

REIMBURSEMENT POLICY

Televideo Consultations/Telehealth/Telemedicine Services

Active

Policy Number: General Coding - 007
Policy Title: Televideo Consultations/Telehealth/Telemedicine Services
Section: General Coding
Effective Date: 01/27/15

Description

This policy addresses the services that may be submitted via interactive audio and video communications and submission requirements.

Temporary Policy Changes Related to COVID 19

For the duration of the National Public Health Emergency related to COVID-19, Blue Cross is waiving some requirements in this reimbursement policy allowing for the following:

- Telehealth may be provided to both new and established patients
- Telehealth may be provided over the phone, without the requirement of the visual component
- Telehealth may be provided over a non-HIPAA compliant audio-visual application, such as Skype or FaceTime.

Due to COVID 19 Pandemic these codes are temporarily added to the policy with a start date of 2/4/2020 for the duration of the national public health emergency. When billing professional claims for non-traditional telehealth services for the duration of the Public Health Emergency (PHE), bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth. As a reminder, CMS is not requiring the "CR" modifier on telehealth services.

- 77427- Radiation treatment management, 5 treatments
- 80502- Clinical pathology consultation; comprehensive
- 90875- Individual psychophysiological therapy incorporation biofeedback training
- 94005- Home ventilator management care plan oversight of a patient
- 94664-Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
- 96121- Neurobehavioral status exam
- 96127-Brief emotional/behavioral assessment
- 96130-96131-Psychological testing evaluation services by physician or other qualified healthcare professional
- 96132-96133- Neuropsychological testing evaluation services by physician or other qualified healthcare professional
- 96136-96139- Psychological or neuropsychological test administration and scoring
- 96170-96171- Health behavior intervention, family (without the patient present)
- 97139- Therapeutic procedure, one or more areas, each 15 minutes
- 97151-97152- Behavior identification

- 97153- Adaptive behavior treatment
- 97154- Group adaptive behavior treatment
- 97155- Adaptive behavior treatment with protocol modification
- 97156- Family adaptive behavior treatment guidance
- 97157- Multiple-family group
- 97158- Group adaptive behavior treatment with protocol modification
- 99024-Postoperative follow-up visit, normally included in the surgical package
- 99221-99223- Initial hospital care, per day
- 99291-99292- Critical care, evaluation and management
- 99304-99306- Initial nursing facility care, per day
- 99315-99316- Nursing facility discharge day management
- 99327-99328- Domiciliary or rest home visit
- 99334-99336- Domiciliary or rest home visit
- 99341-99345- Home visit for the evaluation and management of a new patient
- 99347-99350- Home visit for the evaluation and management of an established patient
- 99337-Domiciliary or rest home visit for the evaluation and management of an established patient
- 99339-99340- Individual physician supervision of a patient (patient not present)
- 99377-99378- Supervision of a hospice patient (patient not present)
- 99379-99380- Supervision of a nursing facility patient (patient not present)
- 99381-99387 – New patient preventative medicine visits
- 99391-99397 – Established patient preventive medicine visits
- 99401 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
- 99402 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
- 99403 – Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
- 99404 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
- 99451-99452-Interprofessional telephone/internet/electronic health
- 99453-99454- Remote monitoring of physiologic parameter(s)
- 99457-99458- Remote physiologic monitoring treatment management services
- 99461- Initial care, per day, for evaluation and management of normal newborn infant
- 99473-99474- self-measured blood pressure using a device validated for clinical accuracy
- 99483- Assessment of and care planning for a patient with cognitive impairment
- 99484- Care management services for behavioral health conditions
- 99489- Complex chronic care management services
- 99490-99491-Chronic care management services
- 99492- Initial psychiatric collaborative care management
- 99493- Subsequent psychiatric collaborative care management
- 99494- Initial or subsequent psychiatric collaborative care management
- 99601- Home infusion/specialty drug administration, per visit (up to two hours)
- G0076- Brief (20 minutes) care management home visit for a new patient
- G0077- Limited (30 minutes) care management visit for a new patient
- G0078- Moderate (45 minutes) care management visit for a new patient

