

Telehealth and Telemedicine Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include but are not limited to legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents**. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.

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Application

This reimbursement policy applies to all Medicare Advantage products and for services reported using the 1500 Health Insurance Claim Form (a/k/a CMS 1500) or its electronic equivalent or its successor form. This policy applies to all network physicians and other qualified health care professionals.,

Policy

Overview

This policy describes reimbursement for Telehealth/Telemedicine and virtual health services. For the purpose of understanding the terms in this policy, Telehealth/Telemedicine and virtual health occurs when the Physician or Other Qualified Health Care Professional and the patient are not at the same site. Virtual Health encompasses all synchronous, asynchronous and care between health care professionals and patients. This includes Telehealth/Telemedicine, Communication Technology-Based Services (CTBS), e-visits, virtual check-ins, interprofessional telephone/internet/electronic health record consultations, etc. Specifically, Telehealth/Telemedicine services only include live, Interactive Audio and Visual Transmissions of an encounter from one site to another using telecommunications technology (synchronous only). The terms Telehealth and Telemedicine are used interchangeably in this policy.

Reimbursement Guidelines- Telehealth/Telemedicine

The Centers for Medicare and Medicaid Services (CMS) have 2 POS codes dedicated to Telehealth Services. POS Code 02: The location where health services and health related services are provided or health related services through telecommunication technology. Patient is not located in their home when receiving health services or health related service through telecommunication technology.

POS Code 10: The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

These Telehealth POS code does not apply to Originating Site facilities billing a facility fee.

Several conditions must be met for Medicare to make payments for Telehealth services under the Medicare Physician Fee Schedule (MPFS). The service must be on the list of Medicare Telehealth services and meet all of the following additional requirements:

- The service must be furnished via an interactive telecommunications system
- The service must be furnished by a physician or authorized practitioner
- The service must be furnished to an eligible Telehealth individual
- The individual receiving the service must be located in a CMS recognized Telehealth Originating Site.

Originating Site Requirements

The Originating Site is where the member is housed with a telepresenter during a Telehealth encounter. UnitedHealthcare Medicare Advantage recognizes the CMS-designated Originating Sites considered eligible for furnishing Telehealth services to a patient located in an Originating Site.

Examples of CMS Originating Sites:

- The office of a physician or practitioner
- A hospital (inpatient or outpatient)
- A critical access hospital (CAH)
- A rural health clinic (RHC)
- A federally qualified health center (FQHC)

- A hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE: Independent renal dialysis facilities are not eligible Originating Sites
- A skilled nursing facility (SNF)
- A community mental health center (CMHC)
- Mobile Stroke Unit
- Patient home* – for approved authorized Medicare Services (i.e., End Stage Renal Disease (ESRD), Drug Treatment etc.).

*In addition, UnitedHealthcare Medicare Advantage recognizes home as an Originating Site as determined by the members benefit plans.

Eligible Care Providers

UnitedHealthcare Medicare Advantage follows CMS policies regarding types of care providers eligible to deliver Telehealth services. These include, for example:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists

UnitedHealthcare Medicare Advantage will reimburse for CMS approved Telehealth Services with the use of the Telehealth POS 02 or 10, which certifies that the service meets the Telehealth requirements.

Other Types of Virtual HealthCare

Communication Technology-Based Services (CTBS) and Remote Physiologic Monitoring (RPM)

These services are eligible to be considered for reimbursement under this policy and are described in the CMS Physician Fee Schedule (PFS). Examples include:

- Electronic visits
- Virtual Check-Ins
- Remote Physiologic Monitoring
- Interprofessional Telephone/Internet/Electronic Health Record Consultations

Note: The CTBS and RPM services are never rendered in-person and therefore should not be reported with POS 02 or 10, and/or a Telehealth modifier (95, GT, GQ or G0).

Communication Technology-Based and Other Related Services Not Reimbursed by UnitedHealthcare Medicare Advantage

Certain CTBS and other related services are not eligible for reimbursement according to the CMS PFS. Consistent with CMS, UnitedHealthcare Medicare Advantage will not separately reimburse for certain codes assigned a non-payable status.

Modifiers

The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a Telehealth service (a physician-patient encounter from one site to another) are generally the same codes that describe an encounter when the physician and patient are at the same site.

UnitedHealthcare Medicare Advantage will consider reimbursement for a procedure code/modifier combination using modifier GQ to report Asynchronous Telecommunications only when the modifier has been used appropriately. The GQ modifier describes the technology used to facilitate a Telehealth encounter. The GQ modifier indicates that store-and-forward technology is being used and the services do not include direct, in-person contact.

On-Line Medical Evaluation/Assessment

An on-line medical evaluation is an internet response to a patient’s on-line question. UnitedHealthcare Medicare Advantage follows CMS guidelines and does not reimburse for Online Medical Evaluation CPT codes 99421-99423 when billed as Telehealth (POS 02 or 10) services because these services do not involve a face-to-face encounter.

Interprofessional Telephone/Internet Consultations

UnitedHealthcare Medicare Advantage follows CMS guidelines and does not reimburse for interprofessional telephone/internet assessment and management services reported with CPT codes 99446-99449, 99451-99452 when billed as Telehealth services (POS 02 or 10) because these services are communications between healthcare providers and do not involve direct, face to face patient contact.

