Telehealth Services

I. Policy

University Health Alliance (UHA) will reimburse for Telehealth Services when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated in this policy.

II. Criteria/Guidelines

For the purpose of these guidelines, telehealth is the practice of healthcare delivery, diagnosis, consultation, treatment, and transfer of medical data, using interactive audio, video, or data communications.

A. Telehealth services are covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:

1. Telehealth services are provided by a licensed health care provider working within the scope of their practice.
2. Telehealth may be used to establish a health care provider-patient relationship when a provider has the appropriate license to practice.
3. The telehealth service is covered only if it would have been covered for an in-person encounter.
4. The telehealth services are provided through one of the following methods, including but not limited to:
   a. Real-time video conferencing-based communication;
   b. Secure interactive and non-interactive web-based communication; and
   c. Secure asynchronous information exchange to transmit patient medical information, including diagnostic quality digital images and laboratory results for medical interpretation and diagnosis.
5. Telehealth services must include a documented patient evaluation, including history and a discussion of physical symptoms adequate to establish a diagnosis and treatment plan. The documentation must be consistent with standards as defined by Current Procedural Terminology (CPT).

B. Telehealth services are covered (subject to Limitations and Administrative Guidelines) without geographic restrictions on a patient’s or health care provider’s location.

C. The use of a telehealth modality to prescribe controlled substances or medical marijuana is not covered.

D. For Procedural Services, the following definitions and guidelines apply:

1. For procedural services that are performed under the direction of the specialist/consultant, the physician who actually performs the service should bill using standard procedure codes. Benefits will be paid based on the fee schedule for the procedural service.
2. The specialist/consultant physician (who monitors the procedure and advises the attending physician via video) should bill for a consultation, not for the procedure. Plan benefits will be paid based on the fee schedule for the consultation.

E. For Emergency Room services, the following guidelines apply:
1. An emergency room physician may bill for a consultation if a physician in an outlying area requests a telemedicine consultation. Plan benefits will be paid based on the fee schedule for the consultation.

2. If the patient eventually is taken to the consulting physician’s emergency room for treatment, the physician may only bill for the resulting emergency room visit. The physician should not bill for both a telemedicine consultation and an emergency room visit for the same patient on the same date or for the same encounter.

NOTE:
This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations and Exclusions

A. Standard telephone calls, fax transmissions and email, in the absence of other integrated information and data, do not qualify as a telehealth benefit under UHA plans.

B. Issuing a prescription based solely on an online questionnaire does not constitute a telehealth service and is not covered.

C. The use of a telehealth modality to prescribe controlled substances or medical marijuana is not covered.

D. All plan provisions, exclusions, payment guidelines, and negotiated agreements required for in-person visits also apply to services delivered through telemedicine.

E. A physician shall not use telemedicine to establish a physician-patient relationship with a patient in the state of Hawaii without a license to practice medicine in Hawaii. Once a provider-patient relationship is established, a patient or physician licensed in the State may use telemedicine for any purpose, including consultation with a medical provider licensed in another state, authorized by this section, or as otherwise provided by law.

F. Reimbursement to the health professional delivering the clinical service is the same as the current fee scheduling amount for the service provided. Claims for reimbursement should be submitted with the appropriate CPT code or HCPCS code for the professional services provided and indicate the Place of Service (POS) for telehealth.

IV. Administrative Guidelines

A. Prior authorization is not required, however, services that require prior authorization when rendered in-person also require prior authorization when rendered via telehealth.

B. Documentation supporting the medical necessity should be legible, maintained in the patient’s medical record and must be made available to UHA upon request. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.
C. All telehealth services provided must be consistent with all federal and state privacy, security, and confidentiality laws, and all state and federal laws governing telehealth services.

D. This policy may apply to the following codes. Inclusion of a code in a table below does not guarantee that it will be reimbursed. This list is not exhaustive.

   a. To indicate that the billed service was furnished as a telehealth service from a distant site, submit claims for telehealth services using Place of Service (POS) 02 Telehealth code: The location where health services and health related services were provided or received, through telehealth telecommunication technology.

   b. CPT and HCPCS codes used for reporting telemedicine services may require the use of modifiers. Providers should confirm that their billing staff is familiar with the correct coding procedures.

