

Telemedicine

Policy

AllWays Health Partners reimburses contracted providers for covered, medically necessary telemedicine services.

In line with Chapter 224 of the Acts of 2012, AllWays Health Partners defines telemedicine as the use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of audio-only telephone, fax machine, or email.

AllWays Health Partners providers must deliver telemedicine services via a secure and private data connection. All transactions and data communication must be in compliance with the Health Insurance Portability and Accountability Act (HIPAA). For more information on HIPAA and electronic protected health information (EPHI) compliance, please see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html>.

Providers offering telemedicine must meet all licensure and regulatory requirements set forth by the state in which the member is physically located at the time of service.

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. Asynchronous telecommunication is also referred to as store-and-forward telehealth or non-interactive telecommunication.

Interactive audio and video telecommunication

Medical information is communicated in real-time with the use of interactive audio and video communications equipment. The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported. The patient must be present and participating throughout the communication.

Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the AllWays Health Partners Payment Policy and by the provider's agreement with AllWays Health Partners. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

AllWays Health Partners reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [Coding Provider Payment Guidelines](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

AllWays Health Partners reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

*Mass Health or MyCare Family members:
Telemedicine services are not reimbursable*

*Commercial members:
Entire Policy Applies*

AllWays Health Partners Reimburses

- Services rendered to members aged 24 months and older.
- Certain Evaluation and Management (E/M) services when submitted with Modifier 95, on Form CMS 1500.
 - Office or other outpatient visit for the evaluation and management of a new patient. Typically, 10 minutes are spent face to face with the patient and/or family
 - Office or other outpatient visit for the evaluation and management of an established patient. Typically, 5 minutes are spent performing or supervising these services
 - Office or other outpatient visit for the evaluation and management of an established patient. Typically, 10 minutes are spent face to face with patient and/or family

AllWays Health Partners Does *Not* Reimburse

- Claims for services provided at times other than regularly scheduled hours
- Asynchronous telecommunication
- Costs associated with enabling or maintaining contracted providers' telemedicine technologies
- Inter-professional telephone or internet consultations
- Online medical evaluation

- Services rendered to members aged under 24 months
- Telemedicine services not reported with Modifier 95
- Telephone services

Services provided outside usual office hours through interactive mechanisms are not eligible for the addition of a 99050, 99051, 99053, 99056, 99058, 99060 code since interactive services are not limited to standard office hour timeframes.

Communication with the member’s PCP and other treating providers is expected as part of the service and is not compensated separately. Provider-to-provider discussions without the member being present are not separately compensated.

Procedure Codes

Note: This list of codes may not be all-inclusive. Inclusion of a code does not imply or guarantee coverage or separate reimbursement.

Code	Descriptor	Comments
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Not reimbursed
98967	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Not reimbursed
98968	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Not reimbursed
98969	Online assessment and management service provided by a qualified non-physician health care professional to an	Not reimbursed

	established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network	
99201	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 10 minutes are spent face to face with the patient and/or family.	Reimbursable when reported with Modifier 95
99211	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 5 minutes are spent performing or supervising these services	Reimbursable when reported with Modifier 95
99212	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 10 minutes are spent face to face with patient and/or family	Reimbursable when reported with Modifier 95
99213	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 15 minutes are spent face to face with patient and/or family	Reimbursable when reported with Modifier 95
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	Not reimbursed
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	Not reimbursed
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	Not reimbursed
99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a	Not reimbursed

	related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network	
G9978-G9982	Remote in-home visit for the evaluation and management of a new patient	Not reimbursed
G9983-G9986	Remote in-home visit for the evaluation and management of an established patient	Not reimbursed
G9987	Bundled Payments for Care Improvement Advanced (BPCI Advanced) model home visit for patient assessment	Not reimbursed

Modifiers

Modifier	Descriptor	Reimbursement
95	Synchronous Telemedicine Service Rendered Via a Real-time Interactive Audio and Video Telecommunications System	Reimbursement is calculated using 50% of the Practice Expense (PE) Relative Value Unit (RVU) for the service
GT	Via interactive audio and video telecommunication systems	Reimbursement is calculated using 50% of the Practice Expense (PE) Relative Value Unit (RVU) for the service

Related Documents

Provider Payment Guidelines and Documentation

All claims are subject to audit services and medical records may be requested from the provider.

Modifiers

Practitioners must use Modifier GT (Via interactive audio and video telecommunications systems) or Modifier 95 (Synchronous Telemedicine Service Rendered Via a Realtime Interactive Audio and Video Telecommunications System) to differentiate a telemedicine encounter from an in-person encounter with the patient. When reporting Modifier GT or Modifier 95, the practitioner is attesting that services were rendered to a patient via an interactive audio and visual telecommunications system.

Place of Service

Utilize Place of Service 02 (“The location where Health Services and Health related services are provided or received, through a telecommunication system”) on the claim to indicate that the service was delivered via telemedicine.

Reimbursement

Reimbursement for telemedicine services is calculated using a reduced Practice Expense (PE) Relative Value Unit (RVU).

Related AllWays Health Partners Payment Guidelines

[General Coding and Billing](#)
[Evaluation and Management Services](#)
[Modifiers](#)

References
[CMS Place of Service guidance](#)

Publication History

Topic: Telemedicine	Owner: Network Management
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<i>July 15, 2017</i>	<i>Original Documentation of policy</i>
<i>August 24, 2017</i>	<i>Clarity on type of form accepted; addition of information regarding provider licensing</i>
<i>April 20, 2018</i>	<i>Removed modifier GT</i>
<i>January 1, 2019</i>	<i>Document restructure; codes, code descriptor and references updated. Added G9978-G9987. Add modifier GT</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners ' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers ‘contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.