

Telehealth and Telemedicine Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee'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 UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy describes reimbursement for Telehealth and Telemedicine services, which occur when the Physician or Other Qualified Healthcare Professional and the patient are not at the same site. Examples of such services are those that are delivered over the phone, via the Internet or using other communication devices. Note: For the purposes of this policy, the terms Telehealth and Telemedicine are used interchangeably.

Reimbursement Guidelines

UnitedHealthcare Community Plan will consider for reimbursement Telehealth services which are recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifiers GT or GQ, or G0 (numeric zero, not alpha O) for telehealth services related to acute stroke, as well as services recognized by the AMA included in Appendix P of CPT and appended with modifier 95.

In addition, UnitedHealthcare Community Plan recognizes certain additional services which can be effectively performed via Telehealth/Telemedicine. These services will be considered for reimbursement when reported with modifier GT or GQ:

- Medical genetics and genetic counseling services (code 96040)
- Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum (codes 98960-98962)
- Alcohol and/or substance abuse screening and brief intervention services (codes 99408-99409)
- Remote real-time interactive video-conferenced critical care evaluation and management of the critically ill or critically injured patient, use 99499

UnitedHealthcare Community Plan requires one of the telehealth-associated modifiers (GT, GQ, G0 or 95) to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth. UnitedHealthcare Community Plan will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately. Coding relationships for modifier GQ and modifier 95 are administered through the UnitedHealthcare Community Plan Procedure to Modifier Policy.

UnitedHealthcare Community Plan recognizes the CMS-designated Originating Sites considered eligible for furnishing Telehealth services to a patient located in an Originating Site.

Examples of Originating Sites are listed below:

- The office of a physician or practitioner;
- A hospital (inpatient or outpatient);
- A critical access hospital (CAH);
- A rural health clinic (RHC);
- A federally qualified health center (FQHC);
- A hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE: Independent renal dialysis facilities are not eligible Originating Sites
- A skilled nursing facility (SNF); and
- A community mental health center (CMHC)
- Mobile Stroke Unit
- Patient home - only for monthly end stage renal, ESRD-related clinical assessments, and for purposes of treatment of a substance use disorder or a co-occurring mental health disorder to an individual with a substance use disorder diagnosis.

UnitedHealthcare Community Plan 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
- Clinical social worker
- Certified Registered Nurse Anesthetists

UnitedHealthcare Community Plan recognizes but does not require Place of Service (POS) code 02 for reporting Telehealth services rendered by a physician or practitioner from a Distant Site. Modifiers GT, GQ or 95 are required instead to identify Telehealth services.

UnitedHealthcare Community Plan recognizes federal and state mandates regarding Telehealth and Telemedicine.

Telehealth Transmission

UnitedHealthcare Community Plan follows CMS guidelines which do not allow reimbursement for Telehealth transmission, per minute, professional services bill separately reported with HCPCS code T1014. They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered included in Telehealth services.

Telephone Services

UnitedHealthcare Community Plan follows CMS guidelines which do not allow reimbursement for telephone services which are non-face-to-face evaluation and management services by a Physician or Other Qualified Health Care Professional reported with CPT codes 98966-98968 or 99441-99443. They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered an integral part of other services provided.

On-Line Digital Evaluation and Management Services

UnitedHealthcare Community Plan aligns with CMS Physician Fee Schedule (PFS) guidelines and considers online digital evaluation and management services (99421-99423 and G2061-G2063) eligible for reimbursement. These codes must be reported according to the guidelines as outlined by the AMA in CPT.

Interprofessional Telephone/Internet/Electronic Health Record Consultations

UnitedHealthcare Community Plan follows CMS guidelines and considers interprofessional telephone/Internet assessment and management services reported by consultative physicians with CPT codes 99446-99449 and 99451-99452 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

Digitally Stored Data Services/Remote Physiologic Monitoring/Remote Physiologic Treatment Management

UnitedHealthcare Community Plan follows CMS guidelines and considers digitally stored data services or remote physiologic monitoring services reported with CPT codes 99453, 99454, 99457, 99458, 99473 and 99091 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

Remote Evaluation of Recorded Video and/or Images

UnitedHealthcare Community Plan follows CMS guidelines and considers remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days reported with HCPCS codes G2010 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

Brief Communication Technology-based Service

UnitedHealthcare Community Plan follows CMS guidelines and considers 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 reported with HCPCS code G2012 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

