Temporary Payment Policy: Supplemental Telehealth Guidelines

Commercial/Medicare Advantage

POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
R20200019	03/1/2020	RPC (Reimbursement Policy Committee)

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY:

ConnectiCare has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. ConnectiCare will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in ConnectiCare's policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. 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, physician or other provider contracts, the member'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 ConnectiCare due to programming or other constraints; however, ConnectiCare strives to minimize these variations.

ConnectiCare follows coding edits that are based on industry sources, including, but not limited to; CPT guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. ConnectiCare uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how ConnectiCare handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, ConnectiCare may deny the claim and/or recoup claim payment.

ConnectiCare, Inc. will temporarily allow telemedicine and limited telehealth services provided via telephone as outlined in the policy below. This policy is in effect until the end of the COVID-19 public health emergency.

This policy applies to ConnectiCare, Inc. participating providers only.

This policy is intended to reflect the requirements of applicable federal, state and agency laws, regulations and directives ("Applicable Law"). ConnectiCare, Inc. reserves the right to amend and/or revoke this policy without the contractual sixty-day (60) notification for a change in policy that is normally required under ConnectiCare, Inc. contracts with its providers, to the extent such amendment or revocation reflects any changes in Applicable Law.

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Telehealth Applicable Cost Share by Dates:

Service	Medicare Advantage	Commercial/Exchange	Additional details
Virtual Check-In's	Covered per Medicare Guidelines	Covered under temporary telehealth policy without cost share for in-network providers effective 03/01/2020 through 09/09/2020. **Starting 09/10/2020:** Usual cost share will apply for Virtual Check-in services.	ConnectiCare will reimburse providers when they have a brief communication using a technology-based service with a member, using HCPCS codes G2010 or G2012 for Medicare and CPT codes listed in policy below for Commercial.
Telehealth	**PCPs/Behavioral health:** Cost Share will be waived for in-network PCP services from 8/1/2020 through 12/31/2020 or end of Federal PHE, whichever is first. **Specialists/PT/OT/SP and all other provider types:** Usual cost share will apply for telehealth services starting on 09/10/2020.	Covered under temporary telehealth policy without cost share for in-network providers effective 03/01/2020 through 09/09/2020. **Starting 09/10/2020**: Usual cost share will apply for telehealth services.*	*Per the federal FFCRA section 6001, services related to diagnostic testing for the detection of SARS-CoV-2 or the diagnosis of COVID-19 may not have a cost share. See COVID-19 Testing policy for instructions on proper diagnosis coding to ensure proper adjudication.
In-Office Services	Cost Share will be waived for in-network **PCP and Behavioral health** providers from 8/1/2020 through 12/31/2020 or end of Federal PHE whichever is first.	Usual cost share for in-office services applies.	

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Overview

Effective March 1, 2020, ConnectiCare is expanding our policies around telehealth services for our Medicare Advantage and commercial memberships, making it even easier for patients to connect with their health care provider. Consistent with the Centers for Medicare & Medicaid Services (CMS), ConnectiCare will waive the CMS originating site restriction for Medicare Advantage and commercial members, so that health care providers can bill for telehealth services performed while a patient is at home. **Additionally, Medicare Advantage and some D-SNP plans, already reimburse appropriate claims for several technology-based communication services, including virtual check-ins, which may be done by telephone, for established patients.**

Definitions:
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.

What is the difference between telehealth services and telephone calls?
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. Telephone calls, which are considered audio transmissions, per the CPT definition, are non-face-to-face evaluation and management (E/M) services provided to a patient using the telephone by a Physician or Other Qualified Health Care Professional, who may report evaluation and management services.

