Policy Name: Telemedicine (Excluding Minnesota Health Care Program Members)

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, effective 1/1/2017:

To be eligible for reimbursement, providers must meet the Provider Assurance Requirements for Telemedicine required by the Minnesota Department of Human Services. These requirements can be found in the Medica Provider Administrative Manual at www.medica.com. The member (patient) must be at an originating site and the provider is 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; and

- “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);
Critical-access hospital (CAH);
- Rural health clinic (RHC) and federally qualified health center (FQHC);
- Hospital-based 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

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’, as well as one of the appropriate Telemedicine modifiers, 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
- Dentist
- Nurse Midwife
- Nurse Practitioner
- Occupational Therapist
- Physical Therapist
- Physician
- Physician Assistant
- Podiatrist
- Registered Dietitian 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 and group diabetes self-management training.
• Smoking cessation
• Alcohol and substance abuse (other than tobacco) structured assessment and intervention services
• Individual psychotherapy
• Psychiatric diagnostic interview examinations
• Family psychotherapy with or without patient present

Coverage Limitations
The following are not covered under telemedicine:
• Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (e.g., Skype),
• Provider initiated e-mail
• 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 a referral,
• 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 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 providers that consists solely of a telephone conversation, email or facsimile,
• Communications between a licensed health care provider and a patient that consists solely of an e-mail or facsimile

II. For MHCP members:
Information on reimbursement for Telemedicine services for MHCP members can be found under Medica’s Reimbursement Policy titled “Telemedicine for Minnesota Health Care Program (MHCP) Members” which is available on medica.com.
For telephone services, refer to the Telephone Services reimbursement policy.

**Definitions**

**Modifier 95** – Synchronous telemedicine services rendered via a real-time interactive audio and video telecommunications systems

**Modifier GQ** – Via asynchronous telecommunications system

**Modifier GT** – Via interactive audio and video telecommunications systems

**Asynchronous** – The transmission of a patient’s medical information from an originating site for review by the distant site physician or practitioner at a later time. **POS 02** - The location where health services and health related services are provided or received, through telecommunication technology (Effective January 1, 2017).

**Code List**

[Telemedicine Services Code List](#)

**Resources**

- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)
- Medica Telemedicine coverage policy
- Medica Virtual Care coverage policy

**Cross Reference**

[Telemedicine Policy (Minnesota Health Care Programs)](#)

**Effective Date**

01/01/2017

**Revision Updates**

05/11/2017  Annual policy review
01/01/2017  Telemedicine Policy split into two policies:
  - Telemedicine (Minnesota Health Care Programs)
  - Telemedicine (excluding Minnesota Health Care Programs)
01/01/2016  Telehealth policy divided into two policies:
  - Telemedicine Policy
  - Telephone Services Policy

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