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Department	Clinical Strategy
Subcategory	Medical Management
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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 and federal law.

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 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 unlicensed staff 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	
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.
98000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

98004	Synchronous audio-video 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When

	using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
98016	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, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.
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 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.
99213	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.
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
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.
G2252	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, not originating from a related EM service provided within the previous 7 days nor leading to an EM service or procedure within

	the next 24 hours or the soonest available appointment; 11-20 minutes of medical discussion
M1431	Encounters conducted via telehealth. Also allow M1432, M1436, M1437, M1440, M1442, and M1443, These codes have identical, nonspecific descriptions per CMS release 1/1/2026.
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.
S0620	Routine ophthalmological examination including refraction; new patient
S0621	Routine ophthalmological examination including refraction; established patient
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral
T1015	Clinic visit/encounter, all-inclusive; for use by federal access sites, CAH, FQHC, RHC.
CPT Codes for Asynchronous Telemedicine Services	
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
99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
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
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)	
FR	Supervising practitioner present through two-way, audio and video communication.
FQ	The service was furnished using audio-only communication technology
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 an item or service is statutorily excluded or does not meet definition of any Medicare benefit.
93*	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
95*	Synchronous telemedicine service is 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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Subject to applicable law, compliance with this clinical policy is not a guarantee of coverage or payment. Coverage is based on the terms of an individual's particular benefit plan document,

[2] CCHP – see sources

which may not cover the service(s) or procedure(s) addressed in this clinical policy. The terms of the individual's specific benefit plan are always determinative.

Every effort has been made to ensure that the information in this clinical policy is accurate and complete, however the Company does not guarantee that there are no errors in this policy or that the display of this file on a website is without error. The company and its employees are not liable for any errors, omissions, or other inaccuracies in the information, product, or processes disclosed herein. Neither the company nor the employees represent that the use of this information, products, or processes infringes on privately owned rights. In no event shall the Company be liable for direct, indirect, special, incidental, or consequential damages arising out of the use of such information, product, or process.

RELATED POLICIES	
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
07/10/2024	Add CPT codes 99441, 99442, 99443 (telephone visits) for use where state or federal regulations allow. (These codes were deleted by AMA/CMS 1/1/2025)	10/01/2024
01/08/2025	Completed 20 CPT code changes (17 add and 3 delete) per CMS code updates.	05/01/2025
07/09/2025	Add procedure codes 99091, 99406, and G2252 for use where state or federal regulations allow.	12/01/2025
01/07/2026	Add HCPCS code S3000 and codes M1431, M1432, M1436, M1437, M1440, M1442, and M1443, The M codes have identical, nonspecific descriptions per CMS release 1/1/2026.	04/01/2026

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