



Telemedicine and Direct Patient Contact	
Policy Type:	Revised
Applies to:	<ul style="list-style-type: none"> All medical products (including commercial and Medicare) Exception for Telemedicine: Consumer Business - Aetna LeapSM plans. See Telemedicine for Consumer Business Policy below. All participating and nonparticipating physicians, facilities, and other qualified health care professionals
Policy Implementation Date of Service or Process Date	Date of Service
Policy Revision Date:	Click Here
Last Review:	January, 2017
Next Review	January, 2018

Payment policies are intended to ensure that providers are paid based on the code that most accurately describes the procedure performed, and may use CPT/HCPCS, CMS or other coding methodologies. Unless noted otherwise, payment policies apply to all professionals, whom deliver health care services. Coding methodology, industry-standard payment logic, regulatory requirements, benefits design and other factors are considered in developing payment policies.

Table of Contents
Overview
Definitions/Glossary
Payment Guidelines
Questions and Answers
Attachments
Resources
Policy Revision Date

Overview

This policy addresses our guidelines regarding payment for telehealth, telemedicine, direct patient contact and missed appointments.

Definitions/Glossary

Term	Definition
Asynchronous Telecommunication	Telecommunication systems that store medical information such as diagnostic images or video and forward it from one site to another for the physician or health care practitioner to view in the future at a site different from the patient. This is a non-interactive telecommunication because the physician or health care practitioner views the medical information without the patient being present.
Synchronous Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions and Audio-Visual Communication Technology	Real-time interactive video teleconferencing that involves communication between the patient and a distant physician or health care practitioner who is performing the medical service. The physician or health care practitioner actually sees the patient throughout the communication, so that two-way communication (sight and sound) can take place.
Telehealth	Telehealth is broader than telemedicine and takes in all health care services that are provided via live, interactive audio and



	visual transmissions of a physician-patient encounter. These health care services include non-clinical services, such as provider training, administrative meetings and continuing medical education; in addition to clinical services. Telehealth may be provided via real-time telecommunications or transmitted by store-and-forward technology.
Telemedicine	Telemedicine services involve the delivery of clinical medicine via real-time telecommunications such as telephone, the internet, or other communications networks or devices that do not involve direct patient contact.

Payment Guidelines

- [Direct Patient Contact](#)
- [Telehealth Transmission Fees](#)
- [Care Plan Oversight](#)
- [Concierge Medicine or Boutique Medicine](#)
- [Missed Appointments](#)
- [Telemedicine for Consumer Business - Aetna LeapSM plans](#)

Service	Policy
Direct Patient Contact	<p>We do not pay for medical services that do not include direct patient contact. Payment for these services is included in the payment for direct face-to-face services that physicians bill. One example of time spent without direct patient contact is physician standby services.</p> <p>We consider services payable only when provided face-to-face.</p> <p>For Consumer Business – Aetna LeapSM plans, reference Telemedicine for Consumer Business - Aetna LeapSM plans.</p>
Telehealth Transmission Fees	We do not consider charges for telehealth services or transmission fees (HCPCS codes Q3014 and T1014) eligible for payment. These services are incidental to the charges associated with the evaluation and management of the patient.
Care Plan Oversight	<p>Care Plan Oversight is not eligible for payment. Care Plan Oversight is billed for physician supervision of patients under the care of home health agencies, hospice or nursing facilities. It includes the time spent reviewing reports on patient status and care conferences. We do not pay for time without direct patient contact.</p> <p>Note: Care Plan Oversight is eligible for payment for case management exceptions that have been authorized by Patient Management.</p>
Concierge Medicine or Boutique Medicine	<p>Concierge Medicine or Boutique Medicine represents a fee that the provider charges to represent services for the patient other than services provided during Direct Patient Contact. Services are considered above and beyond the usual, such as scheduling preference or return phone calls from the provider.</p> <p>These services do not represent treatment of disease or injury. We do not allow separate reimbursement. We consider them standard administrative services that are included in the E&M service.</p>



	There is not a specific code for these services. Services may be billed with a written description, such as “Concierge Services” or “Administrative Services.”
Missed Appointments	We do not cover missed appointments because no direct or indirect medical care was rendered to the patient. Charges due to a missed appointment are the responsibility of the member.

