

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Telemedicine and Telehealth
Policy Number	1.01.49
Category	Contract Clarification
Original Effective Date	06/22/06
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Revised Effective Date	02/16/23
Archived Date	06/25/09-12/08/11
Archive Review Date	08/27/09, 08/26/10
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program(DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

****MEDICARE ADVANTAGE MEMBERS are covered for Telemedicine under the Supplemental benefit of remote access technologies, which provides the same benefits as commercial policies****

****Additional coverage for MEDICAID MANAGED CARE/HARP MEMBERS is addressed at the end of this document.****

POLICY STATEMENTS

- I. The Health Plan offers coverage for telemedicine services, including services via a telemedicine vendor. Benefits are provided in accordance with the member's subscriber contract.
- II. When providers who do not participate in the Health Plan's telemedicine vendor program are not utilized, the following criteria will apply.
 - A. Originating and Distant Site defined:
 1. An "*originating site*" is where the **patient is located** when the service is being furnished via a Health Insurance Portability and Accountability Act (HIPAA)-compliant telecommunications system such as, but not limited to, a practitioner's office, a hospital, a health clinic, a skilled nursing facility within the State of New York, an adult care facility, an elementary or secondary school within the State of New York, a school-age child care program within the State of New York, a child day care center located within the State of New York, in the patient's home located within the State of New York or in another, temporary location within or outside the State of New York.
 2. A "*distant site*" is where the **practitioner providing the professional service is located** when the service is provided via a HIPAA-compliant telecommunications system.
 - B. Based upon our criteria, the following telemedicine and telehealth services using a synchronous (real-time) telecommunications system to substitute for an in-person encounter are considered **medically appropriate** when services are telecommunicated from an originating site to a distant site, when the patient is present and participating in the visit, and when benefits are available in accordance with the member's subscriber contract:
 1. Consultations
 2. Initial or follow-up inpatient telehealth consultations
 3. Office or other outpatient visits
 4. Subsequent hospital or skilled nursing facility care services (limited to one telehealth visit every three days)

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5. Individual psychotherapy or psychiatric diagnostic interview examination
 6. Pharmacologic management
 7. Individual and group medical nutrition education; and
 8. Individual and group diabetes self-management training services
- C. Based upon our criteria, the use of asynchronous (e.g., store and forward) telecommunication systems are considered **medically appropriate** in accordance with the criteria listed in Policy Statement II when:
1. The use of the telecommunication system addresses a care access issue within the designated population; and
 2. The medical literature on the use of the asynchronous technology has demonstrated favorable impacts on health outcomes for a specific patient population (e.g., acute illnesses in the pediatric age group); and
 3. The telecommunication system is capable of providing clear audio and video communication using a digital camera with attachments designed to capture pertinent clinical findings, such as an electronic stethoscope, to assess ear, nose, throat, skin, and eye conditions; and
 4. The clinical evaluation occurs and is communicated back to the patient within the same business day.
- D. Based upon our criteria, when the originating site is a personal originating site (e.g., the patient's home or worksite), subsequent ongoing care by a provider for long-distance relationships is considered **medically appropriate** only if there are arrangements for handling emergency situations locally that are consistent with established local care practice.
- E. For Medicaid Managed Care members, telemedicine via audio-only telephone communication, facsimile machine, or electronic messaging alone, is not covered as a telehealth service. *Please refer to the link at the end of this document, NYS Medicaid Update: March 2020 Volume 36 - Number 4, for telephonic communication services effective March 13, 2020 during the current state of emergency only.*

Refer to Administrative policy #AP-22, Telemedicine and Telehealth

POLICY GUIDELINES

- I. In accordance with New York State regulations, for new or renewing commercial policies on or after January 1, 2016, coverage may not be excluded for services delivered via telehealth. Coverage may be subject to member cost-sharing, as long as it is at least as favorable to the member as the cost-sharing established for the same service when not delivered via telehealth. Coverage may also be subject to reasonable utilization management and quality assurance requirements that are consistent with those established for the same service when not delivered via telehealth.
- II. Refer to the member's subscriber contract for specific contract benefits and limitations, including member deductibles and co-payments for services rendered.
- III. The patient must provide consent, prior to the telecommunication services being rendered, acknowledging the service will be considered as an evaluation and management service by the practitioner.
- IV. The clinical/distant site must develop a process for obtaining co-payments and deductibles, where applicable per the member's subscriber contract. *Please refer to the following New York State Department of Financial Services link, which waives member cost-sharing during the State of Emergency effective March 16, 2020: https://www.dfs.ny.gov/industry_guidance/coronavirus/health_insurers_coverage_requirements*
- V. Providers rendering telemedicine services must verify with the Health Plan that they utilize HIPAA-compliant telecommunication systems/devices. For example, the Health Plan does not consider the following telecommunication systems to be HIPAA-compliant, including but not limited to, FaceTime, Skype, texting, and social media. *Please refer to the following link for Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.*

DESCRIPTION

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Telehealth, telemedicine, and telemonitoring all utilize interactive telecommunication in order to provide designated services.

