TELEHEALTH

Policy # 605
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Description
There are multiple definitions for telehealth and the associated field of telemedicine. The Health Resources Services Administration defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical healthcare, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Telehealth is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

There are several other ways to define telehealth. This includes the World Health Organization, which defines telemedicine as: “The delivery of health care services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.”

The Center for Medicaid and Medicare Services defines Telehealth (or Telemonitoring) as the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance. Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine they are often considered under the broad umbrella of telehealth services. Even though such technologies are not considered "telemedicine," they may, nevertheless, be covered and reimbursed as part of a Medicaid coverable service, such as laboratory service, x-ray service, or physician services (under section 1905(a) of the Social Security Act).

Other organizations such as the Missouri Telehealth Network, The American Health Information Management Association, the American Academy of Family Physicians, and the American Telehealth Association all have definitions of telehealth/telemedicine that provide variations.

The State of Idaho Telehealth services are defined as: "... health care services provided by a provider to a person through the use of electronic communications, information technology, asynchronous store and forward transfer or synchronous interaction between a provider at a distant site and a patient at an originating site. Such services include, but are not limited to, clinical care, health education, home health and facilitation of self-managed care, and caregiver support.”

SelectHealth defines telehealth as services provided via interactive (synchronous) video and audio telecommunications systems.
SelectHealth **covers Telehealth services in limited clinical circumstances when specific CPT/HCPCS codes are billed with appropriate modifiers by a qualified entity.**

Elements for Establishing an Entity as a Qualified Telehealth Services Provider. *(ALL Elements must be met):*

1. A Provider offering telehealth services must at all times act within the scope of the provider’s license and according to all applicable laws and rules, including, but not limited to, this policy and the community standard of care in the state(s) services are rendered/patient is currently located.

2. The Provider demonstrates an ability to obtain and capture informed consent consistent with applicable state laws and be able to reproduce a copy of informed consent on request.

3. The Provider demonstrates the ability to establish a provider-patient relationship by use of synchronous interaction.

4. The Provider must demonstrate the ability to obtain, document, and store a patient’s relevant clinical history and current symptoms to establish the diagnosis and identify underlying conditions and contraindications to the treatment recommended in a similar format used for face-to-face interactions.

5. Treatment recommendations meet the applicable community standard of care that applies in an in-person setting.

6. A Provider shall demonstrate a written policy which identifies the process to refer patients to appropriate medical resources, including emergency resources near the patient’s location.

7. Any Provider offering telehealth services as part of his or her practice shall generate and maintain medical records for each patient using such telehealth services in compliance with any applicable state and federal laws, rules, and regulations—including the health insurance portability and accountability act (HIPAA), and the health information technology for economic and clinical health act (HITECH). Such records shall be accessible to other providers and to the patient in accordance with applicable laws, rules, and regulations.

8. A Provider of telehealth services must demonstrate the ability to provide for follow-up care or to provide information to patients who make use of such services.

9. The provider must demonstrate the ability to electronically transfer any medical records generated as a result of the telemedicine interaction to any provider requesting the records within a reasonable timeframe—defined as allowing for timely care of any patient seen by the requesting provider.

10. For Telehealth Services provided via online services the additional requirements must be met:
   
   A. The Provider used by physicians providing medical services using telemedicine technologies should clearly disclose the following:
      
      - Specific services provided;
      - Contact information for physician;
      - Licensure and qualifications of physician(s) and associated physicians;
• Fees for services and how payment is to be made;
• Financial interests, other than fees charged, in any information, products, or services provided by a physician;
• Appropriate uses and limitations of the site, including emergency health situations;
• Uses and response times for emails, electronic messages, and other communications transmitted via telemedicine technologies;
• To whom patient health information may be disclosed and for what purpose;
• Rights of patients with respect to patient health information; and
• Information collected and any passive tracking mechanisms utilized.

B. Provide patients a clear mechanism to:
• Access, supplement, and amend patient-provided personal health information;
• Provide feedback regarding the site and the quality of information and services; and
• Register complaints, including information regarding filing a complaint with the applicable state medical and osteopathic board(s).

C. Online services must have accurate and transparent information about the website owner/operator, location, and contact information, including a domain name that accurately reflects the identity.

D. The online site from which services are accessed does NOT have advertising or promotion of goods or products from which the physician receives direct remuneration, benefits, or incentives (other than the fees for the medical care services).

