

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.065.MH  
Last Review Date: 07/09/2020  
Effective Date: 03/16/2020

### MP.065.MH – Telemedicine

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Telemedicine (Virtual Visits)** 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.

Note: To be eligible for payment, interactive audio and video telecommunications must be used. It must permit real time communications between the distant physician and the patient. As a condition of payment, the patient must be present and participating.

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

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
Last Review Date: 07/09/2019  
Effective Date: 03/16/2020

- J. Teleradiology
- K. Telestroke
- L. Trauma
- M. Wound care

### **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.

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH

Last Review Date: 07/09/2019

Effective Date: 03/16/2020

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).
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:

MP.075.MH- E-Visits

### 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

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
Last Review Date: 07/09/2019  
Effective Date: 03/16/2020

### Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
<b>CPT Codes</b>	
<b>The following codes should be reported with modifier 95 or GT:</b>	
90863	<i>Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services</i>
90951	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 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.

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
 Last Review Date: 07/09/2019  
 Effective Date: 03/16/2020

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	<i>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.</i>
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	<i>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.</i>
99202	<i>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.</i>
99203	<i>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.</i>
99204	<i>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.</i>
99205	<i>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.</i>

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
Last Review Date: 07/09/2019  
Effective Date: 03/16/2020

99211	<i>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.</i>
99212	<i>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.</i>
99213	<i>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.</i>
99214	<i>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.</i>
99215	<i>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.</i>
99231	<i>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.</i>
99232	<i>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.</i>
99233	<i>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.</i>
99241	<i>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.</i>

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
Last Review Date: 07/09/2019  
Effective Date: 03/16/2020

99242	<i>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.</i>
99243	<i>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.</i>
99244	<i>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.</i>
99245	<i>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.</i>
99251	<i>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.</i>
99252	<i>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.</i>
99253	<i>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.</i>
99254	<i>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.</i>
99255	<i>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.</i>

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
 Last Review Date: 07/09/2019  
 Effective Date: 03/16/2020

99307	<i>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.</i>
99308	<i>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.</i>
99309	<i>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.</i>
99310	<i>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.</i>
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



## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
 Last Review Date: 07/09/2019  
 Effective Date: 03/16/2020

	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
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluenc
92522	Evaluation speech production
92523	Speech sound lang comprehen
92524	Behavioral and qualitative analysis of voice and resonance
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
97110	Therapeutic exercises
97112	Neuromusulcar reeducation
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
 Last Review Date: 07/09/2019  
 Effective Date: 03/16/2020

	sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
97161	PT Eval low complex 20 min
97162	PT Eval mod complex 30 min
97164	PT re-eval est plan care
97165	OT eval low complex 30 min
97166	OT eval mod complen 45 min
97168	OT re-eval est plan care
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535	Self care mngment training
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
Last Review Date: 07/09/2019  
Effective Date: 03/16/2020

99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
 Last Review Date: 07/09/2019  
 Effective Date: 03/16/2020

	interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older
90964	Esrd home pt serv p mo 2-11
90966	Esrd home pt serv p mo 20+
90968	Esrd home pt serv p day 2-11
90970	Esrd home pt serv p day 20+
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
92507	Speech/hearing therapy
92526	Treatment of swallowing dysfunction and/or oral function for feeding
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring;

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
 Last Review Date: 07/09/2019  
 Effective Date: 03/16/2020

	includes transmission, review and interpretation by a physician or other qualified health care professional
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
99221	Initial hospital care
99222	Initial hospital care
99223	Initial hospital care
99341	Home visit new patient
99342	Home visit new patient

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
 Last Review Date: 07/09/2019  
 Effective Date: 03/16/2020

99343	Home visit new patient
99344	Home visit new patient
99345	Home visit new patient
99347	Home visit est patient
99348	Home visit est patient
99349	Home visit est patient
99350	Home visit est patient
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
S9443	Lactation classes, nonphysician provider, per session

**The following CPT codes should be reported with modifier GT:**

90965	Esrd home pt serv p mo 12-19
90967	Esrd home pt serv p day <2
90969	Esrd home pt serv p day 12-19
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt
99497	Advncd care plan 30 min
99498	Advncd are plan addl 30 min

**The following CPT codes should be reported without a modifier**

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
-------	--

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
 Last Review Date: 07/09/2019  
 Effective Date: 03/16/2020

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
<b>HCPCS codes covered if selection criteria are met (If Appropriate):</b>	
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	<i>Follow-up inpatient telehealth consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth.</i>
G0407	<i>Follow-up inpatient telehealth consultation, intermediate, Physicians typically spend 25 minutes communicating with the patient via telehealth.</i>
G0408	<i>Follow-up inpatient telehealth consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth</i>
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

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
 Last Review Date: 07/09/2019  
 Effective Date: 03/16/2020

G0425	<i>Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth.</i>
G0426	<i>Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth</i>
G0427	<i>Telehealth consultation, emergency department or initial inpatient, typically 70 minutes communicating with the patient via telehealth.</i>
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	<i>Telehealth transmission, per minute, professional services bill separately</i>
<b>Modifiers</b>	
95	Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System
GT	Interactive telecommunication
GQ	Telehealth – store and forward



## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
Last Review Date: 07/09/2019  
Effective Date: 03/16/2020

GY	Item or service statutorily excluded does not meet the definition of any Medicare benefit
----	---

### References

1. American Telemedicine Association. About Telemedicine 2018. <http://www.americantelemed.org/about/about-telemedicine>
2. American Telemedicine Association. Services Provided by Telemedicine. 2018. <http://www.americantelemed.org/main/about/about-telemedicine/services-provided-by-telehealth>
3. Centers for Medicare and Medicaid Services: MLN Matters MM7900- Expansion of Medicare telehealth services for calendar year (CY) 2013. Effective January 1, 2013. Revised February 13, 2013 <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7900.pdf>
4. Centers for Medicare and Medicaid Services: Telemedicine services in hospitals and critical access hospitals-Ref: S&C: 11-32-Hospital/CAH, Issued July 15, 2011. [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter11\\_32.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter11_32.pdf)
5. CMS Medicare Learning Network, *Rural Health Fact Sheet Series*. . Telehealth Services. ICN 91705 February 2018 <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>
6. Hayes News. Telemedicine Consultations Significantly Improve Pediatric Care in Rural EDs. August 9, 2013. Archived June 24, 2016.
7. Hayes Medical Technology Directory. Teledermatology for Diagnosis and Management of Skin Neoplasms. Annual Review April 17, 2015. Archived June 24, 2016.
8. Highmark Medicare Advantage Medical Policy. Section: CMS National Guidelines. Number N-60. Telemedicine/Telehealth Services Effective January 1, 2009. <http://www.msbcbs.com/medadvpolicy/N-60-001.html>
9. U.S. Department of Health and Human Services, Health Resources and Services Administration. Office for the Advancement for Telehealth. Telehealth Compendium. March 2018. [https://www.telehealthresourcecenter.org/wp-content/uploads/2018/07/HRSA-Telehealth-Compendium\\_March2018\\_v4.pdf](https://www.telehealthresourcecenter.org/wp-content/uploads/2018/07/HRSA-Telehealth-Compendium_March2018_v4.pdf)  
United States Government Printing Office. Code of Federal Regulations- Title 42 Section 410.78. December 2013. <http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol2/pdf/CFR-2011-title42-vol2-sec410-78.pdf>

## MP.065.MH – Telemedicine

Policy Number: MP.065.MH  
Last Review Date: 07/09/2019  
Effective Date: 03/16/2020

### **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 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.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.