“Telehealth” includes a broad range of electronic information and communication technologies that support and promote long-distance health care services by a health care provider, including the assessment, diagnosis, consultation, treatment, education, care management, and/or self-management of a patient. Telehealth health care services are not delivered by means of facsimile machines or electronic messaging alone, although these technologies can be used if combined with telemedicine, store and forward technology, or remote patient monitoring. Telehealth offers a convenient way for a health care provider to deliver health care services without having to worry about the logistics of travel.

“Telemedicine” is a subset of telehealth that uses interactive telecommunication devices between a patient and a healthcare professional for the purpose of delivering clinical health care services, including the assessment, diagnosis, and treatment of the patient. Interactive telecommunication devices consist of equipment capable of transmitting two-way, real-time (**synchronous**) communications between a patient (originating site) and healthcare professional (distant site). Telemedicine can offer a convenient method of delivering health care services to patients in rural or underserved areas that may otherwise have limited or no access to the health care professionals they need.

“Store and forward technology” means the asynchronous, electronic transmission of a patient's health information in the form of patient-specific digital images and/or pre-recorded videos from a provider at an originating site to a telehealth provider at a distant site.

“Remote patient monitoring” (telemonitoring), is the use of synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a patient at an originating site and transmit it to a telehealth provider at a distant site for use in the treatment and management of medical conditions that require frequent monitoring (such as blood pressure checks, weight checks via a tele scale). Such conditions include, but are not limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition, or enteral feeding. Remote patient monitoring must be ordered by a physician licensed pursuant to Article 131 of the New York Education Law, a nurse practitioner licensed pursuant to Article 139 of the New York Education Law, or a midwife licensed pursuant to Article 140 of the New York Education Law, or a practitioner licensed under the comparable provisions of the laws of another state, with whom the patient has a substantial and ongoing relationship.

There are numerous types of telemedicine, telehealth, and remote patient monitoring (telemonitoring) services available, and additional services are emerging or under development. These services include, but are not limited to:

- I. Healthcare visits in the form of e-visits, telephone visits, web visits (including post-surgical follow-up visits), and kiosk care such as onsite or employer-based clinic services.
- II. Remote diagnostic services, such as tele-radiology, tele-pathology, and tele-echocardiography.
- III. Disease and chronic conditions management services (e.g., patients who have congestive heart failure (CHF) or diabetes, or who are in need of tele-mental health, tele-physical rehabilitation, or therapy).
- IV. Remote healthcare professional coverage for rural and underserved areas, as well as access to consultations with medical specialists or experts who are out of the service area and remote critical care monitoring (e-ICU) for patients in hospitals.
- V. Mobile healthcare delivery through smartphone applications promoting health or patient medication compliance and allowing the transfer of medical data and images.
- VI. Electronic messaging through the use of emails and texting between a patient and a clinician, which may include medication reminders and medical appointment reminders.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*

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- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

The list of billable telehealth codes is published and updated frequently by the Centers for Medicare & Medicaid Services (CMS). Please refer to <https://cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes> for the most up to date information.

The American Medical Association (AMA) provides coding and billing guidance related to telemedicine. For more information, please visit:

<https://www.ama-assn.org/practice-management/digital/ama-telehealth-policy-coding-payment>

<https://www.ama-assn.org/practice-management/cpt/cpt-appendix-t-and-modifier-93-audio-only-medical-services>

Modifiers

Code	Description
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system Note: Refer to CPT Appendix T for codes for which modifier 93 may be utilized.
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system Note: Refer to CPT Appendix P for codes for which modifier 95 may be utilized.
FQ	Telehealth service is furnished using real-time audio-only communication technology
GQ	Via asynchronous telecommunications system
GT	Via interactive audio and video telecommunication systems
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

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NYS Public Health Law § 2999-CC Definitions.

NYS Public Health Law § 2999-DD Telehealth delivery of services.

NYS Public Health Law § 3614 (3-c) Home telehealth.

NYS Insurance Law § 3217-H Telehealth delivery of services.

NYS Insurance Law § 4306-G Telehealth delivery of services.