Opioid Use Disorder Treatment

UnitedHealthcare Community Plan follows CMS guidelines effective for services rendered on or after January 1, 2020, and considers office-based treatment for opioid use disorders, G2086-G2088, eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

State Exceptions

Arizona	CPT codes 99441, 99442, 99443, 98966, 98967 and 98968 billed with modifier GT is reimbursable for Behavioral Health Providers
California	Please see Attachment section for California's state specific list of Telemedicine codes that are reimbursable when billed with modifier GQ and/or 95 Per state regulations, CPT 99451 is reimbursable when billed with modifier GQ
Florida	Per state requirements, Modifier GT must be appended to all Telemedicine/Telehealth codes. Claim lines with Modifier 95 or GQ will deny Per state requirements, CPT codes H0001, H0031, H0046, H0047, H1000, H1001, H2000, H2010, H2019 and T1015 when billed with Modifier GT are reimbursable for FLMMA
Hawaii	Hawaii Medicaid has a state specific list of codes allowed in POS 02 when billed with modifier 95. See the Attachment section for Hawaii's state list.
Kansas	Kansas Medicaid has a state specific list of codes allowed in a Telehealth place of service (02). Per state requirements HCPCS code H0032 billed without modifier HA; H0031 & H2011 billed without modifier HO will deny. Modifier GT is considered informational only and not required.
Maryland	Per State Regulations, the delivery of Telehealth/Telemedicine eligible services must be reported with Modifier GT. Providers are required to bill the same place of service code that would be appropriate for a nontelehealth claim, based on the location of the provider rendering services. Telehealth/Telemedicine eligible services are reimbursable when delivered in a home setting (POS 12). SBHC (School Based Health Centers) are required to use POS 03 (School) with Modifier GT when reporting the delivery of Telehealth/Telemedicine eligible services. Maryland Medicaid does not recognize POS 02 (Telehealth) nor Telehealth/Telemedicine. Modifiers 95 or GQ and will deny if billed.
Michigan	Michigan Medicaid has a state specified list of codes allowed in a telehealth place of service (02) and GT Modifier. Per Michigan Medicaid State Regulations, neither the originating site or the distant site is permitted to bill BOTH the telehealth facility fee (Q3014) and the code for the professional service for the same beneficiary at the same time.
Mississippi	• CPT code S9470 billed with the GT modifier is reimbursable for MSCAN • CPT code S9110 billed with the U9 modifier is reimbursable for MSCAN
Missouri	Missouri Medicaid has a state specific list of codes allowed in place of service 02. Modifiers 95, G0, GQ, and GT are not allowed for billing purposes, except in POS 02 (telehealth) and 03 (school). See the Attachment section for Missouri's state list.
Nebraska	Per Nebraska Medicaid State regulations, Telemedicine policy will not apply as it has no restriction for Telemedicine services.

North Carolina	According to State Regulations, North Carolina requires modifier GT for certain Telemedicine Services. Please see Attachment section for the North Carolina state specific list of Telemedicine codes that will allow a GT modifier. The following codes are not covered for Telemedicine: G2010, G2061-G2063, 99451-99452, G2068-G2088, and 99091. NC Medicaid will allow codes 99441-99443, 99474, G0071, and T1015 without a GT modifier. Q3014 submitted with a GT modifier is allowed. State specialty limitations to include provider types listed within this policy as well as the following: • Licensed Professional Counselor • Licensed Mental Health Counselor and other Master's Level licensed types • Licensed Clinical Alcohol and Drug Counselor • Certified Applied Behavioral Analysis practitioner • Licensed Marriage and Family Therapist
Ohio	According to State Regulations, the following are reimbursable: • CPT codes H0031, 90863, and S9484 billed with modifier GT for Ohio MME • CPT codes 99201-99215, 99241-99245, 99251-99255, 92002, 92004, 92012, 92014 billed with GQ modifier for Ohio Medicaid and Ohio MME • CPT codes 90804-90858, 90863, 96118, H0001, H0004, H0005, H0006, and H0036 billed with GT modifier for Ohio Medicaid and Ohio MME • CPT codes 90792, 90833, 90836 and 90838 are reimbursable for OH MMP OH Medicaid has a state specific list of codes. See the Attachment section for Ohio's state list.
Pennsylvania	Due to State requirements: HCPCS code Q3014 billed with modifier GT is reimbursable for PA Medicaid
Texas	According to State Regulations, TX does not allow modifier GT for Telemedicine Services. All Telemedicine Services must be billed with modifier 95. Please see Attachment section for the Texas state specific list of Telemedicine codes. State specialty limitations apply.
Virginia	Virginia Medicaid (including CCC Plus) has a State specific telemedicine code list which allows a GT modifier. See the Attachment section for Virginia's state list.
Washington	Per Washington Medicaid State regulations, Telemedicine policy will not apply as it has no restriction for Telemedicine services.
Wisconsin	Wisconsin Medicaid has a state specified list of codes allowed in a telehealth place of service (02) and GT Modifier.

