Summary of Changes

Clarifications:
- Page 1, Section I. A 6, additional language added for clarification.

Deletions:
- Page 4, Section IV, Description, additional language added in regards to telemedicine.

I. POLICY/CRITERIA

A. Evaluation, management and consultation services using synchronous (real-time, two-way consult) technologies may be considered medically necessary when all of the following conditions apply:

1. The patient must be present at the time of consultation and

2. The consultation must take place via a secure, HIPAA compliant interactive audio and/or video telecommunications system with provisions for privacy and security and the provider must be able to examine the patient in real-time. Interactive telecommunications systems must be multi-media communication that, at a minimum, include audio equipment permitting real-time consultation with the patient and the consulting practitioner and

3. A permanent record of telemedicine communications relevant to the ongoing medical care of the patient should be maintained as part of the patient’s medical record and

4. Services delivered through a telemedicine modality shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located and

5. Appropriate informed consent is obtained which includes all of the information that applies to routine office visits as well as a description of the potential risks, consequences and benefits of telemedicine and

6. The patient’s clinical condition is considered to be a low complexity and while it may be an urgent encounter it should not be an emergent clinical
condition. The patient’s clinical condition requires straightforward decision making and the need for a follow-up encounter is not anticipated.

B. Evaluation, management and consultation services using asynchronous technologies (any type of online patient-provider consultation where electronic information is exchanged involving the transmission via secure servers) may be covered when all of the criteria are met:

1. Services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located and

2. The extent of services provided via telemedicine modality includes at least a problem focused history and straightforward medical decision making as defined by the CPT manual, and

3. Services delivered via telemedicine modality should not be billed more than once within 7 days for the same episode of care or be related to an evaluation and management service performed within 7 days. E-visits billed within the post-operative period of a previously completed major or minor surgical procedure will be considered part of the global payment for the procedure and not paid separately.

C. The following services are not covered as telemedicine services:

1. Facsimile transmission
2. Installation or maintenance of any telecommunication devices or systems
3. Software or other applications for management of acute or chronic disease
4. Store and Forward telecommunication (transferring data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation)
5. Provider-to-provider consultations when the member is not present
6. Radiology interpretations
7. Provider-initiated e-mail
8. Appointment scheduling
9. Refilling or renewing existing prescriptions without substantial change in clinical situation
10. Scheduling diagnostic tests
11. Reporting normal test results
12. Updating patient information
13. Providing educational materials
14. Brief follow-up of a medical procedure to confirm stability of the patient's condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up
15. Brief discussion to confirm stability of the patient's chronic condition without change in current treatment
16. When information is exchanged and further evaluation is required such that the patient is subsequently advised to seek face to face care within 48 hours
17. A service that would similarly not be charged for in a regular office visit
18. Reminders of scheduled office visits
19. Requests for a referral
20. Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
21. Clarification of simple instructions

Telemedicine services are subject to all terms and conditions of the Member’s plan documents, including, but not limited to, required copayments, coinsurances, deductibles, and approved amount.

D. Telemonitoring (the use of information technology to monitor patients at a distance) is a covered benefit for members who have a history of cardiac conditions including heart failure (HF) and hypertension, COPD, uncontrolled diabetes and:

1. Recent hospitalization(s) with a primary diagnosis of HF/COPD/CV conditions/Diabetes
2. A history of failing to adhere to their treatment plan and are at risk for an acute episode
3. Emergency Department visits in the recent past for treatment of cardiac conditions including heart failure and hypertension, COPD, and uncontrolled diabetes
4. The above conditions along with renal failure as defined as GFR<30, hepatic failure or coronary disease that puts the patient at risk for myocardial function compromise
5. Major system co-morbid conditions that complicate their chronic disease status (i.e. heart failure, renal failure, diabetes and respiratory illness)

Patients excluded from telemonitoring include members who:

1. Refuse or are unwilling
2. Are unable to self-actuate or have no caregiver available to assist in use
3. Are enrolled in hospice services
4. Receive high frequency (greater than 3 times per week) clinical interventions
II. MEDICAL NECESSITY REVIEW

Telemedicine
☐ Required ☒ Not Required* ☐ Not Applicable

*Note: A psychiatric diagnostic evaluation or psychiatric diagnostic evaluation with medical services requires prior authorization for Priority Health Medicaid.

Telemonitoring
☐ Required ☒ Not Required ☐ Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

❖ HMO/EPO: This policy applies to insured HMO/EPO plans.
❖ POS: This policy applies to insured POS plans.
❖ PPO: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
❖ ASO: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
❖ INDIVIDUAL: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
❖ MEDICARE: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
❖ MEDICAID/HEALTHY MICHIGAN PLAN: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945,42542,42543,42546,42551-159815--00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945,5100-87572--00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Telemedicine is not a distinct medical specialty. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology to aid the delivery of clinical care. Telemedicine can be used to improve access to specialty care in rural or underserved areas.
The American Telemedicine Association defines telemedicine as “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status.” Telemedicine can be characterized as either asynchronous or synchronous. Asynchronous telemedicine or “store and forward” distance applications are delayed communications, such as those that transfer diagnostic images or video from one site to another for viewing (e.g., medical imaging data analyzed by a specialist at a later time).

