

Telehealth/Telemedicine Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy describes reimbursement for Telehealth/Telemedicine and other electronic communication services, which occur when the Physician or Other Qualified Health Care Professional and the patient are not at the same site. Examples of such services are those that are delivered via the internet or using other communication devices. Note: For the purposes of this policy, the terms Telehealth and Telemedicine are used interchangeably.

Reimbursement Guidelines

Telehealth Services, Distant Site and POS 02

UnitedHealthcare will consider for reimbursement the following Telehealth services when they are rendered via audio and video and reported with place of service POS 02 (the location where health services and health related services are provided or received, through a telecommunication system):

- Services recognized by the Centers for Medicare and Medicaid Services (CMS), and
- Services recognized by the American Medical Association (AMA) included in Appendix P of the CPT code set, and
- Additional services identified by UnitedHealthcare that can be effectively performed via Telehealth.

See the **Telehealth Eligible Services Codes** below.

The Distant Site is where the rendering provider is housed during a Telehealth encounter and is reported on the claim with POS 02 in Box 24B on the 1500 claim form.

Modifiers 95, GT, GQ and G0 are not required to identify Telehealth services but are accepted as informational if reported on claims with eligible Telehealth services.

Originating Site Requirements

The Originating Site is where the member is housed with a Telepresenter during a Telehealth encounter. UnitedHealthcare recognizes the CMS-designated Originating Sites considered eligible for furnishing Telehealth services to a patient located in an Originating Site. The Originating Site may submit a claim for the services of the Telepresenter with code Q3014.

Examples of CMS Originating Sites:

- The office of a physician or practitioner
- A hospital (inpatient or outpatient)
- A critical access hospital (CAH)
- A rural health clinic (RHC)
- A federally qualified health center (FQHC)
- A hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE: Independent renal dialysis facilities are not eligible Originating Sites
- A skilled nursing facility (SNF)
- A community mental health center (CMHC)
- Mobile Stroke Unit
- Patient home – for monthly end stage renal, ESRD-related clinical assessments, for purposes of treatment of a substance use disorder or a co-occurring mental health disorder

In addition, UnitedHealthcare recognizes home as an originating site for Telehealth services (no Telepresenter).

Eligible Care Providers

As described by CMS, the types of care providers eligible to deliver Telehealth services include, for example:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists

In addition, UnitedHealthcare considers the following care providers eligible to deliver certain Telehealth services:

- Therapy providers (e.g., Physical Therapy, Occupational Therapy, Speech Therapy)

Physical Health, Occupational, and Speech Therapy

UnitedHealthcare will reimburse certain physical, occupational, and speech therapy (PT/OT/ST) Telehealth services provided by qualified health care professionals rendered via interactive audio and video technology.

Services submitted on a CMS 1500 form should include:

- Code(s) from the list of specific physical, occupational and speech therapy Telehealth services (see the **PT/OT/ST Telehealth Eligible Services Codes** below.
- The appropriate place of service code 02 in Box 24B.

All PT/OT/ST Telehealth visits must be performed using live, interactive video conferencing that involves the presence of both parties at the same time and a communication link between them that allows a real-time audio and visual interaction to take place. E-mailing “stored” exercise videos and discussing or reviewing by phone is not reimbursable.

Communication Technology-Based Services (CTBS) and Remote Physiologic Monitoring (RPM)

These services are eligible for to be considered for reimbursement under this policy and are described in the CMS Physician Fee Schedule (PFS). See the **Communication Technology-Based Services and Remote Physiologic Monitoring Telehealth Eligible Codes** below; examples include:

- (Electronic) E-Visits
- Virtual Check-Ins
- Remote Physiologic Monitoring
- Interprofessional Telephone/Internet/Electronic Health Record Consultations

Note: The CTBS and RPM services are never rendered in-person and therefore should not be reported with POS 02 and/or a Telehealth modifier (95, GT, GQ or G0).

