



## TELEMEDICINE CONSULTATION SERVICES 2016 MEMBER-TO-PHYSICIAN

### **Telemedicine Definition**

Telemedicine is defined as a means of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes: 1) interaction between the patient at the originating site and the telemedicine provider at a distant site, and 2) synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. Unless specifically stated in a Provider contract, telemedicine does not include the use of facimilie, audio-only telephone, texting or electronic mail.

### **Provider Network**

The ConnectiCare Telemedicine Consultation Services Vendor Network shall consist of the following:

- Contracted vendor(s) that provide exclusive telemedicine services, including the 1) evaluation and treatment of acute medical conditions and 2) ongoing behavioral health counseling and treatment.
- Providers or Provider Networks that have specifically contracted with ConnectiCare to provide telemedicine services.
- ConnectiCare Contracted Providers, Provider Networks, Telemedicine Vendors, or any other Providers that have not specifically contracted with ConnectiCare for telemedicine services will be considered Out-of-Network.
- Behavioral Health providers must be credentialed and approved as Telebehavioral Health providers by Optum Behavioral Health, ConnectiCare's Behavioral Health management vendor, and Breakthrough, ConnectiCare's Telebehavioral Health vendor.

### **Telemedicine Scope of Services**

1. Telemedicine Providers will provide all of the following:
  - a. Providers will be licensed within the state of Connecticut or licensed in the location where the member is physically located at the time of the telemedicine consult
  - b. Available 24 hours a day, 7 days per week, 365 days per year. There are no exceptions to this rule except by special contractual agreement between ConnectiCare and a Consultation Services Vendor.
  - c. A secure, HIPAA-compliant web platform for scheduling and communication with members and Providers.
  - d. A communication platform that provides real-time interactive technology, transmission to another site for review at a later time that uses a camera or other technology to capture images or data to be recorded. Telemedicine services do not include the use of facsimile, audio-only telephone, texting or electronic mail.
  - e. Communication and record sharing with PCPs, with member permission.
  - f. Covers a broad set of low-acuity diagnoses.
  - g. Can bill the patient upfront via credit card.
  - h. Management of member eligibility.

- i. Reimburse the patient appropriately under Health Reimbursement Arrangements where the employer pays the first portion of the deductible directly to the provider.
  - j. Adequate controls in place for medication prescribing (e.g., no controlled substances, Policies and Procedures regarding antibiotic use).
  - k. Ability to exclude ConnectiCare lines of business that lack a telemedicine benefit.
  - l. Ability to provide adequate information within 48 hours in support of the CCI complaints and appeal processes.
  - m. Policies and Procedures to monitor Quality of Care and Quality of Service related to telemedicine services.
  - n. Adequate controls in place to provide a high level of customer service and technology usability.
2. Telemedicine Providers will provide members with full information regarding cost-share obligations and communication with member PCP (if the Telemedicine Provider is not the member PCP). Communication with member PCP can be through secure Electronic Medical Record transfer or fax.
3. The Telemedicine Vendor or Provider shall not be reimbursed or charge a member cost-share for consults which immediately result in:
  - a. An emergency room visit,
  - b. An urgent care center visit,
  - c. A 911 call,
  - d. A referral to another provider for management of the same condition,
  - e. A disrupted telemedicine connection before the consult is completed.
4. If a telemedicine service is provided but an office visit, emergency room visit, or urgent care visit occurs within 48 hours for the same or similar episode of care, as determined by ConnectiCare, the Telemedicine Vendor or Provider shall not be reimbursed for the TeleMedicine visit. Any member cost share collected by the TeleMedicine Vendor or Provider must be refunded.
5. Contracted Vendors and Providers and Provider Networks billing with CPT or HCPCS codes must use a GT Modifier. The GT Modifier defines a medical service that is via interactive audio and video telecommunications systems. The CPT codes available for billing with the GT Modifier are noted in **Appendix A**.
6. Contracted Vendors and Providers and Provider Networks billing with CPT or HCPCS codes and GT Modifier will be reimbursed no more than the contracted rate for a telemedicine service. There will be no facility charge.
7. The GQ Modifier will not be reimbursed.
8. Except by special contractual agreement between ConnectiCare and a Vendor or Provider or Provider Group, there is no reimbursement for:
  - a. Telephone Calls provided by a physician (CPT codes 99441-99443) or a non-physician (CPT codes 98966-98968)
  - b. Internet Services provided by a physician (CPT codes 99444) or a non-physician (CPT codes 98969)
9. All contracted vendors and providers must comply with the requirement specified in Connecticut Public Act No. 15-88, "An Act Concerning the Facilitation of Telehealth."

## APPENDIX A

2016 LIST OF CONNECTICARE MEDICAL TELEMEDICINE SERVICES	
Code	Short Descriptor
99211	Office/outpatient visit est
99212	Office/outpatient visit est
99213	Office/outpatient visit est
99406	Behav chng smoking 3-10
99407	Behav chng smoking > 10

2016 LIST OF CONNECTICARE BEHAVIORAL HEALTH TELEMEDICINE SERVICES	
Code	Short Descriptor
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx pt&/family 30 minutes
90833	Psytx pt&/fam w/e&m 30 min
90834	Psytx pt&/family 45 minutes
90836	Psytx pt&/fam w/e&m 45 min
90837	Psytx pt&/family 60 minutes
90838	Psytx pt&/fam w/e&m 60 min
90845	Psychoanalysis
90846	Family psytx w/o patient
90847	Family psytx w/patient
96150	Assess hlth/behav init
96151	Assess hlth/behav subseq
96152	Intervene hlth/behav indiv
96153	Intervene hlth/behav group
96154	Interv hlth/behav fam w/pt