Policy Statement:

Commercial and Medicare – Telephone and Telemedicine Services

Telehealth or telephone services are covered when all of the following criteria are met:

1. The patient is present/participates at the time of service.
2. Services should be similar to in-person services with a patient.
3. Services must be medically necessary and otherwise covered under the member's benefit booklet or subscriber agreement.
4. Services must be within the provider's scopeof license.
5. A permanent record of the telephonic communication(s) must be documented/maintained as part of the patient's medical record. It must be sufficiently documented to support the code used.
6. Consistent with CMS, ConnectiCare will allow non-HIPAA compliant technology such as FaceTime and Skype to be used with discretion and patient consent. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
7. Only the provider rendering the services may submit a claim for reimbursement for telehealth services.
8. For medical and outpatient behavioral telehealth visits, providers can utilize both interactive audio/video and audio-only.

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9. For PT/OT/ST provider visits, interactive real-time audio/video technology must be used.

ConnectiCare recognizes the CMS designated practitioners eligible to be reimbursed for Telehealth services.
Examples of practitioners are listed below:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional

Clinical psychologist

- Licensed Clinical social worker
- Certified Registered Nurse Anesthetists
- Licensed physical therapists
- Occupational therapist
- Speech language pathologists

Exclusions:

The following services are excluded from reimbursement:

1. Services rendered through email, text or by fax.
2. Telemedicine that occurs the same day as a face-to-face visit, when performed by the same provider and for the same condition.
3. Patient communications incidental to E/M services, including, but not limited to reporting of test results or provision of educational materials.
4. Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.

Applicable Procedure Codes

Procedure Code(s) for Audio-only Telephone Services for Medical and Behavioral Health Providers:*(Covered for both Medicare Advantage and Commercial plans)*

CPT Code	Description
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided 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 by a physician or other qualified health care professional who may report evaluation and management services provided 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 by a physician or other qualified health care professional who may report evaluation and management services provided 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
G2012 (Medicare only)	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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

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To access the codes, please download the policy to your computer, then click on the paperclip icon within the policy

Procedure Code(s) for Telemedicine Services for Medical and Behavioral Health Providers:*(Covered for both Medicare Advantage and Commercial plans)*

	Telemedicine Services (Medical & Behavioral Health) by Procedure Code

Procedure Code(s) for Telemedicine Services for PT/OT/SLP providers: *(Covered for both Medicare Advantage and Commercial plans)*

	Telemedicine Services PT/OT/SLP by Procedure Code

Modifier(s) for Telehealth Services: *Must be used for telemedicine and telephone services*
Utilize the place of service where the services are normally rendered

Modifier	Description
CS	COVID-19 testing related service
GT	Via interactive audio and video telecommunication systems
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

ICD-10-CM Official Coding Guidelines - Supplement Coding Encounters Related to COVID-19 Coronavirus Outbreak

During the COVID-19 pandemic, a screening code is generally not appropriate. Do not assign code Z11.52, Encounter for screening for COVID-19. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19 (guideline I.C.1.g.1.e).

For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.822, Contact with and (suspected) exposure to COVID-19. For symptomatic individuals use Z20.822 as an additional code.

ICD-10-CM Official Coding Guidelines - Supplement Coding Encounters Related to COVID-19 Coronavirus Outbreak

https://www.cdc.gov/nchs/data/icd/ICD-10cmguidelines-FY2021-COVID-update-January-2021-508.pdf

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To ensure proper adjudication please make sure the following are reported if applicable:

ICD-10	Description
Z20.822	Contact with and (suspected) exposure to COVID-19
U07.1	COVID-19 (confirmed cases only)

Revision history

DATE	REVISION
3/2020	• New Policy
04/02/2020	• Clarifications made. Modifier CS replaced modifier CR. CPT codes updated to allowed list to align with CMS. Effective dateupdated.
05/15/2020	• Telehealth Expansion extended to 06/30/2020
08/27/2020	• Added cost share waiver table • Telehealth Expansion extended to 03/15/2021
10/14/2020	• Updated policy with codes below effective 10/14/2020: 93797,93798, 93750, 95970, 95971, 95972, 95983, 95984; G0422*, G0423* & G0424* *(*Medicare only)*
1/08/2021	• Telehealth Expansion extended until the end of the COVID-19 public health emergency
1/20/2021	• Updated policy to include ICD-10 Code Z20.822
3/22/2021	• Updated policy with additional language to clarify "Telehealth Applicable Cost Share by Dates"