<table>
<thead>
<tr>
<th>POS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>02</td>
<td>The location where health services and health related services are provided or received, through a telecommunication system.</td>
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<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0188T, 0189T</td>
<td>Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient</td>
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<tr>
<td>90791 – 90792</td>
<td>Psychiatric diagnostic evaluation</td>
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<tr>
<td>90832 – 90834, 90836 – 90838</td>
<td>Psychotherapy with patient</td>
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<tr>
<td>90845</td>
<td>Psychoanalysis</td>
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<tr>
<td>90846 – 90847</td>
<td>Family psychotherapy</td>
</tr>
<tr>
<td>90863</td>
<td>Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services</td>
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<tr>
<td>90951 – 90952, 90954 – 91955, 90957 – 90958, 90960 – 90961</td>
<td>End-stage renal disease (ESRD) related services</td>
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<tr>
<td>90963 – 90966</td>
<td>End-stage renal disease (ESRD) related services for home dialysis per full month</td>
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<tr>
<td>90967 – 90970</td>
<td>End-stage renal disease (ESRD) related services for dialysis less than a full month of service</td>
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<tr>
<td>92227, 92228</td>
<td>Remote imaging for retinal disease</td>
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<tr>
<td>93228 – 93229</td>
<td>External mobile cardiovascular telemetry with electrocardiographic recording</td>
</tr>
<tr>
<td>93268, 93270 – 93272</td>
<td>External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability</td>
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<tr>
<td>93298, 93299</td>
<td>Interrogation device evaluation(s), (remote) up to 30 days; implantable</td>
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<tr>
<td>96040</td>
<td>Medical genetics and genetic counseling services</td>
</tr>
<tr>
<td>96116</td>
<td>Neurobehavioral status exam</td>
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<tr>
<td>96150 - 96154</td>
<td>Individual and group health and behavior assessment and intervention</td>
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<tr>
<td>97802 – 97804</td>
<td>Medical nutrition therapy</td>
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<tr>
<td>99201 – 99215</td>
<td>Office or other outpatient visit for evaluation and management</td>
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<tr>
<td>99231 – 99233</td>
<td>Subsequent hospital care, per day, for the evaluation and management of a patient</td>
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<tr>
<td>99241 – 99245</td>
<td>Office consultation for a new or established patient</td>
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<tr>
<td>99251 – 99255</td>
<td>Inpatient consultation for a new or established patient</td>
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<tr>
<td>99307 – 99310</td>
<td>Subsequent nursing facility care, per day, for the evaluation and management of a patient</td>
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<tr>
<td>99354 – 99357</td>
<td>Prolonged evaluation and management or psychotherapy service(s)</td>
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<tr>
<td>99406 – 94407</td>
<td>Smoking and tobacco use cessation counseling visit</td>
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<tr>
<td>99408 – 99409</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured screening</td>
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<tr>
<td>99495 – 99496</td>
<td>Transitional Care Management services</td>
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<tr>
<td>99497 – 99498</td>
<td>Advance care planning</td>
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<tr>
<td>HCPCS Code</td>
<td>Description</td>
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<tr>
<td>G0108 – G0109</td>
<td>Diabetes outpatient self-management training services</td>
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<tr>
<td>G0270</td>
<td>Medical nutrition therapy</td>
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<tr>
<td>G0396 – G0397</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured assessment</td>
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<tr>
<td>G0406 – G0408</td>
<td>Follow-up inpatient consultation</td>
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<tr>
<td>G0420 – G0421</td>
<td>Face-to-face educational services related to the care of chronic kidney disease</td>
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<tr>
<td>G0425 – G0427</td>
<td>Telehealth consultation, emergency department or initial inpatient</td>
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<tr>
<td>G0438 – G0439</td>
<td>Annual wellness visit; includes a personalized prevention plan of service</td>
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<tr>
<td>G0442</td>
<td>Annual alcohol misuse screening</td>
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<tr>
<td>G0443</td>
<td>Brief face-to-face behavioral counseling for alcohol misuse</td>
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<tr>
<td>G0444</td>
<td>Annual depression screening</td>
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<tr>
<td>G0445</td>
<td>Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training &amp; guidance on how to change sexual behavior</td>
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<tr>
<td>G0446</td>
<td>Annual, face-to-face intensive behavioral therapy for cardiovascular disease</td>
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<tr>
<td>G0447</td>
<td>Face-to-face behavioral counseling for obesity</td>
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<tr>
<td>G0459</td>
<td>Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy</td>
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<tr>
<td>G0508</td>
<td>Telehealth consultation, critical care, initial</td>
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<tr>
<td>G0509</td>
<td>Telehealth consultation, critical care, subsequent</td>
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V. Policy History

Policy Number: MPP-0081-120515
Current Effective Date: 10/16/2018
Original Document Effective Date: 05/15/2012
Previous Revision Dates: N/A
PAC Approved Date: 05/15/2012

References:
http://www.securetelehealth.com/private-insurance.html