

Telehealth Services

Policy Number:

MM.12.027

Line(s) of Business:

HMO; PPO

Section:

Other/Miscellaneous

Place(s) of Service:

Home; Telehealth; Office; Other

Original Effective Date:

01/01/2017

Current Effective Date:

01/01/2017

I. Description

Telehealth is the use of telecommunications services to transmit patient medical information through store and forward technologies, remote monitoring, live consultation, and mobile health. The purpose of telehealth services is to deliver enhanced health care services and information when a patient and a health care provider are unable to meet face-to-face. There are many opportunities for improving health care access in Hawaii through the use of telehealth, especially in areas of Hawaii faced with a shortage of health care providers.

II. Criteria/Guidelines

- A. Telehealth services are covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:
 - 1. Telehealth services are provided by a licensed health care provider working within the scope of their practice.
 - a. For PPO plans, telehealth may be used to establish a health care provider-patient relationship when a provider has a license to practice.
 - b. For QUEST Integration and HMO plans:
 - i. Telehealth may be used to establish a primary care provider (PCP)-patient relationship when a PCP has a license to practice in Hawaii and is in-network.
 - ii. In-network provider-patient relationships may be established via telehealth if the patient is referred by the patient's established PCP, unless excluded by the patient's health plan.
 - iii. Out-of-network telehealth services will only be covered if the health plan referral requirements of the patient's plan are met prior to the services being rendered.
 - 2. The telehealth service is covered if it would have been covered for an in-person encounter.
 - 3. The telehealth services are provided through one of the following methods, including but not limited to:
 - a. Real-time video conferencing-based communication;
 - b. Secure interactive and non-interactive web-based communication; and

- c. Secure asynchronous information exchange to transmit patient medical information, including diagnostic quality digital images and laboratory results for medical interpretation and diagnosis.
- 4. Telehealth services must include a documented patient evaluation, including history and a discussion of physical symptoms adequate to establish a diagnosis and treatment plan. The documentation must be consistent with standards as defined by Current Procedural Terminology (CPT).
- B. Telehealth services are covered (subject to Limitations and Administrative Guidelines) without geographic restrictions on a patient’s or health care provider’s location.
- C. The use of a telehealth modality to prescribe controlled substances or medical marijuana is covered (subject to Limitations and Administrative Guidelines) only when a physician-patient relationship has been previously established through an in-person encounter.
 - 1. An in-person visit is required at least every six months for opioid prescriptions for chronic conditions.
 - 2. Telehealth prescriptions for doses beyond plan formulary quantity limits are not allowed.

III. Limitations

- A. Standard telephone contact, facsimile transmission, or email—in combination or individually—does not constitute a telehealth service and is not covered.
- B. Issuing a prescription based solely on an online questionnaire does not constitute a telehealth service and is not covered.

IV. Administrative Guidelines

- A. Services that require precertification when rendered in-person also require precertification when rendered via telehealth. See the relevant HMSA medical policy for coverage criteria.
- B. Documentation supporting medical necessity should be legible and maintained in the patient’s medical record and made available to HMSA upon request. HMSA reserves the right to perform retrospective reviews using the above criteria to validate if services rendered met Payment Determination Criteria.
- C. All telehealth services provided must be consistent with all federal and state privacy, security, and confidentiality laws, and all state and federal laws governing telehealth services.
- D. All telehealth services provided must be consistent with all terms and conditions of the patient’s health plan and health care provider’s contract, if applicable.
- E. Emergency department telehealth services for QUEST Integration and HMO plan members do not require referral from a PCP.
- F. Telehealth services may be billed with place of service code 02:

POS Code	Description
02	The location where health services and health related services are provided or received, through a telecommunication system.

- G. This listing is a summary of CPT codes that may be used for reporting telemedicine services when appended by modifier 95 for CPT approved codes or modifier GT or GQ for CMS approved codes

CPT Code	Description
0188T, 0189T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient
90791 – 90792	Psychiatric diagnostic interview examination
90832 - 90834, 90836 -90838	Individual psychotherapy
90845, 90846, 90847	Family psychotherapy
90863	Pharmacologic management
90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961	End-Stage Renal Disease (ESRD)-related services
90963 – 90966	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month
90967 – 90970	End-Stage Renal Disease (ESRD)-related home services
92227, 92228	Remote imaging detection of retinal disease
93228	External mobile cardiovascular telemetry with electrocardiographic recording
93229	Technical support for connection and patient instructions for use
93268, 93270 – 93272	External patient and, when performed, auto activated electrocardiographic rhythm
93298, 93299	Implantable loop recorder system
96040	Medical genetics and genetic counseling services
96116	Neurobehavioral status examination
96150–96154	Individual and group health and behavior assessment and intervention
97802 – 97804	Medical nutrition therapy face-to-face with patient, each 15 minutes
98960 – 98962	Education and training for patient self-management
99201 – 99215	Office or other outpatient visits
99231 – 99233	Subsequent hospital care services
99241 – 99245	Office consultation for a new or established patient
99251 – 99255	Inpatient consultation for a new or established patient
99307 – 99310	Subsequent nursing facility care services
99354 – 99357	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service
99406, 99407	Smoking cessation services
99408, 99409	Alcohol and substance abuse services
99495, 99496	Transitional care management services
99497, 99498	Advanced care planning

H. This listing is a summary of HCPCS codes that may be used for reporting telemedicine services when appended by modifier GT or GQ:

HCPCS Code	Description
G0108 – G0109	Individual and group diabetes self-management training services
G0270	Individual and group medical nutrition therapy
G0396 – G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services
G0406 –G0408	Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs
G0420 – G0421	Individual and group kidney disease education services
G0425 – G0427	Telehealth consultations, emergency department or initial inpatient
G0438, G0439	Annual wellness visit
G0442	Annual alcohol misuse screening
G0443	Brief face-to-face behavioral counseling for alcohol misuse
G0444	Annual depression screening
G0445	High-intensity behavioral counseling to prevent sexually transmitted infection
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease
G0447	Face-to-face behavioral counseling for obesity
G0459	Telehealth pharmacologic management
G0508	Telehealth consultation, initial critical care
G0509	Telehealth consultation, subsequent critical care

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. If a treating physician disagrees with HMSA's determination of medical necessity, the physician may request that HMSA reconsider the application of the medical necessity criteria by providing additional supporting documentation (e.g. clinical records, scientific evidence, professional journals, etc.).

VI. References

1. Act 226 (July 7, 2016) (to be codified at HRS Chapters 346, 431, 432, 453, 457, 671).
2. CPT 2017 Standard.