

Interim Telemedicine/Telehealth Payment Policy (COVID-19 Pandemic)

Policy

To meet the needs of our providers and members during the COVID -19 pandemic, this Telemedicine/Telehealth Payment Policy temporarily replaces our existing policy until further notice. The policy outlines how Harvard Pilgrim reimburses for Telemedicine and Telehealth services, which encompasses services delivered by the physician or other qualified healthcare professional over the phone, via the Internet, or using other communication devices when the healthcare professional and patient are not at the same site.

Additionally, for dates of service beginning March 6, 2020, Harvard Pilgrim will not impose specific requirements on the type of technology that is used to deliver telemedicine/telehealth services (including any limitations on audio-only or live video technologies).

Providers are encouraged to visit our [provider COVID-19 page](#) to access a number of up-to-date resources to aid you in conducting operations during the COVID-19 pandemic.

Policy Definition

Telemedicine is the delivery of clinical services via synchronous, interactive audio and video communications systems that permit real-time communication between the provider and the patient. Services may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology. Telemedicine provides remote access for face-to-face services such as consultations, office visits, preventative care, and mental health services.

Telehealth is the delivery of medical services provided via telephone, the Internet, or other communications networks or devices that do not involve direct, in-person patient contact.

Harvard Pilgrim Reimburses¹

Telemedicine/Telehealth

Due to the temporary coronavirus (COVID-19) pandemic, beginning as of dates of service March 6, 2020 Harvard Pilgrim will not impose specific requirements on the type of technology that is used to deliver services (including any limitations on audio-only or live video technologies). This will support the diagnosis and treatment of COVID-19, as well as minimize exposure to members that require clinically appropriate, medically necessary covered services for other conditions during this pandemic. These changes will be in place until further notice. It would not be appropriate to report a telephone only (telehealth) service that requires face-to-face interaction.

Services may be reimbursed when all the following conditions are met:

- Services rendered are 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 are eligible to independently perform and bill the equivalent face-to-face service.
- The encounter satisfies the elements of the patient-provider relationship, as determined by the relevant healthcare regulatory board of the state where the patient is physically located.
- The service is conducted and 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 are filed with the appropriate modifiers and place of service codes. (See Billing Guidelines.)

Harvard Pilgrim Does *Not* Reimburse

- Separately filed services incidental to an E&M, 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, and requests for medication refills or referrals or ordering of diagnostic studies
- 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.

Member Cost-Sharing

Harvard Pilgrim reimburses services to contracted providers when the service is a covered benefit. Benefits may vary greatly among employer groups. For benefit determination, call the Provider Service Center at 800-708-4414.

Provider Billing Guidelines and Documentation

General Billing Information

During the COVID – 19 pandemic and beginning for dates of service on or after 3/6/2020, Harvard Pilgrim will accept and reimburse for telehealth services when performed via asynchronous or synchronous technology.

- All telemedicine/telehealth must be reported with POS 02 (Telehealth is the location where health services and health related services are provided or received, through a telecommunication system.) Appropriate modifiers will continue to be accepted.
- All telemedicine services may be filed with either modifier GT (via interactive audio and video telecommunications system) or modifier 95 (synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system) appended to the appropriate code.
- All telehealth services may be filed with either modifier GO (Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke) or modifier GQ (Via asynchronous telecommunications system) appended to the appropriate code.

The codes listed in this policy are for reference purposes only. Listing of a service or device code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the Member's Plan of Benefits or Certificate of Coverage.

This list of codes should not be considered all inclusive.

Coding²

| Code | Description | Comments |
|-------|---|--|
| 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 | Harvard Pilgrim will accept and reimburse this code until further notice |
| 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 | Harvard Pilgrim will accept and reimburse this code until further notice |

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| Code | Description | Comments |
|---------------|--|---|
| | 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 | Harvard Pilgrim will accept and reimburse this code until further notice |
| 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 | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 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 | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 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 | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 99202 - 99205 | New Patients, Office/outpatient visit | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 99211 - 99215 | Established Patient, Office/Outpatient visit | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 99231 - 99233 | Subsequent hospital care | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 99241 - 99245 | Office consultation | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 99251- 99255 | Inpatient hospital consultation | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 99308 - 99310 | Nursing facility care | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 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 | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |

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|---------------|---|---|
| 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 | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 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 | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 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 | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology. We will also temporarily remove our restriction related to behavioral health indications |
| 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 | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 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 | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 99446 - 99449 | Inter-professional telephone/internet assessment and management service | Reimbursed for Facility only |
| 99495 | Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| 99496 | Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |

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| Code | Description | Comments |
|-------|---|---|
| G0406 | Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| G0407 | Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| G0408 | Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| G0425 | Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| G0426 | Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| G0427 | Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| G0508 | Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| G0509 | Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth | Harvard Pilgrim will reimburse services rendered via telehealth whether provided via asynchronous or synchronous technology |
| Q3014 | Telehealth originating site facility fee | Reimbursed for Facility only |

| Modifier | Description |
|----------|--|
| 95 | Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system |
| GO | 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 |

Related Policies

- [Audit Policy](#)
- [Behavioral Health-Division of Financial Responsibilities](#)
- [CPT and HCPCS Level II Modifiers](#)
- [Evaluation and Management Payment Policy](#)
- [Non-Covered Policy Payment Policy](#)

PAYMENT POLICIES

PUBLICATION HISTORY

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|----------|--|
| 03/24/20 | new interim policy to address COVID-19 |
| 10/22/20 | Added reference to online provider resources for information on cost-sharing |
| 02/01/21 | annual coding update |

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates — Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company — for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to Telemedicine/Telehealth/E&M services.