Communication Technology-Based and Other Related Services Not Reimbursed by UnitedHealthcare

Certain CTBS and other related services are not eligible for reimbursement according to the CMS PFS. Consistent with CMS, UnitedHealthcare will not separately reimburse for certain codes assigned a non-payable status. See the **Communication Technology-Based and Other Related Services Telehealth Non-Eligible Codes** below.

Definitions	
Communication Technology-Based Services (CTBS)	Services furnished via telecommunications technology but not considered Telehealth services.
Distant Site	The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.
Electronic Visit (E-visit)	Communication between a patient and provider through an online patient portal with an established patient-provider relationship.
Originating Site	The location of a patient at the time the service being furnished via a telecommunications system occurs.
Physician or Other Qualified Health Care Professional	Per the CPT book, a Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
Remote Physiologic Monitoring	Collecting of vitals and physiologic information by the patient that is then sent to the health care professional for interpretation and monitoring of the data.
Telehealth/Telemedicine	Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.
Telepresenter	The healthcare practitioner present with patient at an Originating Site.

Virtual Check-In	A brief check-in with the provider with an established patient-provider relationship.
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Questions and Answers	
1	<p>Q: How should care providers submit claims for telehealth services that a member received before Jan. 1, 2021, and also for telehealth services that are only eligible through the end of the COVID-19 federal public health emergency (PHE)?</p> <p>A: For Telehealth services rendered in response to the COVID-19 PHE, providers should visit UnitedHealthcare's COVID-19 information page on UHCprovider.com/covid19 > Telehealth Services for additional resources.</p>
2	<p>Q: Do care providers need to be contracted with UnitedHealthcare to be considered for reimbursement under this policy?</p> <p>A: For benefit plans that include out-of-network coverage, this policy applies to Telehealth claims submitted by both participating and non-participating care providers.</p>
3	<p>Q: What are the documentation requirements for Telehealth visits?</p> <p>A: A patient visit performed through Telehealth should be documented to the same extent as an in-person visit, reflecting what occurred during the visit. The provider should also document that the visit was done through audio-video telecommunications.</p>
4	<p>Q: Does this policy apply to Telehealth services reported on a UB claim?</p> <p>A: No, this policy is applicable only to professional services reported on a 1500 claim.</p>
5	<p>Q: How should care providers report Virtual Check-In services?</p> <p>A: Virtual Check-In services are reported with HCPCS codes G2012, G2251 and G2252. As described by CMS, care providers may report HCPCS codes G2012, G2251 and G2252 when the practitioner may not necessarily be able to visualize the patient and is used when the acuity of the patient's problem is not necessarily likely to warrant a visit. If this service originates from a related E/M service provided within the previous 7 days or leads to an E/M service or procedure within the next 24 hours or soonest available appointment, the service is considered bundled into that in-person service.</p>
6	<p>Q: How should new 2021 Evaluation and Management coding guidelines be used with Telehealth services?</p> <p>A: Please refer to the Evaluation and Management (E/M) Policy for details regarding correct E/M code selection.</p>

Codes									
Telehealth Eligible Services Codes									
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839
90840	90845	90846	90847	90853	90863	90951	90952	90953	90954
90955	90956	90957	90958	90959	90960	90961	90962	90963	90964
90965	90966	90967	90968	90969	90970	92227	92228	92507	92521
92522	92523	92524	93228	93229	93268	93270	93271	93272	96040
96116	96121	96130	96131	96132	96133	96136	96137	96138	96139
96156	96158	96159	96160	96161	96164	96165	96167	96168	97110
97112	97116	97161	97162	97163	97164	97165	97166	97167	97168
97535	97750	97755	97760	97761	97802	97803	97804	98960	98961
98962	99202	99203	99204	99205	99211	99212	99213	99214	99215

