 Codes that may support medical necessity:

- E10.10 – E10.9 Type 1 diabetes mellitus
- E11.00 – E11.9 Type 2 diabetes mellitus
- E13.00 – E13.9 Other specified diabetes mellitus

- I10 Essential (primary) hypertension
- I15.0 – I15.9 Secondary hypertension

- I50.1 – I50.9 Heart failure

- J44.0 – J44.9 Other chronic obstructive pulmonary disease

Revenue Codes:

- 0590 Home Health (HH) - General
(Report Rev Code ONLY (no CPT code) 1x only for combined payment of installation and removal of tele-monitoring device; Report with the following codes for designated service)

CPT/HCPCS Codes:

- S9110 Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month
(Report with Revenue code 0590 for ½ month monitoring)

- T5999 Supply, not otherwise specified
(Report with Revenue code 0590 for setup of “Smart Phone” application, initial coaching call, and first month monitoring)

- T2023 Targeted case management; per month
(Report with Revenue code 0590 for monthly “Smart Phone” monitoring starting with 2nd month)

VI. REFERENCES

AMA CPT Copyright Statement:

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