- G0079- Comprehensive (60 minutes) care management visit for a new patient
- G0080- Extensive (75 minutes) care management visit for a new patient
- G0081- Brief (20 minutes) care management home visit for an existing patient
- G0082- Limited (30 minutes) care management home visit for an existing patient
- G0083- Moderate (45 minutes) care management home visit for an existing patient
- G0084- Comprehensive (60 minutes) care management home visit for an existing patient
- G0085- Extensive (75 minutes) care management home visit for an existing patient
- G0086- Limited (30 minutes) care management home care plan oversight
- G0087- Comprehensive (60 minutes) care management home care plan oversight
- G0337- Hospice evaluation and counseling services, pre-election
- G0409- Social work and psychological services
- G2001- Brief (20 minutes) in-home visit for new patient post-discharge
- G2002- Limited (30 minutes) in-home visit for new patient post-discharge
- G2003- Moderate (45 minutes) in-home visit for new patient post-discharge
- G2004- Comprehensive (60 minutes) in-home visit for new patient post-discharge
- G2005- Extensive (75 minutes) in-home visit for new patient post-discharge
- G2006- Brief (20 minutes) in-home visit for an existing patient post-discharge
- G2007- Limited (30 minutes) in-home visit for an existing patient post-discharge
- G2008- Moderate (45 minutes) in-home visit for an existing patient post-discharge
- G2009- Comprehensive (60 minutes) in-home visit for an existing patient post-discharge
- G2011- Alcohol and /or substance (other than tobacco) abuse structured assessment
- G2013- Extensive (75 minutes) in-home visit for an existing patient post-discharge
- G2014- Limited (30 minutes) care plan oversight
- G2015- comprehensive (60 mins) care plan oversight
- G2058- Chronic care management services, each 20 minutes
- G2064- G2065-Comprehensive care management services for a single high-risk disease
- G2077- Periodic assessment; assessing periodically
- G9016- Smoking cessation counseling, individual
- G9187- Bundled payments for care improvement initiative home visit for patient assessment
- G9481- G9485-Remote in-home visit for evaluation and management of a new patient
- G9486- G9489- Remote in-home visit for evaluation and management of an established patient
- G9490- CMS innovation center models, home visit for patient assessment
- G9678- Oncology care model (OCM) monthly enhanced oncology services
- G9868- G9870- Receipt and analysis of remove, asynchronous images for dermatologic and or ophthalmologic evaluation
- G9873- First Medicare diabetes prevention program (MDPP) core session
- G9874- Four total Medicare diabetes prevention program (MDPP) core session
- G9875- Nine total Medicare diabetes prevention program (MDPP) core session
- G9876-G9877- Two Medicare diabetes prevention program (MDPP) core maintenance session (MS)
- G9890- Bridge payment: a one-time payment for the first Medicare diabetes prevention program (MDPP) core session, core maintenance session
- G9978-G9982- Remote in-home visit for the evaluation and management of a new patient
- G9983-G9986- Remote in-home visit for evaluation and management of an established patient

- G9987- Bundled payments for care improvement advanced (BPCI advanced) model home visit for patient assessment performed
- H0001- Alcohol and/or drug assessment
- H0015- Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan
- H0031- Mental health assessment, by nonphysician
- H0035- Mental health partial hospitalization
- H2012- Behavior health day treatment, per hour
- H2017- Psychosocial rehabilitation services
- H2019- Therapeutic behavioral service, per 15 minutes
- S0201- Partial hospitalization services, less than 24 hours, per diem
- S0265- Genetic counseling, under physician supervision, each 15 minutes
- S0270- Physician management of patient home care, standard monthly care rate (per 30 days)
- S0271- Physician management of patient home care, hospice monthly care rate (per 30 days)
- S0272- Physician management of patient home care, episodic care monthly case (per 30 days)
- S0311- Comprehensive management and care coordination for advanced illness, per calendar month
- S9140- Diabetic management program, follow-up visit to non-MD provider
- S9141- Diabetic management program, follow-up visit to MD provider
- S9152- Speech therapy, re-evaluation
- S9441- Asthma education, non-physician provider, per session
- S9443 - Lactation classes, non-physician provider, per session
- S9445- Patient education, not otherwise classified, non-physician provider, individual, per session
- S9446- Patient education, not otherwise classified, non-physician provider, group, per session
- S9453- Smoking cessation classes, non-physician provider, per session
- S9480- Intensive outpatient psychiatric services, per diem
- S9482- Family stabilization services, per 15 minutes
- S9484-Crisis intervention mental health services, per hour
- T1030- Nursing care, in the home, by registered nurse, per diem
- V5362- Speech screening
- V5363- Language screening

These additional temporary codes listed below **are not valid for Commercial, these codes are only valid for Medicare**, as stated above, when billing Medicare professional claims for non-traditional telehealth services for the duration of the Public Health Emergency (PHE), Bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth. As a reminder, CMS is not requiring the “CR” modifier on telehealth services.

