

Reimbursement Policy	
Title: Emergency Telemedicine (Excluding Minnesota Health Care Programs)	
Policy Number: E-RP-P-395X	Application: Medicare (Cost & MA), Commercial, Individual & Family Business (IFB) MN, ND, SD, WI, IA, NE, KS, MO & OK
Last Reviewed: 03/21/2023	Effective Date: 03/06/2020
Related Policies: Emergency Telemedicine for Minnesota Health Care Program Members Telephone and Virtual Care Services	

Disclaimer: This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.

This Emergency Policy is effective for claims with dates of service starting March 6, 2020. This Emergency Policy will remain in effect for dates of service through December 31, 2021. Medica will continue to evaluate possible extensions of this Emergency Policy (for some or all products) for the duration of the federally declared Public Health Emergency (PHE). At the expiration of the PHE, this Emergency Policy shall terminate (except to the extent a longer term is required by applicable law, as noted in the Product and State Specific table, below.)

Summary:
Telemedicine is the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site.

Policy Statement:

For all members, excluding Minnesota Health Care Program (MHCP) Members:

To be eligible for reimbursement, the member must be at an originating site and the provider must be at a distant site. Payment is allowed for the following services:

- Interactive audio and video communications that permit real-time communication between the distant site physician or practitioner and the patient (this service is identified by appending the GT modifier to the procedure code). The services must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to a face-to-face encounter (this includes, but not limited to, Skype and Face-Time).

- Note: During the COVID-19 Public Health Emergency Period, if the video component is inaccessible, that requirement may be waived (*some codes are only available with simultaneous video*).
- “Store and Forward,” which means the transmission of a patient’s medical information from an originating site to be reviewed at a later time by a physician or practitioner at the distant site for the purpose of providing or supporting health care delivery, which facilitates the assessment, diagnosis, consultation, treatment, education, and care management of a patient’s health care (this service is identified by appending the GQ modifier to the procedure code). Medical information may include without limitation: video clips, still images, X-rays, MRIs, EKGs, laboratory results, audio clips and text. The physician at the distant site reviews the case without the patient being present. Store and Forward substitutes for an interactive encounter with the patient present (i.e., the patient is not present in real-time).

Originating Site:

“Originating site” means a site at which a member (patient) is located at the time health care services are provided to the member by means of telemedicine. The originating site is the location of a member at the time the service is being furnished via a telecommunication system. Authorized originating sites are listed below:

- Office of physician or practitioner;
- Hospital (inpatient or outpatient);
- Home;
- Critical-Access Hospital (CAH);
- Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC);
- Hospital or CAH-Based Renal Dialysis Center (including satellites);
- Skilled Nursing Facility (SNF);
- End-Stage Renal Disease (ESRD) Facilities;
- Community Mental Health Center;
- Residential Substance Abuse Treatment Facility
- Other Eligible Medical Facilities
- Other Locations as Required by Applicable State Law

Distant Site:

“Distant Site” means a site at which a licensed health care provider is located while providing health care services or consultations by means of telemedicine. Providers billing for these services should use Place of Service (POS) ‘02’ or the appropriate telemedicine modifier to distinguish they are billing for “Distant Site” telemedicine services.

Eligible Providers:

The following provider types are eligible to provide telemedicine services:

- Audiologist
- Certified Genetic Counselor
- Clinical Nurse Specialist
- Clinical Psychologist
- Clinical Social Worker

- Licensed Professional Clinical Counselor
- Licensed Marriage & Family Therapist
- Licensed Drug & Alcohol Counselor
- Dentist
- Nurse Midwife
- Nurse Practitioner
- Occupational Therapist
- Physical Therapist
- Physician
- Physician Assistant
- Podiatrist
- Registered Dietician or Nutrition Professional
- Speech Therapist

Eligible Services:

The Current Procedural Terminology (CPT[®]) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a telemedicine service may be the same codes that describe an encounter when the health care provider and patient are at the same site. Examples of telemedicine services include but are not limited to the following:

- Consultations
- Telemedicine Consults: Emergency Department or Initial Inpatient Care
- Subsequent Hospital Care Services
- Subsequent Nursing Facility Care Services
- End Stage Renal Disease Services
- Individual Medical Nutrition Therapy
- Individual & Group Diabetes Self-Management Training
- Smoking Cessation
- Alcohol & Substance Abuse (other than tobacco) Structured Assessment
- Intervention Services
- Individual Psychotherapy
- Psychiatric Diagnostic Interview Examinations
- Family Psychotherapy with or without Patient Present

Coverage Limitations:

The following services are not covered under telemedicine:

- Provider initiated e-mails
- Refilling or renewing existing prescriptions
- Scheduling a diagnostic test or appointment
- Clarification of simple instructions or issues from a previous visit
- Reporting test results
- Reminders of scheduled office visits
- Requests for referrals
- Non-clinical communication (i.e. updating patient information)



