

Reimbursement Guidelines

Telemedicine Services, Telehealth, and E-Visits



This guideline is in reference to Samaritan Health Plan Operations' products for services performed by contracted providers. Payment for covered services rendered by contracted providers will be reimbursed at the contracted rate. This reimbursement guideline does not apply to inpatient per diem, DRG, or case rates. Samaritan Health Plan Operations reserves the right to amend a payment guideline at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

RELATED REIMBURSEMENT DOCUMENTS:

RE-19 Reimbursement for Telemedicine Services

DEFINITIONS

GT Modifier: Via interactive audio and video telecommunication systems

GQ Modifier: Via asynchronous telecommunication system.

Health Benefit Plan: Any hospital expense, medical expense or hospital or medical expense policy or certificate, health care service contractor or health maintenance organization subscriber contract, any plan provided by a multiple employer welfare arrangement or by another benefit arrangement defined in the federal Employee Retirement Income Security Act of 1974, as amended.

E-visits: The use of email or online evaluations by health providers to respond or interact with patients through a secured electronic channel.

Originating Site: The physical location of the patient receiving a telemedicine health service.

Telehealth: A broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery. Telehealth is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient, and other non-clinical services).

Telemedicine: Electronic communication using interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient, and the physician or practitioner at the distant site.

GUIDELINE

SHPO shall require providers to have a policy on the security of the channel used for communication.

SHPO reimburses providers for telemedicine services in accordance with Medicare guidelines, Oregon Health Systems standards and guidelines, and industry standards for payment. Providers must use eligible Current Procedural Terminology (CPT) codes and eligible Healthcare Common Procedural Coding System (HCPCS). SHPO reimburses telemedicine in accordance with plan contracts, benefits, and medical criteria. Additionally, SHPO reimburses providers for telemedicine services provided in connection with the treatment of diabetes when medically necessary, relates to a specific patient, and at least one of the participants in the telemedicine service is a representative of an academic health professional.

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SHPO reimburses:

- E-visits and telehealth services for Samaritan Choice Plan and InterCommunity Health Network in accordance to plan contracts, benefits, and medical criteria
- Originating Site Reimbursement: Provider-to-Provider Telemedicine Communications
 - SHPO reimburses the provider from the originating site (where the patient was located during the service) per the provider contract and/or at the default rate for each line of business or Healthcare Common Procedural Coding System (HCPCS) code T1014.
 - SHPO reimburses the originating site (where the patient was located during the service with the originating site provider) per the provider contract and/or at the default rate for each line of business or for HCPCS code Q3014 (telemedicine facility fee), except for Critical Access Hospitals (CAH).
 - For CAHs, the payment amount is 80% of the charges of the originating site facility. SHPO includes the payment for HCPCS Q3014 as part of the payment inside global payment models or for the originating site fee, such as the Outpatient Prospective Payment System (OPPS), the Diagnostic Related Groups (DRG), Skilled Nursing Facility (SNF) payments, unless otherwise indicated in a provider contract. SHPO will not distinguish between rural and urban originating sites in providing coverage of this policy.
- Distant Site Reimbursement: Provider-to-Provider Telemedicine Communications
 - SHPO reimburses the distant site provider the current fee schedule of contracted reimbursement amount per plan for the service provided when a claim is received with the appropriate level of service CPT code for covered professional telemedicine services with a “GT” (“via interactive audio and video telecommunications system”) modifier. By using the “GT” modifier with a covered telemedicine procedure, the distant site provider certifies that the patient was present at an eligible originating site when the service was furnished.
 - For reimbursement, eligible services must be billed with appropriate CPT or HCPCS Level II telemedicine service codes.
- CMS requires that the physician or practitioner who furnished the inpatient follow-up consultation via telemedicine cannot be the physician of record or the attending physician, and the follow-up inpatient consultation would be distinct from the follow-up care provided by the physician of record or the attending physician.

SHPO does not reimburse:

- CPT Codes submitted without the appropriate modifier indicating and telemedicine health service was rendered.
- Claims submitted by an ineligible originating site or distant provider.
- Inpatient follow-up consultation via telemedicine with the physician of record or the attending physician.
- E-visits may not be reimbursed if billed more than once within 7 days for the same episode of care or is related to an E/M service performed within 7 days.
- E-visits that are billed within the defined post-operative period of a previously completed major or minor surgical procedure are considered part of the global payment for the procedure and not separately payable.
- SHPO will not reimburse e-visits provided for the following reasons:
 - Request for medication refills or referrals
 - Reporting normal test results
 - Provision of educational materials
 - Scheduling appointments
 - Registration or updating billing information
 - Appointment reminders

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PREREQUISITES

Payment is based on member benefits, place of service where service was provided, provider type delivering the service (credentialed vs. ancillary provider type), eligibility, medical necessity review, and SHPO provider contractual agreements.

MEMBER COST-SHARING

Member cost share is not applicable for telemedicine services.

PROVIDER BILLING GUIDELINES AND DOCUMENTATION

CPT/HCPC Code	Description	Comments
98966 – 98968	A telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment.	
99441-99443	A telephone assessment and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days not leading to an E/M service or procedure within the next 24 hours or soonest available appointment.	
99446-99449	An inter-professional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional.	
99444	A full online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, using the Internet or similar electronic communications network.	
98969	An online assessment and management service provided by a qualified non-physician health care professional to an established patient or guardian, using the Internet or similar electronic communications network.	
G0406 – G0408	Follow-up inpatient consultation with physician, limited, communicating with the patient via telehealth.	
G0425 – G0427	For telehealth consultation, emergency department or initial inpatient, communicating with the patient via telehealth.	

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RESOURCES

Centers for Medicare and Medicaid Services (CMS) MLN Matters Number MM8553 at www.cms.hhs.gov; CMA Medicare Claims Processing Manual Chapter XII, Sect 190; 2014 Current Procedural Terminology (CPT) Book; 2014 Healthcare Common Procedure Coding System (HCPCS) Level II.; Oregon Administrative Rules (OAR) 410-130-0610; Oregon Revised Statutes (ORS) 743A.058 and 743A.185.

PUBLICATION HISTORY

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2/15/2012	Original Documentation	SHPO Reimbursement Department	
9/3/2014	New template, update documentation to ensure includes language for Commercial, and coding is up to date.	SHPO Reimbursement Department	
5/29/2015	Added CPT codes 99444, 98969, and reimbursement requirements. Clarified definitions for telehealth, telemedicine, and e-visits per industry standards.	SHPO Reimbursement Department	
1/18/2016	Added coverage for CPT codes 99441-99443, 99446-99449, 98966-98968, and HCPCS T1014, G0406-G0408, and G0425-G0427	SHPO Reimbursement Department	
8/19/2016	Updated format	SHPO Reimbursement Department	