- 97755- Assistive technology assessment
- 99281-99285- Emergency department visit
- 99217- Observation care discharge day management
- 99218-99220- Initial observation care, per day
- 99224-99226- Subsequent observation care, per day
- 99234-99236- Observation or inpatient hospital care

- 99238-99239- Hospital discharge day management
- 99468- Initial inpatient neonatal critical care
- 99469- Subsequent inpatient neonatal critical care
- 99471- Initial inpatient pediatric critical care
- 99472- Subsequent inpatient pediatric critical care
- 99475- Initial inpatient pediatric critical care
- 99476- Subsequent inpatient pediatric critical care
- 99477- Initial hospital care, per day
- 99478-99480- Subsequent intensive care, per day

Definitions

Televideo consultations may also be referred to as telemedicine or telehealth services.

Televideo consultations are interactive audio and video communications, permitting real-time communication between a distant site physician or practitioner and the member, who is present and participating in the televideo visit at a remote facility or at home. Members must be an established patient.

“Telemedicine” or Telehealth Services” means 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. A communication between licensed health care providers that consists solely of a telephone conversation, email, or facsimile transmission does not constitute telemedicine consultations or services. A communication between a licensed health care provider and a patient that consists solely of an email or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way interactive audio, and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, that facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient’s health care. A physician providing health care services by telemedicine shall be held to the same standards of practice and conduct as in-person health care services.

Policy Statement

Blue Cross provides reimbursement for certain televideo consultations.

Pre-recorded consultations are not covered. The consultation must be between a patient and practitioner. Provider to provider televideo consultations are not covered. Televideo consultations are not considered an e-visit.

Coverage of televideo-telehealth-telemedicine consultations includes office visits, psychotherapy, substance use disorders.

Facilities may be reimbursed for the origination fee. Both the consulting physician and the remote clinic or remote site will submit a claim for their services.

The consulting physician will bill the appropriate CPT evaluation and management (E/M), psychotherapy code, nutrition therapy or follow-up telehealth consult code. The remote provider will bill for the originating site facility fee only. This service is billable on either the professional or institutional claim format.

Remote Clinic or Remote Site Coding	<p>Q3014 – Telehealth originating site facility fee</p> <p>Rev Code 0780 – Telemedicine, General Classification</p>
Consulting Physician/Practitioner Coding	<p>GT modifier: Via interactive audio and video telecommunication systems. ****The GT modifier can be appended to the services listed below. <i>Effective 01/01/18, the GT modifier is no longer required for Medicare, but the use of the telehealth “Place of Service Code 02,” will meet the telehealth requirements.</i></p> <p>G0 modifier: Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke. According to Medicare, the Modifier G0 is valid for all: Telehealth distant sites codes billed with POS code 02, or Critical Access Hospitals, CAH method II, (revenue codes 096X, 097X, or 098X) or telehealth originating site facility fee, billed with HCPCS code Q3014.</p> <p>POS Code 02 describes services furnished via telehealth.</p> <p>95 – modifier: Synchronous Telemedicine Services rendered via a real-time interactive audio and video telecommunication system. <i>Services are between the physician/or other qualified healthcare professionals and a patient who is located at a distant site. The CPT Code submitted must meet same criteria and key components as if it was a face to face interaction. Only append modifier 95 to codes listed in CPT Appendix P.</i></p> <p><i>NOTE: 95 not valid for Medicare. Medicare is accepting this Modifier during the COVID emergency only.</i></p> <p>**** codes for above GT modifier note:</p> <ul style="list-style-type: none"> • 99201-99215 – Office or other outpatient visits • 99231-99233 – Subsequent hospital care services • 99307-99310 – Subsequent nursing facility care services • 99241-99255 – Consultations • 90791-90792 – Psychiatric diagnostic evaluation • 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840 – Psychotherapy • 90846 – Family psychotherapy (without the patient present) • 90847 – Family psychotherapy (conjoint psychotherapy) (with patient present) • 90849 – Multiple-family group psychotherapy • 90853 – Group psychotherapy (other than of multiple-family group)

