

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	TELEMEDICINE and TELEHEALTH
Policy Number	1.01.49
Category	Miscellaneous
Effective Date	06/22/06
Revised Date	06/28/07, 06/26/08, 12/08/11, 04/26/12, 08/23/12, 10/25/12, 08/22/13, 08/28/14, 10/28/15, 10/27/16, 12/14/17, 12/13/18, 04/24/19
Archived Date	06/25/09-12/08/11
Edited 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 product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare 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.

****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 STATEMENT

- I. The Health Plan offers telemedicine services, including services via a telemedicine vendor, in accordance with the member's subscriber contract.
- II. When telemedicine vendor program providers are *not utilized* the following criteria will apply.
 - A. Originating and Distant Site defined:
 1. An "*originating site*" is where the **patient is located** at the time 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, elementary and secondary schools within the state of New York, school-age child care programs within the state of New York, child day care centers located within the state of New York, or the patient's home located within the state of New York or other temporary location located within or outside the state of New York.
 2. A "*distant site*" is where the **practitioner providing the professional service is located** at the time 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 (with the limitation of one telehealth visit every 3 days),
 5. Individual psychotherapy or psychiatric diagnostic interview examination,

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6. Pharmacologic management,
 7. Individual and group medical nutrition education,
 8. Individual and group diabetes self-management training services.
- C. Based on 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 with a digital camera with attachments designed to capture pertinent clinical findings such as ear, nose, throat skin, eyes and electronic stethoscope; and
 4. The clinical evaluation must occur and be communicated back to the patient within the same business day.
- D. Based on 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. Based upon our criteria and review of the peer-reviewed literature, telemonitoring home care services, including equipment and related professional services (patient training, interpretation of data, and consultation with the patient) are **not medically necessary**.
- F. For Medicaid Managed Care members, telemedicine via audio-only telephone communication, facsimile machines, or electronic messaging alone, is not covered under 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 member contract.
- 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 FaceTime a HIPAA compliant telecommunication system.

DESCRIPTION

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 which includes the assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient. Telehealth health care is not delivered by

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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 that include 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 healthcare to patients in rural or underserved areas that may otherwise have limited or no access to the healthcare 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 that is transmitted 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 telescale). 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 shall be ordered by a physician licensed pursuant to article one hundred thirty-one of the education law, a nurse practitioner licensed pursuant to article one hundred thirty-nine of the education law, or a midwife licensed pursuant to article one hundred forty of the education law, with which the patient has a substantial and ongoing relationship.

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

- I. Healthcare visits which encompass e-visits, telephone visits, web visits (including post-surgical follow-up visits) and kiosk care such as onsite or employer-based clinic services.
- II. Diagnostics which include remote diagnostic services such as tele-radiology, tele-pathology and tele-echocardiography.
- III. Disease and chronic conditions management services (e.g., patients with CHF, diabetes, needing 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 that are out of the service area and remote critical care monitoring (e-ICU) for patients in hospitals.
- V. Mobile healthcare delivery through smart phone applications promoting health, 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.*
- **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).*

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THE FOLLOWING CODES ARE SPECIFIC TO TELEMEDICINE/TELEHEALTH:**HCPCS Codes**

Code	Description
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only
G0406-G0408	Follow-up inpatient telehealth consultation (code range)
G0425-G0427	Emergency department or initial inpatient telehealth consultation (code range)
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
G2010	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 nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment
G2012	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 (<i>effective 1/1/19</i>)
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, less than 10 minutes.
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 10-20 minutes.
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 20 or more minutes.
Q3014	Telehealth originating site facility fee
S9110 (NMN)	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month

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CPT Codes

Code	Description
99441-99443	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 (code range)
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 related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network
98966-98968	Telephone assessment and management service provided by a qualified nonphysician 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 (code range)
98969	Online assessment and management service provided by a qualified nonphysician health care professional to an 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
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

NOTE: THE FOLLOWING CODES ARE NOT SPECIFIC TO TELEMEDICINE/TELEHEALTH SERVICES AND SHOULD BE IDENTIFIED UTILIZING ONE THE FOLLOWING MODIFIERS IF USED FOR TELEMEDICINE/TELEHEALTH SERVICES:

Modifiers

Code	Description
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 used with.
GQ	Via asynchronous telecommunications system
GT	Via interactive audio and video telecommunications system
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

CPT Codes

Code	Description
90785	Interactive complexity
90791-90792	Psychiatric diagnostic evaluation (code range)

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Code	Description
90832-90838	Psychotherapy (code range)
90839-90840	Psychotherapy for crisis (code range)
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
90951-90970	End-stage renal disease related services (code range)
94002-94005	Ventilator management (code range)
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
96133	each additional hour (List separately in addition to code for primary procedure)
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health professional, two or more tests, any method; first 30 minutes
96137	each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	each additional 30 minutes (List separately in addition to code for primary procedure)
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
96150-96155	Health and behavioral assessment or intervention (code range)
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
97802-97804	Medical nutrition therapy (code range)

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Code	Description
98960-98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) (code range)
99201-99205	Office or other outpatient visit, new (code range)
99211-99215	Office or other outpatient visit, established patient (code range)
99217	Observation care discharge day management
99218-99220	Initial observation care, new or established patient (code range)
99221-99223	Initial hospital care, new or established patient (code range)
99224-99226	Subsequent observation care (code range)
99231-99233	Subsequent hospital care (code range)
99234-99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date (code range)
99251-99255	Inpatient consultation, new or established patient (code range)
99291-99292	Critical care, evaluation and management of the critically ill or critically injured patient (code range)
99304-99306	Initial nursing facility care (code range)
99307-99310	Subsequent nursing facility care (code range)
99334-99337	Domiciliary or rest home visit for the evaluation and management of an established patient (code range)
99339-99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month (code range)
99347-99350	Home visit for the evaluation and management of an established patient (code range)
99354-99355	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service (code range)
99356-99357	Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service (code range)
99358-99359	Prolonged evaluation and management service before and/or after direct patient care (code range)
99363-99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests (code range)
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
99374-99380	Care plan oversight services (code range)

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Code	Description
99381-99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient (code range)
99391-99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient (code range)
99401-99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (code range)
99406-99407	Smoking and tobacco use cessation counseling visit (code range)
99408-99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services (code range)
99411-99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (code range)
99446-99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional (code range)
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
99454	device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)

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Code	Description
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
99487-99491	Chronic and complex chronic care management services (code range)
99495-99496	Transitional care management services (code range)
99497-99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional (code range)

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Code	Description
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes
G0271	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)
G0396-G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) (code range)
G0420-G0421	Face to face educational services related to the care of chronic kidney disease (code range)
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Annual depression misuse screening, 15 minutes
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)

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Code	Description
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)

ICD10 Codes

Code	Description
Several	Several

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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>

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>

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

The information contained in this section provides a synopsis of additional Medicaid Managed Care coverage. This coverage criteria does 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, with patient specific documentation and orders by a qualified practitioner, thereafter.
- 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. 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 of 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 the patients' telehealth service needs. Rates shall include 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.
- VI. The provider cannot 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

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