- Providing educational materials
- Brief follow-up of a medical procedure to confirm stability of the patient's condition without indication of a complication or new condition including, but not limited to, routine global surgical follow-up
- Brief discussion to confirm stability of the patient's chronic condition without change in current treatment
- When information is exchanged and the patient is subsequently asked to come in for an office visit
- A service that would similarly not be charged for in a regular office visit
- Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
- Communication between two licensed health care provider that consists solely of a telephone conversation, e-mail or facsimile
- Communications between a licensed health care provider and a patient that consists solely of an e-mail or facsimile

Preventive Care Provided via Telemedicine:

Medica has made the decision to temporarily allow preventive care services, CPT 99381-99387 and 99391-99397, to be provided via telemedicine services during the PHE period beginning June 1, 2020. Providers may perform all or portions of a preventive medicine visit that can be done so appropriately and effectively via telemedicine services. Services that require face-to-face interaction may be provided at a later date, however, providers may only bill one preventive medicine code to cover both the portion done via telemedicine and any necessary face-to-face interaction associated with the preventive care service. Codes for diagnostic services may be separately billed per standard coding guidelines.

Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC):

Medica will be following CMS guidance for telemedicine distant site services rendered at a RHC or FQHC. For telemedicine services furnished during the PHE period, RHCs must report HCPCS code G2025 on their claim or electronic equivalent, along with the CG modifier (*Modifier 95 may also be appended but is not required*).

For FQHC's furnishing telemedicine distant site services during the PHE period, claims must be submitted with three HCPCS/CPT codes components:

- The FQHC Prospective Payment System (PPS) specific payment code (G0466-G0470);
- The HCPCS/CPT code that describes the services furnished via telehealth along with modifier 95;
- And G2025 with modifier 95.

These claims will be paid according to CMS guidance for the RHC's all-inclusive rate (AIR) or the FQHC prospective payment system (PPS) rates through December 31, 2021, or the duration of the PHE if extended.

For MHCP Members:

Information on reimbursement for Telemedicine services for MHCP members can be found under Medica's Reimbursement Policy titled "[Emergency Telemedicine for Minnesota Health Care Program Members](#)" which is available on medica.com.



For telephone and virtual care services, refer to the [Telephone and Virtual Care Services](#) reimbursement policy and/or the [Virtual Care Coverage Policy](#).

Code Lists:
Emergency Telemedicine Services Code List

Modifiers:	
93	Audio Only: Synchronous telehealth service rendered via telephone or other real-time interactive audio-only telecommunications system. MHCP requires this modifier when audio-only telehealth is used.
95	Synchronous telemedicine services rendered via a real-time interactive audio and video telecommunications systems. <i>May only be appended to the services listed in Appendix P.</i>
FQ	The service was furnished using audio-only communication technology.
GT	Via interactive audio and video telecommunications systems
GQ	Via asynchronous telecommunication system
G0	Telehealth services furnished for purposes of diagnosis, evaluation or treatment of symptoms of an acute stroke.
CG	RHCs shall report modifier CG on one revenue code 052x and/or 0900 service line per day, which includes all charges subject to coinsurance and deductible for the visit.

Place of Service Definitions:	
02	The location where health services and health related services are provided or received through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology (<i>Description Change Effective 1.1.2022</i>).
10	The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. (<i>New POS Effective 1.1.2022</i>).

Product & State Specific Rules:	
Medicare (Cost & MA)	This emergency reimbursement policy shall stay in effect for the duration of the PHE period.
North Dakota	See North Dakota Executive Order 2020-05.1 for special rules (Commercial and IFB only, not Medicare). <i>Executive order in place through 4.30.2021.</i>
Minnesota	This emergency reimbursement policy shall stay in effect for dates of service through 4.30.2022.
Oklahoma	See Oklahoma LH Bulletin NO. 2020-02 (Amended) for specific coverage criteria regarding Telemedicine.



Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFS)

Effective Date:	01/01/2022
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Revision Updates:	
03/21/2023	Code List Update
01/14/2022	Template, Modifier & POS Updates
11/24/2021	PHE Date Expansion
07/22/2021	PHE Date Expansion
05/17/2021	North Dakota Executive Order Update
04/16/2021	PHE Date Expansion
04/08/2021	Code List Update
02/15/2021	PHE Date Expansion
01/28/2021	Update to Originating Site
10/21/2020	Code List Update
10/09/2020	PHE Date Expansion
07/17/2020	PHE Date Expansion
06/12/2020	Preventive Services Verbiage Added
06/04/2020	PHE Date Expansion
05/08/2020	RHC & FQHC Verbiage Added
04/22/2020	PHE Date Expansion
04/16/2020	OK Coverage Information and Distant Site Verbiage Added
04/02/2020	Code List & Verbiage Update
03/24/2020	Federally Declared PHE Updates

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