



UnitedHealthcare®

REIMBURSEMENT POLICY
CMS-1500

Telemedicine Policy

Policy Number	2017R0046A	Annual Approval Date	7/13/2016	Approved By	Payment Policy Oversight Committee
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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.

UnitedHealthcare uses a customized version of the Optum Claims Editing System known as iCES Clearinghouse to process claims in accordance with UnitedHealthcare reimbursement policies.

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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 and 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 Telemedicine and Telehealth services, which are services where the physician or other healthcare professional and the patient are not at the same site. Examples of such services are those that are delivered over the phone, via the Internet or using other communication devices. This policy does not address care plan oversight services (see the Care Plan Oversight Policy).

Reimbursement Guidelines						
Telehealth Services						
Modifiers						
The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a Telehealth service (a physician-patient encounter from one site to another) are generally the same codes that describe an encounter when the physician and patient are at the same site.						
The modifiers below describe the technology used to facilitate a Telehealth encounter. One of these modifiers must be reported when performing a service via Telehealth to indicate the type of technology used and to differentiate a Telehealth encounter from an encounter when the physician and patient are at the same site. For more information see the Definitions section below.						
<table border="1"> <thead> <tr> <th>Modifier</th><th>Description</th></tr> </thead> <tbody> <tr> <td>GQ Modifier</td><td>Via Asynchronous Telecommunications systems.</td></tr> <tr> <td>GT Modifier</td><td>Via Interactive Audio and Video Telecommunications systems.</td></tr> </tbody> </table>	Modifier	Description	GQ Modifier	Via Asynchronous Telecommunications systems.	GT Modifier	Via Interactive Audio and Video Telecommunications systems.
Modifier	Description					
GQ Modifier	Via Asynchronous Telecommunications systems.					
GT Modifier	Via Interactive Audio and Video Telecommunications systems.					
The Centers for Medicare and Medicaid Services (CMS) have authorized specific Originating Sites as “eligible” for furnishing a Telehealth service. When reporting modifier GT, the physician or qualified healthcare professional is certifying that they are rendering services to a patient located in an eligible Originating Site via an Interactive Audio and Visual Telecommunications system.						
In accordance with CMS the eligible Originating Sites are listed below:						
<ul style="list-style-type: none"> • 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); • A skilled nursing facility (SNF); and • A community mental health center (CMHC) 						
CMS has also authorized which practitioners may be reimbursed for Telehealth services. In accordance with CMS these practitioners are listed below:						
<ul style="list-style-type: none"> • Physician • Nurse practitioner • Physician assistant • Nurse-midwife • Clinical nurse specialist • Registered dietitian or nutrition professional • Clinical psychologist • Clinical social worker • Certified Registered Nurse Anesthetists 						

NOTE! Clinical psychologists (CP) and clinical social workers (CSW) cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.

The use of modifier GT indicates a Telehealth service was performed by an eligible practitioner via an Interactive Audio-Visual Telecommunications system and the patient was present at an eligible Originating Site.

Reimbursement

UnitedHealthcare will reimburse for Telehealth services which are recognized by CMS when reported with modifier GT (Interactive Telecommunications). In addition, UnitedHealthcare recognizes that medical genetics and genetic counseling services (CPT code 96040), education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum (CPT codes 98960-98962), and alcohol and/or substance abuse screening and brief intervention services (CPT codes 99408-99409) can be effectively performed via Interactive Audio and Video Telecommunications systems; these codes will be allowed for reimbursement when reported with modifier GT. UnitedHealthcare will also reimburse CPT codes 0188T and 0189T when these codes are reported with or without modifier GT, since the description for these codes indicates a Telehealth service and the technology used.

Any other service reported with modifier GT that is not recognized by CMS will not be reimbursed.

[2017 Codes Recognized with Modifier GT](#)

UnitedHealthcare will consider reimbursement for a procedure code/modifier combination using modifier GQ to report Asynchronous Telecommunications only when the modifier has been used appropriately. Coding relationships for modifier GQ are administered through the UnitedHealthcare Procedure to Modifier Policy.

UnitedHealthcare will not reimburse for HCPCS code T1014 (Telehealth transmission, per minute, professional services bill separately) because these services are included in Telehealth services.

Telemedicine Services

Telephone Calls

UnitedHealthcare follows CMS guidelines and does not reimburse for telephone charges submitted with CPT codes 98966-98968 or 99441-99443 because they do not involve direct, in-person patient contact.

Internet Services

UnitedHealthcare follows CMS guidelines and does not reimburse for CPT codes 98969 and 99444 (Online Medical Evaluation), because these services do not involve direct, in-person patient contact.

Consultation Services

UnitedHealthcare follows CMS guidelines and does not reimburse for interprofessional telephone/Internet assessment and management services reported with CPT codes 99446-99449 because they do not involve direct, in-person patient contact.