Definitions	
Asynchronous Telecommunication	Medical information is stored and forwarded to be reviewed at a later time by a physician or health care practitioner at a Distant Site. The medical information is reviewed without the patient being present. Also referred to as store-and-forward Telehealth or non-interactive telecommunication.
Distant Site	The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.
Originating Site	The location of a patient at the time the service being furnished via a telecommunications system occurs.

Physician or Other Qualified Health Care Professional	A Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
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.

Questions and Answers	
1	Q: How does UnitedHealthcare Community Plan reimburse for phone calls to patients that are not associated with any other service? For example, a pediatrician receives a call from a mother at 2 A.M. regarding an asthmatic child having difficulty breathing. The physician is able to handle the situation over the phone without requiring the child to be seen in an emergency room. On what basis will the visit be denied? A: UnitedHealthcare Community Plan will not reimburse for these services (99441-99443 or 98966-98968), as they are considered included in the overall management of the patient.
2	Q: A physician makes daily telephone calls to an unstable diabetic patient to check on the status of his condition. These services are in lieu of clinic visits. Will UnitedHealthcare Community Plan reimburse the physician for these telephone services? A: No, UnitedHealthcare Community Plan will not reimburse telephone services (99441-99443 or 98966-98968), as they are considered included in the overall management of the patient.
3	Q: What is the difference between Telehealth services and telephone calls? A: 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.
4	Q: If a provider renders the professional component for a diagnostic service, at a Distant Site from the patient, should modifier GT be reported? A: No. Modifier GT indicates a face-to-face encounter utilizing interactive audio-visual communication technology. Therefore, it is not appropriate to report modifier GT in this scenario since this does not represent a face-to-face encounter. However, use of modifier 26 would be appropriate to designate that the professional component of the diagnostic service was provided. Please refer to the Professional/Technical Component Policy for more information.

Attachments	
 UnitedHealthcare Community Plan Codes Recognized with Modifier GT, GQ or G0	A list of codes that UnitedHealthcare Community Plan codes recognized when reported with modifier GT, GQ or G0
 UnitedHealthcare Community Plan Codes Recognized with Modifier 95	A list of codes that UnitedHealthcare Community Plan codes recognized when reported with modifier 95
 UnitedHealthcare Community Plan CALIFORNIA State Telemedicine Code List	California state specific list of codes recognized when reported with modifier GQ and 95
 UnitedHealthcare Community Plan HAWAII State Telemedicine Code List	Hawaii state specific list of Telemedicine codes and modifiers allowed in POS 02
 UnitedHealthcare Community Plan KANSAS State Telemedicine Code List	Kansas state specific list of Telemedicine codes allowed in POS 02
 UnitedHealthcare Community Plan MISSOURI State Telemedicine Code List	Missouri state specific list of Telemedicine codes allowed in POS 02

Attachments	
 UnitedHealthcare Community Plan NORTH CAROLINA State Telemedicine Code List	North Carolina state specific list of codes allowed with modifier GT
 UnitedHealthcare Community Plan OHIO State Telemedicine Code List	Ohio state specific list of Telemedicine codes and recognized modifiers
 UnitedHealthcare Community Plan TEXAS State Telemedicine Code List	Texas state specific list of Telemedicine codes recognized with modifier 95.
 UnitedHealthcare Community Plan VIRGINIA State Telemedicine Code List	Virginia state specific list of codes recognized when reported with modifier GT
 UnitedHealthcare Community Plan WISCONSIN State Telemedicine Code List	Wisconsin state specific list of Telemedicine codes allowed in POS 02

