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| **Policy Name** | Clinical Policy – Telemedicine |
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| **Department** | Clinical Product & Development |
| **Subcategory** | Medical Management |
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| **Current Effective Date** | 10/01/2024 |

**Company Entities Supported (Select All that Apply)**
X Superior Vision Benefit Management
X Superior Vision Services
X Superior Vision of New Jersey, Inc.
X Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
X Davis Vision
(Collectively referred to as 'Versant Health' or 'the Company'

| **ACRONYMS or DEFINITIONS** | |
|---|---|
| n/a | |

## PURPOSE

To define applicable procedure codes of medically necessary criteria for the use of telemedicine in accordance with Versant Health requirements.

## POLICY

### A. BACKGROUND

The term telemedicine references real time audio/video communication between and among patients and doctors, store and forward technologies and remote monitoring devices. These technologies, where medical necessity has been established, improve outcomes through early detection, increase access to care, and reduce costs. Versant Health supports telemedicine, while strictly overseeing all aspects of safety, privacy, security and professional practices. Quality requirements include ongoing measurement of telemedicine outcomes to validate that telemedicine technologies alone, or in coordination with usual care maintain similar or better outcomes than usual care alone.

The delivery and medical necessity of telemedicine services varies by jurisdiction of both the patient and the provider.[1] A few states consider audio only services and recorded visits as equivalent to in person care while the majority of states require synchronous, full audio and video services.

## B. Mandatory telemedicine requirements

1. The technology must authenticate the facility, if applicable, location and identity of the requesting patient.
2. The technology must disclose and validate the identity and appropriate training of professional rendering care.
3. Appropriate informed consent must be obtained referencing the advantages, limitations, and alternatives of these technologies.
4. The patient must have access to the record documenting the care received
5. The professional providing care must be appropriately licensed and the telemedicine services approved by the authority issuing the professional license and the jurisdiction in which the patient lives.
6. The licensed professional providing telemedicine services supervises any non physicians involved in patient care.
7. The physician must have liability insurance specifically including the provision of telemedicine services.
8. The telemedicine services follow the same standards of care as in person care.
9. Telemedicine encounters include modalities supported by the American Telemedicine Association consistent with applicable state and federal regulations.

## C. Scenarios when telemedicine services are not separately reimbursable

1. The services occur the same day as a face-to-face encounter
2. The services are comprised only of audio technology (telephone) without interactive real time video technology, except as allowed per state and federal regulations.
3. The services are comprised of text messaging without real time interactive audio and visual components
4. The services comprise incidental support of face to face encounters.
5. The services comprise routine administrative matters, such as appointments, prescription renewals, authorization updates, scheduling issues, etc.
6. The services are performed within the global period of a surgery and are related to that event.

## D. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale for it as in Section B. above. All items must be available upon request to initiate or sustain previous payments. For retrospective reviews the medical care plan is required.

[1] Center for Connected Health Policy, 2024

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician, in a handwritten or electronic signature. Stamped signatures are not acceptable.

## E. Procedural Detail

| CPT Codes for Synchronous Telemedicine Services | |
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| 0378T | Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days, review, and interpretation with report by a physician or other qualified health care professional |
| 0379T | Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional |
| 92002 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient |
| 92004 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits |
| 92012 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, established patient |
| 92014 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, established patient, one or more visits |
| 96116 | 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]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour. |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straight forward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and |

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| | high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. |
| 99211 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. |
| f99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. |
| 99231 | Subsequent hospital visit, 15 minutes - limited to one telehealth every 3 days per CMS |
| 99232 | Subsequent hospital visit, 25 minutes – limited to one telehealth every 3 days per CMS |
| 99233 | Subsequent hospital visit, 35 minutes – limited to one telehealth every 3 days per CMS |
| 99307 | Subsequent nursing home visit, 10 minutes – limited to one telehealth every 30 days per CMS |
| 99308 | Subsequent nursing home visit, 15 minutes – limited to one telehealth every 30 days per CMS |
| 99309 | Subsequent nursing home visit, 25 minutes – limited to one telehealth every 30 days per CMS |
| 99310 | Subsequent nursing home visit, 35 minutes – limited to one telehealth every 30 days. |
| 99334 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components. . . |
| 99335 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components. . . |
| 99347 | Home visit for the evaluation and management of an established patient . . . |
| 99348 | Home visit for the evaluation and management of an established patient. . . |
| 99354 | Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service . . . |