E. The Provider or online service does NOT maintain or direct a preferred relationships with any pharmacy.

Accepted Modifiers for Telehealth services provided by approved Providers include the following:

• GT - Via interactive audio and video telecommunication systems
• 95 - Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Appropriate Place of Service for Telehealth:
• 02 - Telehealth

SelectHealth does NOT cover asynchronous services. (continued on next page)
SelectHealth does **NOT cover the following services as Telehealth/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 email
8. Appointment scheduling
9. For only refilling existing prescriptions
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. A service that would similarly not be charged for in a regular office visit
16. Reminders of scheduled office visits
17. Requests for a referral
18. Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
19. Clarification of simple instructions

**Definitions:**

1. **Synchronous Interaction** - real-time communication through interactive technology that enables a provider and a patient at two (2) locations separated by distance to interact simultaneously through two-way video and audio or audio transmission.
2. **Asynchronous store and forward transfer** - the transmission of a patient's health care information from an originating site to a provider at a distant site over a secure connection that complies with state and federal security and privacy laws.
3. **Distant Site** - the site at which a provider delivering telehealth services is located at the time the service is provided.
4. **Originating Site** - the location of a patient at the time telehealth services are provided.
**SelectHealth Advantage (Medicare/CMS)**

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, the SelectHealth Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website [http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp](http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp) or the manual website.

**SelectHealth Community Care (Medicaid/CHIP)**

Coverage is determined by the applicable Medicaid program; if the state in which the services are provided has no published coverage position the SelectHealth Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website [http://health.utah.gov/medicaid/manuals/directory.php](http://health.utah.gov/medicaid/manuals/directory.php) or the Utah Medicaid code Look-Up tool.

**Summary of Medical Information**

Telehealth includes a wide range of technologies used to fulfill many functions in healthcare for patients with a variety of clinical conditions. There are varying definitions of telehealth as outlined above, but for many, telehealth is defined as the use of information and telecommunications technology in healthcare delivery for a specific patient involving a provider across distance or time. Various types of telehealth interventions have been evaluated in thousands of research studies and hundreds of systematic reviews. The vast size of the literature and the variations in how the literature has been collected, evaluated, and synthesized make it challenging to determine what is known about the effectiveness of telehealth for specific purposes and what questions remain unanswered.

A technology brief completed by the Agency on Health Research and Quality (AHRQ) published in June 2016 summarizes the current state of the evidence pertaining to telehealth. This technology brief identified 1,494 citations about telehealth, from which 58 systematic reviews that qualified for inclusion in the report. A large volume of research reported that telehealth interventions produce positive outcomes when used for remote patient monitoring, broadly defined, for several chronic conditions and for psychotherapy as part of behavioral health. The report noted the most consistent benefit has been reported when telehealth is used for communication and counseling or remote monitoring in chronic conditions such as cardiovascular and respiratory disease, with improvements in outcomes such as mortality, quality of life, and reductions in hospital admissions. It was suggested topics with an evidence base that could be the focus of future systematic reviews include telehealth for consultation, uses in intensive care units, and applications in maternal and child health.

The report identified topics with a limited evidence base such as telehealth for triage in urgent/primary care, management of serious pediatric conditions, patient outcomes for teledermatology, and the integration of behavioral and physical health that may be best addressed by additional primary research. Finally, the report concluded telehealth research should be integrated into evaluation of new models of care and payment so that the potential of telehealth can be assessed across the continuum of care in organizations that are implementing these reforms.

Key messages from this Technical Brief were:

- There is insufficient evidence to support the effectiveness of telehealth for specific uses with some types of patients including remote patient monitoring with chronic conditions, communication and counseling for patients with chronic conditions, and psychotherapy as part of behavioral health.

For these telehealth applications, the research focus should shift to how to promote broader implementation and address barriers:

- Additional systematic reviews may be helpful for some topics, such as consultation and maternal and child health, where primary studies are available but these have not been synthesized.
• For other uses, such as triage for urgent care, telehealth is cited as offering value but limited primary evidence was identified, suggesting more studies are needed.
• Future research also should assess the use and impact of telehealth in new healthcare organizational and payment models.

Billing/Coding Information

CPT CODES
As the list of CPT codes approved for Telehealth services is dynamic and subject to change, please contact SelectHealth for the most updated list of approved CPT codes

HCPCS CODES
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
H0004 Behavioral health counseling and therapy, per 15 minutes

MODIFIERS
02 Telehealth
95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
GT Via interactive audio and video telecommunication systems

Non-covered services
GQ Via asynchronous telecommunications system

Key References
2. Idaho Telehealth Access Act of 2015

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