Synchronous telemedicine involves caregivers acquiring and acting upon information about a remote patient in near real-time, as in a two-way consult between a patient with their medical provider and a specialist at a distant site. This telemedicine visit could be delivered as a hosted visit where another provider is face to face with the patient or as un-hosted. It should be noted that while telemedicine visits are available there are times it will not be the preferred method of delivering care. Hosted or face to face visits would be the preferred method of delivering care for patients who have chronic conditions or it is anticipated that the condition will take more than 5 sessions to resolve or stabilize. This could include conditions such as chronic suicidal ideation or unstable angina.

Telemedicine visits for acute life threatening medical conditions or psychotherapy may be restricted to hosted sites where the patient can be monitored or assisted by an onsite provider. Behavioral health services in settings other than hosted sites should be limited to stable patients with straightforward needs. Patients with acute psychiatric needs or patients requiring ongoing psychotherapy beyond crisis stabilization may not be candidates for telemedicine.

V. CODING INFORMATION

TELEMEDICINE

ICD-10 Codes: Not Specified see criteria

Place of Service Code:
02 The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)

Modifier Code:
95 Synchronous Telemedicine Service Rendered Via a Real-time Interactive Audio and Video Telecommunication System (Effective January 1, 2017)

CPT/HCPCS Codes:
Q3014 Telehealth originating site facility fee
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

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

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

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 (Not covered for Priority Health Medicare)

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

Distant site services via telehealth -- append modifier GT to these codes for Medicare; Mod 95 may be applied for other products.

90791  Psychiatric diagnostic evaluation (Prior auth required for Priority Health Medicaid)

90792  Psychiatric diagnostic evaluation with medical services (Prior auth required for Priority Health Medicaid)

90832  Psychotherapy, 30 minutes with patient and/or family member

90834  Psychotherapy, 45 minutes with patient and/or family member

90837  Psychotherapy, 60 minutes with patient and/or family member

90833  Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>90836</td>
<td>Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90838</td>
<td>Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90863</td>
<td>Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure) (Not payable for Priority Health Medicare &amp; Medicaid)</td>
</tr>
<tr>
<td>99201 – 99215</td>
<td>Office-based evaluation and management services</td>
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<tr>
<td>99231 – 99233</td>
<td>Subsequent hospital based evaluation and management services</td>
</tr>
<tr>
<td>99241 – 99245</td>
<td>Outpatient Consultations (Not billable for Priority Health Medicare)</td>
</tr>
<tr>
<td>99251 – 99255</td>
<td>Inpatient Consultations (Not billable for Priority Health Medicare)</td>
</tr>
<tr>
<td>G0108</td>
<td>Diabetes outpatient self-management training services, individual, per 30 minutes</td>
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<tr>
<td>G0109</td>
<td>Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes</td>
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<tr>
<td>G0406</td>
<td>Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth</td>
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<tr>
<td>G0407</td>
<td>Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth</td>
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<tr>
<td>G0408</td>
<td>Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth</td>
</tr>
<tr>
<td>G0425</td>
<td>Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth</td>
</tr>
<tr>
<td>G0426</td>
<td>Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth</td>
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<tr>
<td>G0427</td>
<td>Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth</td>
</tr>
<tr>
<td>G0420</td>
<td>Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour</td>
</tr>
<tr>
<td>G0421</td>
<td>Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour</td>
</tr>
<tr>
<td>G0508</td>
<td>Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth (Effective January 1, 2017)</td>
</tr>
<tr>
<td>G0509</td>
<td>Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth (Effective January 1, 2017)</td>
</tr>
<tr>
<td>G0270</td>
<td>Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical</td>
</tr>
</tbody>
</table>
condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes

97802  Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803  Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804  Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

**TELEMONITORING**

**ICD-10 Codes** that may support medical necessity:

E10.10 – E10.9  Type 1 diabetes mellitus
E11.00 – E11.9  Type 2 diabetes mellitus
E13.00 – E13.9  Other specified diabetes mellitus

I10  Essential (primary) hypertension
I15.0 – I15.9  Secondary hypertension
I50.1 – I50.9  Heart failure
J44.0 – J44.9  Other chronic obstructive pulmonary disease

**Revenue Codes:**

0590  Home Health (HH) - General
   *(Report Rev Code ONLY (no CPT code) 1x only for combined payment of installation and removal of tele-monitoring device; Report with the following codes for designated service)*

**CPT/HCPCS Codes:**

S9110  Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month
   *(Report with Revenue code 0590 for ½ month monitoring)*

T5999  Supply, not otherwise specified
   *(Report with Revenue code 0590 for setup of “Smart Phone” application, initial coaching call, and first month monitoring)*

T2023  Targeted case management; per month
   *(Report with Revenue code 0590 for monthly “Smart Phone” monitoring starting with 2nd month)*

**VI. REFERENCES**
AMA CPT Copyright Statement:
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The name “Priority Health” and the term “plan” mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.