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| 99355 | Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes |
| 99356 | Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation |
| 99357 | Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes |
| 99407 | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes |
| 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes |
| 99422 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes |
| 99423 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes |
| G0108 | Diabetes outpatient self-management training services, individual, per 30 minutes |
| G0109 | Diabetes outpatient self-management training services, group session (two or more), per 30 minutes |
| G0513 | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes |
| G0514 | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes |
| G2012 | 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, . . . |
| G2025 | Payment for a telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only |
| G2212 | Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes . . . |
| S0620 | Routine ophthalmological examination including refraction; new patient |
| S0621 | Routine ophthalmological examination including refraction; established patient |
| T1015 | Clinic visit/encounter, all-inclusive; for use by federal access sites, CAH, FQHC, RHC. |
| Q3014 | Telehealth originating site facility fee with place of service Physician or practitioner's office; Hospital; Critical access hospital; Rural health clinic; Federally qualified health center; Community mental health center; Skilled nursing facility; renal dialysis center. |

| CPT Codes for Asynchronous Telemedicine Services | |
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| 92227 | Remote imaging for detection of retinal disease (e.g., 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 (e.g., diabetic retinopathy) with physician review, interpretation, and report, unilateral or bilateral |
| 92229 | Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral |
| 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes |
| 99422 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes |
| 99423 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes |
| 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 |
| 99451 | Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician, 5 minutes or more of medical consultative time. |
| 99452 | Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes. |
| G2010 | 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 nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment |

| Modifiers (valid per applicable state or federal regulations) | |
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| FR | Supervising practitioner present through two-way, audio and video communication. |
| GT | Via interactive audio and video telecommunication systems. Modifier GT is only for use with those services provided via synchronous telemedicine for which modifier 95 cannot be used. |
| GQ | Via an asynchronous telecommunications system. Medical care provided by images and video that was not provided in real-time |
| GY | Notice of Liability Not Issued, Not Required Under Payer Policy. Used to report that an Advanced Beneficiary Notice (ABN) was not issued because item or service is statutorily excluded or does not meet definition of any Medicare benefit. |
| 95* | Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system. |
| **Place of Service[2]** | |
| 02 | Telehealth provided other than in patient's home |
| 10 | Telehealth provided in patient's home |
| 11 | Office |
| 22 | On campus outpatient hospital |
| The use of specific modifier and place of service combinations, defined by state Medicaid or managed care programs, are to be followed when submitting claims to Versant Health. Telehealth coverage and the required coding should be verified with all carriers. | |

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[2] CCHP – see sources

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| **RELATED POLICIES** | |
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| 1316 | Eye Exam |

| **DOCUMENT HISTORY** | | |
|---|---|---|
| ***Approval Date*** | ***Revision*** | ***Effective Date*** |
| 06/12/2019 | Initial version | 06/12/2019 |
| 07/25/2019 | Combined with telemedicine statement (archived) | 08/01/2019 |
| 12/18/2019 | Update CMS driven codes released and deleted; addition of eye E/M codes; no criteria change | 01/01/2020 |
| 06/03/2020 | Criteria change; addition of CPT codes and modifiers | 08/01/2020 |
| 04/07/2021 | Annual review; removal of CMS deleted CPT code 99201. | 07/01/2021 |
| 01/05/2022 | Added and deleted CPT codes to align with current CMS rulings on telehealth. | 07/01/2022 |
| 04/06/2022 | Administrative change to modifiers | 07/01/2022 |
| 07/06/2022 | Administrative change to modifiers and place of service codes | 10/01/2022 |
| 07/12/2023 | Removal of procedure codes allowed only during public health emergency, Covid-19; add codes Q3014, T1015 delete modifier 93, clarify modifier 95 for use with all providers, all sites including federal access CAH FQHC RHC. | 10/01/2023 |

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| 07/10/2024 | Add CPT codes 99441, 99442, 99443 (telephone visits) for use where state or federal regulations allow. | 10/01/2024 |

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