Telemedicine for Consumer Business/Aetna LeapSM Plans

Service	Policy
Telemedicine programs generally fall into 6 broad categories:	<ul style="list-style-type: none"> Physicians and health care practitioners using two-way, synchronous (i.e. real-time) audiovisual interactive communication Vendor contracted telephonic and/or two-way, synchronous (i.e. real-time) audiovisual interactive communication ‘Kiosk’ type delivery systems Telemedicine programs linking facilities that may not offer that level of service (e.g. Tele-ICU, Tele-stroke) Asynchronous Telecommunication Physicians and health care practitioners using Telephonic communication.
Two-way, Synchronous (i.e. real-time) Audiovisual Interactive Communication	<p>We only pay for two-way, synchronous (i.e. real-time) audiovisual interactive communication between the patient, and the physician or health care practitioner when billed on a CMS-1500 claim form. This electronic communication means the use of interactive and secure Health Insurance Portability and Accountability Act (HIPPA) compliant telecommunications equipment that includes, at a minimum, synchronous audio and video equipment. The patient must be present and participating throughout the communication.</p> <p>Only Consumer Business (aka Aetna LeapSM plan) members are eligible for payment.</p>
Types of Telemedicine that are not eligible for payment include, but are not limited to:	<ul style="list-style-type: none"> ‘Kiosk’ type delivery systems Telemedicine programs linking facilities that may not offer that level of service (e.g. Tele-ICU, Tele-stroke) Asynchronous Telecommunication Physicians and health care practitioners using Telephonic communication
Modifier GT, 95	<p>The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a telemedicine service (a physician/healthcare professional - 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.</p> <p>Providers must bill modifier GT or 95 with an eligible CPT/HCPCS code. A list of eligible CPT/HCPCS codes is available here. When physicians or healthcare professionals report modifier GT, they certify that they rendered services to a patient via an interactive audio and visual telecommunications system.</p> <p>Payment for telemedicine medical services billed with the GT or 95 modifier is 75% of the reimbursement rate for services rendered face-to-face. Behavioral Health services that are listed within this payment policy and billed by a behavioral health provider are paid at the same rate as face-to-face services if they are billed with the GT or 95 modifier.</p>



Examples of services not eligible for telemedicine reimbursement include, but are not limited to:

- Any CPT or HCPCS code not listed within this policy
- Telephone codes (98966-98968 or 99441-99443), internet services (98969 and 99444), or consultation services (99446-99449).
- More than one telemedicine visit a day.
- The lone purpose is to obtain a referral to specialty care services
- Telemedicine that occurs the same day as a face-to-face visit, when performed by the same physician or health care practitioner and for the same condition
- Triage to assess the appropriate place of service or appropriate physician or health care practitioner type
- Patient communications incidental to E&M, counseling, or medical services covered by this policy, including, but not limited to:
 - Reporting of test results
 - Provision of educational materials
 - Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies and medical history intake completed by the patient.
 - Telecommunication systems that do not have HIPPA-compliant encryption.

Questions and Answers

N/A

Additional References

N/A

Policy Revision Date

- Effective 03/08/2017: Existing stand-alone policy “Concierge Medicine or Boutique Medicine” added to Telemedicine and Direct Patient Contact Policy. No change in policy.
- Effective 01/26/2017: Modifier 95 was added
- Effective 01/01/2017: Telemedicine Policy for Consumer Business/Aetna LeapSM Plans was added.
- Effective 05/01/2012: Exception removed from Direct Patient Contact Policy to allow payment when precertified
- Effective 07/23/2009: Charges for coordination of care under the “Patient-Centered Medical Home” model are eligible for payment.
- Effective 05/22/2007: Charges for an online medical evaluation (e.g. eHealth visit) may be eligible for payment.