Chronic Care Remote Physiologic Monitoring

UnitedHealthcare Medicare Advantage follows CMS guidelines, which do not reimburse for chronic care Remote Physiologic Monitoring reported with CPT codes 99453, 99454, and 99457, 99458, 99473, 99474, 99091 when billed as Telehealth services (POS 02 or 10) because these services do not involve direct, face to face patient contact and are considered an integral part of other services provided.

Definitions

Asynchronous Telecommunication	Medical information is stored and forwarded to be reviewed at a later time by a physician or health care practitioner at a distant site. The medical information is reviewed without the patient being present. Also referred to as store-and-forward telehealth or non-interactive telecommunication.
Communication Technology-Based Services (CTBS)	Services furnished via telecommunications technology and considered under virtual care but not considered Telehealth services.
Interactive Audio and Video Telecommunication or Interactive Audio and Visual Transmissions or Audio-Visual Communication Technology	Medical information is communicated in real-time with the use of Interactive Audio and Video Communications equipment. The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported. The patient must be present and participating throughout the communication.
Originating Site	The location of a patient at the time the service being furnished via a telecommunications system occurs.
Telehealth/Telemedicine	Telehealth services are live, Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.
Remote Physiologic Monitoring	Collecting of vitals and physiologic information by the patient that is then sent to the health care professional for interpretation and monitoring of the data.

Questions and Answers

1	<p>Q: How does UnitedHealthcare Medicare Advantage reimburse for phone calls to patients that are not associated with any other service? For example, a pediatrician receives a call from a mother at 2 A.M. regarding an asthmatic child having difficulty breathing. The physician is able to handle the situation over the phone without requiring the child to be seen in an emergency room. On what basis will the visit be denied?</p> <p>A: UnitedHealthcare Medicare Advantage will not reimburse for this service since it did not require direct, in-person patient contact. This service is considered included in the overall management of the patient.</p> <p>(Note: Between March 2020 to the end of the Public Health Emergency (PHE), Providers should visit the COVID-19 information on UHCprovider.com/covid19>Telehealth for guidelines regarding services rendered using Telehealth. During the PHE Telehealth eligible codes were expanded)</p>
2	<p>Q: A physician makes daily telephone calls to an unstable diabetic patient to check on the status of his condition. These services are in lieu of clinic visits. Will UnitedHealthcare Medicare Advantage reimburse the physician for these telephone services?</p> <p>A: No, UnitedHealthcare Medicare Advantage will not reimburse telephone services, since they do not involve direct, in-person patient contact. These services are considered included in the overall management of the patient.</p> <p>(Note: Between March 2020 to the end of the Public Health Emergency (PHE), Providers should visit the COVID-19 information on UHCprovider.com/covid19>Telehealth for guidelines regarding services rendered using Telehealth. During the PHE Telehealth eligible codes were expanded)</p>
3	<p>Q: Does UnitedHealthcare Medicare Advantage reimburse website charges for physician groups if their website provides patient education material?</p> <p>A: No, UnitedHealthcare Medicare Advantage will not reimburse for Internet charges since there is no direct, in-person patient contact.</p>
4	<p>Q: What is the difference between Telehealth services and telephone calls?</p> <p>A: Telehealth services are live Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another using telecommunications technology. Telephone calls are non-face-to-face medical discussions, between a physician or other healthcare professional and a patient, that do not require direct, in-person contact.</p>
5	<p>Q: What are the documentation requirements for Telehealth visits?</p> <p>A: A patient visit performed through Telehealth should be documented to the same extent as an in-person visit, reflecting exactly what was done during the visit. The provider should also document that the visit was done through audio-video telecommunications.</p>
6	<p>Q: When does the new Place of Service (POS) 10 become effective for use?</p> <p>A: This POS code is effective January 1, 2022, and available to Medicare April 1, 2022. UnitedHealthcare Medicare Advantage will begin to recognize POS 10 on claims submitted with dates of service 1/1/2022 and after.</p>
7	<p>Q: When does the revised Place of Service (POS) 02 become effective?</p> <p>A: This POS code description change is effective January 1, 2022, and applicable for Medicare April 1, 2022. UnitedHealthcare Medicare Advantage will begin to recognize the updated POS 02 description on claims submitted with dates of service 1/1/2022 and after.</p>

Codes

CPT code section

[CMS Telehealth Services](#)

Resources

www.cms.gov

Centers for Medicare and Medicaid Services: CMS List of Telehealth Services, PFS Relative Value Files

CMS Transmittal R251BP CR11043

Medicare Benefit Policy Manual - Chapter 15 – Covered Medical and Other Health Services: Sections 30, 270

Medicare Claims Processing Manual - Chapter 12 - Physicians/Nonphysician Practitioners: Sections 190-190.3, 190.3.5, 190.6.1, 190.7

The Medicare Learning Network (MLN): MLN Matters MM9428, MLN Telehealth Services Booklet ICN901705

History

3/14/2024	Policy Version Change Policy Logo Updated Reimbursement Guidelines: Deleted Telephone Services Section History Section: Entries prior to 3/14/2022 archived
4/1/2023	Policy Version Change History Section: Entries prior to 4/1/2021 archived
3/22/2022	Application Section: Updated
9/1/2017	Policy Implemented by UnitedHealthcare Medicare Advantage
4/12/2017	Policy approved by the Reimbursement Policy Oversight Committee