Telemedicine or Telehealth 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. These medical services do not involve direct, in-person contact.

**Policy Statement**

I. For Minnesota Health Care Programs (MHCP) only, effective 1/1/2016:

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 recipient (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 asynchronous transmission of medical information 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**

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;
- Dental clinic;
- Residential facilities, such as a group home and assisted living; and
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home).

**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:
- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Dentist
- Pharmacist
- Certified genetic counselor
- Podiatrist
- Speech therapist
- Physical therapist
- Occupational therapist
- Audiologist

**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
- Telehealth consults: emergency department or initial inpatient care
• Subsequent hospital care services with the limitation of one telemedicine visit every 30 days per eligible provider
• Subsequent nursing facility care services with the limitation of one telemedicine visit every 30 days
• End stage renal disease services
• Individual and group medical nutrition therapy
• Individual and group diabetes self-management training with a minimum of one hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training
• Smoking cessation
• Alcohol and substance abuse (other than tobacco) structured assessment and intervention services

Two-Way Interactive Video Consultation in an Emergency Room (ER)
Two-way interactive video consultation may be billed when no physician is in the ER and the nursing staff is caring for the patient at the originating site. The ER physician at the distant site bills the ER CPT codes with the GT modifier. Nursing services at the originating site would be included in the ER facility code.

If the ER physician requests the opinion or advice of a specialty physician at a "hub" site, the ER physician bills the ER CPT codes without the GT modifier. The consulting physician bills the consultation evaluation and management (E/M) code with the GT modifier.

Coverage Limitations
The following limitations apply:
• Payment for telemedicine services is limited to three per week per member;
• Payment is not available for sending materials to a member, other provider or facility;
• Out-of-state coverage policy applies to services provided via telemedicine. Consultations performed by providers who are not located in Minnesota and contiguous counties require authorization prior to the service being provided;
• Payment will be made for only one reading or interpretation of diagnostic tests such as X-rays, lab tests, and diagnostic assessments; and
• The following are not covered under telemedicine:
  o 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),
  o Prescription renewals,
  o Scheduling a test or appointment,
Clarification of issues from a previous visit,
Reporting test results,
Non-clinical communication, and
Communication via telephone, email or facsimile.

II. For all other Non-MHCP members:
Information on reimbursement for Telemedicine services for Non-MHCP members can be found under Medica’s Reimbursement Policy titled “Telemedicine (Excluding Minnesota Health Care Program 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 telecommunication system

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

**Status Indicator N** – Non-covered Services. These services are not covered by Medicare

Code Lists

Telemedicine Services Code List

Resources

- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)
- Medica’s Telemedicine Services coverage policy
- MHCP Provider Manual
- National Physician Fee Schedule (NPFS)

Cross Reference

Telemedicine (Excluding Minnesota Health Care Program Members)

Effective Date

01/01/2016
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