	<ul style="list-style-type: none"> • 90863- Pharmacologic management, including prescription and review of medication, when performed with psychotherapy service. (This is a add on code) • 90951- 90970 – ESRD related services • 92227-92228- Remote imaging • 92521-92524 – Speech Evaluation • 92507, 92526 – Speech Therapy • 92606 - Therapeutic service(s) for the use of non-speech-generating device, including programming and modification • 92607 - Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour • 92608 - Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional <u>30</u> minutes (List separately in addition to code for primary procedure) • 92609 – Therapeutic services for the use of speech-generating device, including programming and modification • 93228-93229- External mobile cardiovascular telemetry • 93268, 93270-93272- External patient • 96040 – Medical genetics and genetic counseling, each 30 minutes face-to-face with patient/family • 96116 – Neurobehavioral status exam • 96156,96158,96159 Health behavior assessment New codes • 96164, 96165 Health behavior intervention, group New codes • 96167, 96168- Health behavior intervention New codes • 97110 – Therapeutic Exercises • 97112 – Therapeutic procedure-neuromuscular reeducation • 97116 – Gait training • 97129 – Cognitive Function Therapeutic Interventions; initial 15 minutes • 97130 – Cognitive Function Therapeutic Interventions; each additional 15 minutes • 97161-97164 – Physical Therapy • 97165-97168 – Occupational Therapy • 97530 – Therapeutic Activities • 97533 – Sensory Integrative Techniques • 97535 – Active daily living, self-care training • 97537 – Community/Work Reintegration • 97542 – Wheelchair Management • 97750 – Physical Performance Test • 97760 – Orthotic(s)management and training • 97761 – Prosthetic Training • 97763 - Orthotic(s)/prosthetic(s) management and/or training • G0108-G0109 – Individual and group kidney disease education services
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	<ul style="list-style-type: none"> • G0270– Individual medical nutrition therapy • G0406-G0408 – Follow-up inpatient telehealth consult • G0420-G0421 – Individual and group kidney disease education services • G0425-G0427 – ED consults • G0459 – Medication management • 99406-99407 – Smoking cessation services • 99408 -99409- alcohol and/or substance • 90845 – Psychoanalysis • 96160-96161 – Administration • 97802, 97803, 97804 – Medical nutrition therapy • 98960-98962- Education and training for patient self-management • 99354-99355 – Prolonged evaluation and management or psychotherapy services • 99356-99357 – Prolonged services in the inpatient or observation setting • 99495-99496 – Transitional Care Management Services • 99497-99498- advance care • 99605-99607- Medication therapy management service(s) by pharmacist • 90785 - Interactive complexity (List separately in addition to the code for primary procedure) • G0296 – Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making) • G0396-G0397 – Alcohol and/or substance (other than tobacco) abuse structured assessment • G0438-G0439 – Annual wellness visits • G0442 – Annual alcohol misuse screening, 15 minutes • G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes • G0444 – Annual depression screening, 15 minutes • G0445 – Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior • G0446 – Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes • G0447 – Face-to-face behavioral counseling for obesity, 15 minutes • G0506 – Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service) • G0508-G0509 – Telehealth consultation, critical care • G0513 – Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other
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	<p>outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in add to code for preventive service)</p> <ul style="list-style-type: none"> • G0514 – Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service) • G2086-G2088-Office-based treatment for opioid us disorder • G2011- Alcohol and /or substance (other than tobacco) abuse structured assessment • G9016-Smoking cessation counseling, individual • H2035-Alcohol and/or other drug treatment program, per hour • S9453-Smoking cessation classes, non-physician provider, per session
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Documentation Submission

All components of a service, as defined by the HCPCS must be met. Documentation must identify and describe the procedures performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Televideo/Telehealth/Telemedicine consultations are subject to the terms of the member's contract and may not be covered under the member's health plan.

Exclusions:

The Federal Employee Program (FEP) specifically excludes televideo consultations.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be reimbursed according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated, if appropriate, using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT / HCPCS Modifier: GQ, GT, 95, G0

ICD Diagnosis: N/A

ICD Procedure: N/A

HCPCS: 90785, 90791, 90792, 90832-90834, 90836-90840, 90845-90849, 90853, 90863
90951-90970, 92507, 92521-92524, 92526, 92227-92228, 92606-92609, 93228-93229, 93268, 93270-
93272, 96040, 96116, 96160, 96161, 98960-98962, 96156, 96158-96159, 96164-
96165, 96167, 96168, 97110, 97116, 97129, 97130, 97161-97164, 97165-
97168, 97530, 97533, 97535, 97537, 97542, 97750, 97760-97763, 97802-97804, 99201-99215, 99231-99233,
99241-99255, 99307-99310, 99354-99357, 99406-99409, 99495-99498, G0108- G0109, G0270, G0296,
G0396-G0397, G0406-G0408, G0420-G0421, G0425-G0427, G0438-G0439, G0442-G0447, G0459,
G0506, G0508-G0509, G0513-G0514, G2086-G2088, Q3014

Revenue Codes: 0780, 096X, 097X, or 098X

Deleted Codes: 2020 96150-96154

Policy History

Initial Committee Approval Date: January 27, 2015

Code Update: January 1, 2017
July 3, 2018
September 11, 2018
January 7, 2019
February 4, 2020

Policy Review Date: March 22, 2017
August 30, 2017
March 27, 2018
January 7, 2019
October 19, 2019
February 4, 2020

Cross Reference: General Coding: Telephone Calls Policy and the E-Visits Policy

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