99217	99224	99225	99226	99231	99232	99233	99238	99239	99281
99282	99283	99284	99285	99291	99292	99307	99308	99309	99310
99315	99316	99334	99335	99336	99337	99347	99348	99349	99350
99354	99355	99356	99357	99395	99396	99397	99406	99407	99408
99409	99469	99472	99476	99478	99479	99480	99483	99495	99496
99497	99498	G0108	G0109	G0270	G0296	G0396	G0397	G0406	G0407
G0408	G0420	G0421	G0425	G0426	G0427	G0438	G0439	G0442	G0443
G0444	G0445	G0446	G0447	G0459	G0506	G0508	G0509	G0513	G0514
G2086	G2087	G2088	G2211	G2212	G9481	G9482	G9483	G9484	G9485
G9486	G9487	G9488	G9489	G9978	G9979	G9980	G9981	G9982	G9983
G9984	G9985	G9986							

PT/OT/ST Telehealth Eligible Codes

92507	92521	92522	92523	92524	97110	97112	97116	97161	97162
97163	97164	97165	97166	97167	97168	97535	97750	97755	97760
97761									

Communication Technology-Based Services and Remote Physiologic Monitoring Telehealth Eligible Codes

98970	98971	98972	99091	99421	99422	99423	99446	99447	99448
99449	99451	99452	99453	99454	99457	99458	99473	99474	G2010
G2012	G2250	G2251	G2252						

Communication Technology-Based Services and Other Related Services Telehealth Non-Eligible Codes

T1014

Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History

8/25/2021	Policy Version Change Attachments Section: Removed attachment(s) and converted to table(s)
5/17/2021	Policy Version Change Q&A #1 revised
3/28/2021	Policy Version Change Attachments Section: Telehealth Eligible Services Code List updated; G2211 removed due to late CMS decision to bundle the code
1/1/2021	Policy Version Change Reimbursement Guidelines Section revised Definitions Section revised Q&A Section revised

	Attachments Section: Telehealth Eligible Services Code List added, PT/OT/ST Telehealth Eligible Services Code List added, Communication Technology Based Services and Remote Physiologic Monitoring Eligible Code List added, Communication Technology-Based and Other Related Services Non-Eligible Code List added History prior to 1/1/2019 archived
7/17/2020	Added the word “Commercial” to the header (no new version)
4/7/2020	Attachment Section: Codes 96156-96168 added to GT/GQ/G0 list due to late additions from CMS 1/1/2020 eligible list
3/6/2020	Annual Anniversary Date and Version Change Reimbursement Guidelines Section: Modifier and Place of Service tables removed, and verbiage updated
1/1/2020	Policy Version Change Codes and Modifiers Section: Revised Online Evaluation and Management Evaluation codes, Interprofessional Telephone/Internet/Electronic Health Record Consultations, Digitally Stored Data Services/Remote Physiologic Monitoring/Remote Physiologic Treatment Management, Remote Evaluation of Recorded Video and/or Images, Brief Communication Technology-based Service and added Opioid Use Treatment Attachment Section: Codes Recognized with modifiers GT or GQ List and Codes Recognized with modifier 95 list updated History prior to 1/1/2018 archived
10/1/2019	Policy Version Change Attachment Section: Codes Recognized with modifiers GT or GQ List and Codes Recognized with modifier 95 list updated by removing 99241-99255 consultation services codes.
7/01/2019	Policy Version Change Codes and Modifiers Section: Clarification of GQ modifier and 95 modifier processing Added permissible conditions for home as an originating site Definition Section: Removal of Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions, Audio-Visual Communication Technology and removed capitalization throughout the policy Q&A #3: Added “audio transmission” to answer
1/25/2019	Policy Version Change Codes and Modifiers Section: Added 98960-98962, 99408, 99409 info back in Attachment Section: Codes Recognized with modifiers GT or GQ List updated
1/1/2019 – 1/24/2019	Policy Version Change Application Section: Removed Community and State and Medicare and Retirement information Reimbursement section: Added modifier G0, added originating sites and types of non-face-to-face services Definition section: Updated Telehealth/Telemedicine definition and Physician or Other Qualified Health Care Professional definition Removed previous Q&A #3. Updated definitions in current Q&A #3. Attachments Section: Lists updated. History prior to 1/1/2017 archived
9/1/1997	Policy implemented by UnitedHealthcare Employer & Individual