Definitions

Asynchronous	Medical information is stored and forwarded to be reviewed at a
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Telecommunication	later time by a physician or health care practitioner at a distant site. The medical information is reviewed without the patient being present. Also referred to as store-and-forward telehealth or non-interactive telecommunication.
Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions, Audio-Visual Communication Technology	Medical information is communicated in real-time with the use of Interactive Audio and Video Communications equipment. The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported. The patient must be present and participating throughout the communication.
Originating Site	The location of a patient at the time the service being furnished via a telecommunications system occurs.
Telehealth	Telehealth services are live, Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another using telecommunications technologies. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.
Telemedicine	Telemedicine services are medical services provided via telephone, the Internet, or other communications networks or devices that do not involve direct, in-person patient contact.

Questions and Answers

- 1** **Q:** How does UnitedHealthcare reimburse for phone calls to patients that are not associated with any other service? For example, a pediatrician receives a call from a mother at 2 A.M. regarding an asthmatic child having difficulty breathing. The physician is able to handle the situation over the phone without requiring the child to be seen in an emergency room. On what basis will the visit be denied?
- A:** UnitedHealthcare will not reimburse for this service (99441-99443 or 98966-98968), since it did not require direct, in-person patient contact. This service is considered included in the overall management of the patient.
- 2** **Q:** A physician makes daily telephone calls to an unstable diabetic patient to check on the status of his condition. These services are in lieu of clinic visits. Will UnitedHealthcare reimburse the physician for these telephone services?
- A:** No, UnitedHealthcare will not reimburse telephone services (99441-99443 or 98966-98968), since they do not involve direct, in-person patient contact. These services are considered included in the overall management of the patient.
- 3** **Q:** Does UnitedHealthcare reimburse website charges for physician groups if their website provides patient education material?
- A:** No, UnitedHealthcare will not reimburse for Internet charges since there is no direct, in-person patient contact.
- 4** **Q:** What is the difference between Telehealth services and telephone calls?
- A:** Telehealth services are live Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another using telecommunications technologies. Telephone calls are non-face-to-face medical discussions, between a physician or other healthcare professional and a patient, that do not require direct, in-person contact.
- 5** **Q:** If a provider renders the professional component for a diagnostic service, at a distant site from the patient, should modifier GT be reported?
- A:** No. Modifier GT indicates a face-to-face encounter utilizing Interactive Audio-Visual Communication Technology. Therefore, it is not appropriate to report modifier GT in this scenario since this does not represent a face-to-face encounter. However, use of modifier 26 would be appropriate to designate that the professional component of the diagnostic service was provided. Please refer to the Professional/Technical Component Policy for more

	information.
6	<p>Q: Why does UnitedHealthcare reimburse for certain Telehealth services billed with modifier GT and not for those billed with modifier GQ?</p> <p>A: UnitedHealthcare reimburses for certain Telehealth services billed with modifier GT based on CMS use of that modifier. Use of modifier GT indicates that the practitioner certifies the service was performed via an Interactive Audio and Visual Telecommunications system and the patient was present at an eligible Originating Site when the Telehealth services were furnished. Use of modifier GQ indicates that store-and-forward technology is being used and the services do not include direct, in-person patient contact.</p>

Codes	
98966	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; 5-10 minutes of medical discussion
98967	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 seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
98968	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 seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
98969	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network
99441	Telephone evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services 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 provided by a physician or other qualified health care professional who may report evaluation and management services 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 provided by a physician or other qualified health care professional who may report evaluation and management services 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
99444	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, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic

	communications network
99446	Interprofessional 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; 5-10 minutes of medical consultative discussion and review
99447	Interprofessional 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; 11-20 minutes of medical consultative discussion and review
99448	Interprofessional 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; 21-30 minutes of medical consultative discussion and review
99449	Interprofessional 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; 31 minutes or more of medical consultative discussion and review
T1014	Telehealth transmission, per minute, professional services bill separately

Attachments: Please right-click on the icon to open the file.

Codes Recognized with Modifier GT	A list of codes that UnitedHealthcare recognizes when reported with modifier GT.
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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

1/1/2017	Annual Policy Version Change Policy List Change: Codes Recognized with Modifier GT list updated History Section: Entries prior to 1/1/2015 archived
7/13/2016	Policy Approval Date Change. No new version.
4/3/2016 – 12/31/2016	Attachments Section: Codes Recognized with Modifier GT list updated
2/13/2016 – 4/2/2016	Policy Verbiage Change: Reimbursement section updated
1/1/2016 – 2/12/2016	Annual Policy Version Change Policy Updated to Include: Certified Registered Nurse Anesthetists Policy List Change: Codes Recognized with Modifier GT list updated History Section: Entries prior to 1/1/2014 archived

2/24/2015 – 12/31/2015	Policy Verbiage Change: Modifiers section updated
1/1/2015 – 2/23/2015	Annual Policy Version Change Policy List Change: Codes Recognized with Modifier GT list updated Application Section: Updated History Section: Entries prior to 1/1/2013 archived

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