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*Key Article

KEY WORDS

Telecare, Telehealth, Telemedicine, Telemonitor, Telephonic.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS*MEDICARE ADVANTAGE MEMBERS are covered for Telemedicine under the Supplemental benefit of remote access technologies using the criteria listed in the commercial medical policy above*****

There currently is no National or Local Coverage Determination for Telemedicine and Telehealth Home Care Services. However, the Medicare Benefit Policy Manual addresses Telehealth Services and Use of Telehealth in Delivery of Home Health Services. Please refer to the following websites for Medicare Members:

Telehealth Services, Chapter 15 – Covered Medical and Other Health Services, Section 270:
<http://www.cms.gov/manuals/Downloads/bp102c15.pdf>

Medicare Payment for Telehealth Services Pub 100.04, Chapter 12, Section 190:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

Use of Telehealth in Delivery of Home Health Services, Chapter 7 – Home Health Services, Section 110:
<http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>

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Medicare Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services Pub100-02 Chapter 13, Section 200

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf>

NYS DEPARTMENT OF HEALTH (DOH) COVERAGE FOR MEDICAID MANAGED CARE/HARP MEMBERS FOR TELEHEALTH SERVICES

The information contained in this section provides a synopsis of Medicaid Managed Care coverage. This coverage criteria do not apply to Essential Plan or Child Health Plus enrollees. If Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence.

Effective September 1, 2009, home telehealth services are a covered Medicaid Managed Care benefit when provided by Certified Home Health Agencies (CHHAs), long-term health care programs, and AIDS home care programs approved by the New York State Department of Health (DOH).

When the criteria listed in this portion of the medical policy are met, the provision of telehealth home care services are eligible for coverage when provided to assist in the effective monitoring and management of patients whose medical, functional, and/or environmental needs can be appropriately and cost-effectively met at home through the application of telehealth intervention. Such conditions and clinical circumstances shall include, but are not limited to, congestive heart failure, mental or behavioral problems limiting self-management, and technology-dependent care (e.g., continuous oxygen, ventilator care, total parenteral nutrition and enteral feeding).

- I. A request for initial certification should be submitted to the Health Plan prior to initiation of services. Recertification will be required quarterly thereafter, with patient-specific documentation and orders by a qualified practitioner.
- II. Only patients who qualify for home care services will be considered for telehealth home services.
- III. Only patients whose risks are assessed in-person prior to the receipt of telehealth services will be eligible for reimbursement.
- IV. **ALL** of the following documentation is required for consideration of benefits:
 - A. Remote patient monitoring must be ordered by a physician, nurse practitioner or midwife; and
 - B. Agencies are required to assess high-risk enrollees using a DOH approved patient risk assessment. The tool must incorporate such variables as whether an individual:
 1. is at risk for hospitalization or emergency care visits; and
 2. lives alone; and
 3. has a documented history or is at high risk of requiring nursing visits or interventions; and
 4. has a history of non-compliance adhering to disease management recommendations; and
 5. requires on-going symptom management related to dyspnea, fatigue, pain, edema or medication side effects or adverse effects; and
 6. resides in a medically under-served, rural, or geographically inaccessible area; and
 7. has difficulty traveling to and from home for medical appointments; and
 8. has the functional ability to work with telehealth monitoring equipment, in terms of sight, hearing, manual dexterity, comprehension and ability to communicate.
- V. Telehealth services account for daily variation in the intensity and complexity of patients' telehealth service needs. Rates shall include **ALL** of the following functions:
 - A. Monitoring of patient vital signs; and
 - B. Patient education; and
 - C. Medication management; and
 - D. Equipment management; and
 - E. Review of patient trends and/or changes in patient condition necessitating professional intervention; and
 - F. Such other activities as the NYS commissioner may deem necessary and appropriate to this section.

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VI. The provider may not bill for telehealth services provided to patients who have Medicare, commercial insurance or are insured through other payers, during the time period or episode of care in which the provider is billing or is being paid by another insurer.

ADDITIONAL RESOURCES

NYS Medicaid Update: February 2019 Volume 35 - Number 2

https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-02_speced.htm

NYS Medicaid Update: January 2020 Volume 36 - Number 1

https://www.health.ny.gov/health_care/medicaid/program/update/2020/2020-01.htm

NYS Medicaid Update: March 2020 Volume 36 - Number 9

https://www.health.ny.gov/health_care/medicaid/covid19/docs/faqs.pdf

NYS Medicaid Update: June 2021 Volume 37 – Number 7

https://www.health.ny.gov/health_care/medicaid/program/update/2021/docs/mu_no07_jun21_speced_telehealth_pr.pdf