Telemedicine

Policy

Mass General Brigham Health Plan reimburses contracted providers for covered, medically necessary telemedicine services.

Telemedicine is defined as the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to; interactive audio-video technology; remote patient monitoring devices; audio-only telephone; and, online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating, managing, or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.

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. It would not be appropriate to report a telephone only (telehealth) service that requires face-to-face interaction.

Mass General Brigham Health Plan 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:
Summary of the HIPAA Security Rule.

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. 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.

Telemedicine

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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.

Mass General Brigham Health Plan Reimburses

- Services consistent with applicable state mandates and in accordance with the member's benefit plan document.
- Clinically appropriate, medically necessary covered services.
- The components of any evaluation and management services (E&M) provided via the telemedicine technologies includes at least a problem focused history and straight forward medical decision making, as defined by the current version of the Current Procedural Terminology (CPT) manual.
- Providers performing and billing telemedicine/telehealth services that are eligible to independently perform and bill the equivalent face-to-face service.
- For services conducted where a permanent record of online communications relevant to the ongoing medical care and follow-up of the patient is maintained as part of the patient's medical record.
- Services that are filed with the appropriate modifiers and place of service codes.

Mass General Brigham Health Plan Does *Not* Reimburse

- Claims for services that require equipment and/or direct hands-on care that cannot be provided remotely
- Claims for after hours CPT codes 99050, 99051, and 99053 will not be reimbursed.
- Costs associated with enabling or maintaining contracted providers' telemedicine technologies
- Inter-professional telephone or internet consultations
- Facility telemedicine services reported without a modifier GT

- Professional telemedicine services reported without a modifier from table below *(Note: Telephonic and Digital E/M's should not be appended with telemedicine modifiers.).*
- A follow-up preventive visit when initial preventive visit has been rendered via telehealth.
- Services incidental to an E&M service, counseling, or medical services covered by this policy. Examples include, but are not limited to: Reporting of test results, Provision of educational materials, administrative matters, including but not limited to, scheduling, registration, updates to billing information, reminders, etc.
- A Telemedicine/Telehealth service that occurs the same day as a face-to-face visit when performed by the same provider for the same condition.
- Telemedicine/Telehealth E&M services that are performed on the same day as a surgical procedure, unless it is a significant and separately identifiable service, or it is above and beyond the usual preoperative and postoperative care associated with the procedure.
  Telehealth transmission, per minute.

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

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

Code	Telephonic & Digital E&M Code Descriptions	Comment
98000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When	Reimbursable for Commercial LOB only

Code	Telephonic & Digital E&M Code Descriptions	Comment
	using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Reimbursable for Commercial LOB only

Code	Telephonic & Digital E&M Code Descriptions	Comment
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	Reimbursable for Commercial LOB only
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Reimbursable for Commercial LOB only
98016	Brief communication technology-based service (eg, 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 evaluation and	Reimbursable for Commercial LOB only

Code	Telephonic & Digital E&M Code Descriptions	Comment
	management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.	
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.	
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.	
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.	
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.	
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.	
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.	

Code	Telephonic & Digital E&M Code Descriptions	Comment
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.	
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.	
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.	
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	

Modifiers

Modifier	Description
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system (Effective January 1, 2022).
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system.
FR	The supervising practitioner was present through two-way, audio/video communication technology (Effective January 1, 2022).
FQ	Service furnished using audio-only communication technology..
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
GQ	Via asynchronous telecommunications system..
GT	Via interactive audio and video telecommunications system.

Updates to Telemedicine Place of Service Codes:

- **Commercial and Medicare Advantage, Effective 1/1/2022**
- **MassHealth/ACO, Effective 10/01/2023**

POS 02: Telehealth Provided Other than in Patient's Home:
The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

POS 10: Telehealth Provided in Patient's Home:
The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care.

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

Commercial rate adjustment for specialty services delivered via telehealth beginning January 1, 2024

At the start of the COVID-19 pandemic, Mass General Brigham Health Plan implemented a temporary change to reimburse telehealth services at parity with in-person visits in alignment with public health recommendations and regulatory guidance. On January 1, 2024, the Plan will return to the pre-pandemic practice of a rate differential for services rendered via telehealth versus in-person. Services

delivered via telehealth will pay at 85% of in-person rates, with exceptions for primary care, behavioral health, unless otherwise specified in a provider's contract and/or applicable state regulations. These excluded services will continue to be reimbursed at 100% of in-person rates.

In accordance with the State of Massachusetts, in the case of Telehealth Visits, a Health Care Professional must receive consent from a patient that the encounter will constitute a Visit and may be subject to Health Benefit Plan Cost-sharing if the Health Care Professional ever seeks reimbursement for the Telehealth encounter from either the patient or the patient's Carrier.

Related Mass General Brigham Health Plan Payment Guidelines

Laboratory and Pathology
General Coding and Billing
Vaccines and Immunizations Payment Policy
Evaluation and Management Services
Modifiers

References

Centers for Medicare and Medicaid Serivces, List of Telehealth Services
Commonwealth of Massachusetts, General Law 260 - Part I, Title IV, Chapter 32A, Section 30
MassHealth, All Provider Bulletin 364, Provider-to-Provider E-Consults
MassHealth, All Provider Bulletin 379, Access to Health Services through Telehealth Options
MA 211 CMR 52

Publication History

Topic: Telemedicine	Owner: Network Management

July 15, 2017	*Original Documentation of policy*
August 24, 2017	*Clarity on type of form accepted; addition of information regarding provider licensing*
April 20, 2018	*Removed modifier GT*
January 1, 2019	*Document restructure; codes, code descriptor and references updated. Added G9978-G9987. Add modifier GT*
October 28,2019	*Updated to reflect MassHealth coverage*

March 26, 2020	*Added 99202-99205 and 99214-99215; Temporary telephonic& digital code updates for Covid-19 State of Emergency: 99441-99443, 98966-98968, 99421-99423, 98970-98972*
April 09, 2020	*Added or GT (unless services are telephonic or digital during Covid-19 state of emergency)*
May 19, 2022	*Updated coding grid, place of service updates, and administrative edits*
July 7, 2022	*Administrative edits*
November 9, 2022	*Updated modifier grid, added references*
January 1, 2023	*Document rebrand*
October 1, 2023	*Added MassHealth effective date for Telemedicine place of service codes*
November 1, 2023	*Added specialty service telehealth rates effective January 1, 2024*
January 1, 2024	*Annual review, no policy change*
January 1, 2025	*Annual review; updated CPT grid*

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 Mass General Brigham Health Plan's 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.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.