Resources
Individual state Medicaid regulations, manuals & fee schedules American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets.	
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files.	
History	
2/28/2021	Policy Version Change State Exceptions: North Carolina added Attachment Section: Hawaii list updated, North Carolina list added
2/14/2021	Policy Version Change Attachment Section: Hawaii list updated
1/11/2021	Policy Version Change On-Line Digital Evaluation and Management Services section updated
1/1/2021	Policy Version Change Attachment Section: California, Hawaii, Kansas, Louisiana, Missouri, Texas, Virginia, and Wisconsin lists updated. Codes Recognized with modifiers GT, GQ, or G0 and Codes Recognized with Modifier 95 updated. History prior to 1/1/2019 archived
12/14/2020	Policy Version Change State Exception section: Michigan
11/29/2020	Policy Version Change State Exception section: Florida Attachment Section: Texas list updated
9/13/2020	Policy Version Change State Exception section: Maryland
8/21/2020	Policy Version Change State Exception section: Kansas
7/17/2020	Policy Version Change Attachment Section: Added G0 to the list name State Exception section: Iowa removed
6/14/2020	Policy Version Change State exceptions section: Mississippi Updated
5/21/2020	Policy Version Change State exceptions section: Missouri Updated
4/19/2020	Policy Version Change Attachments Section: Hawaii list updated
4/7/2020	Attachment Section: Codes 96156-96168 added to GT/GQ/G0 list due to late additions from CMS 1/1/2020 eligible list
4/5/2020	Policy Version Change State exceptions section: Michigan updated
3/30/2020	Policy Version Change State exceptions section: Washington updated Attachments Section: Washington list removed
3/17/2020	Policy Version Change State exceptions section: Removed reference to Louisiana Attachments section: Removed excel file and verbiage related to Louisiana Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the "Louisiana Only" policy
3/6/2020	Annual Anniversary Date and Version Change Reimbursement Guidelines Section: Modifier and Place of Service tables removed and verbiage updated

3/1/2020	Policy Version Change Attachments Section: List Updates California and Washington
2/17/2020	Policy Version Change State Exception section updated: Maryland Attachments Section: Removed New Mexico
1/1/2020	Policy Version Change Codes and Modifiers Section: Revised Online Evaluation and Management Evaluation codes, Interprofessional Telephone/Internet/Electronic Health Record Consultations, Digitally Stored Data Services/Remote Physiologic Monitoring/Remote Physiologic Treatment Management, Remote Evaluation of Recorded Video and/or Images, Brief Communication Technology-based Service and added Opioid Use Treatment Attachment Section Updated: Codes Recognized with modifiers GT or GQ, Codes Recognized with modifier 95, California, Hawaii, Kansas, Louisiana, Missouri, Virginia, Washington and Wisconsin History prior to 1/1/2018 archived
12/9/2019	Policy Version Change State Exception section updated: Louisiana Attachment Section Updated: LOUISIANA State Telemedicine Code List
11/24/2019	Attachment Section updated: Ohio
11/17/2019	Attachment Section updated: Virginia
10/06/2019	State Exception section updated: Florida State Exception section updated: California State Exception section updated: Maryland Attachment Section updated: California Attachment Section updated: Virginia
10/01/2019	Policy Version Change Attachment Section: Codes Recognized with modifiers GT or GQ List and Codes Recognized with Modifier 95 List updated by removing 99241-99255 consultation services codes.
9/13/2019	Attachment section updated: Hawaii and Kansas
8/11/2019	State Exception section updated: Maryland Attachment section updated: Virginia
7/01/2019	Policy Version Change Codes and Modifiers Section: Clarification of GQ modifier and 95 modifier processing Added permissible conditions for home as an originating site Definition Section: Removal of Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions, Audio-Visual Communication Technology Q&A #3: Added "audio transmission" to answer
6/7/2019	State Exception section updated: Florida
5/19/2019	State Exception section updated: Missouri and Ohio
4/5/2019	Annual Anniversary Date and Version Change Title Section: Removed Annual Approval information & moved policy # to the header.

2/08/2019	Codes and Modifiers Section: Added 98960-98962, 99408, 99409 info back in State Exception section updated: New Mexico & Washington Attachments section updated: Louisiana, New Mexico & Washington and Codes Recognized with modifiers GT or GQ List
1/13/2019	State Exception section updated: Washington
1/1/2019	Policy Version Change Application Section: Removed Community and State and Medicare and Retirement information Reimbursement section: Added modifier G0, added originating sites and types of non-face-to-face services Definition section: Updated Telehealth/Telemedicine definition and physician or other qualified health care professional definition Removed previous Q&A #3. Updated definitions in current Q&A #3. Attachments Section: Lists updated, removed NM History prior to 1/1/2017 archived
1/6/2006	Policy implemented by UnitedHealthcare Community & State