

# Reimbursement/Billing Policy



## Commercial Telehealth Services

Policy Number: RM034  
Last Review: 10/01/2024

HMO AND PPO  
ELITE (MEDICARE ADVANTAGE)  
MARKETPLACE

### GUIDELINES:

- Paramount Reimbursement Policies have been developed to assist in administering proper payment under benefit contracts.
- Reimbursement policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.
- Paramount utilizes industry standard coding methodology and claims editing in the development of reimbursement policies. Industry standard resources include, but are not limited to, CMS National Correct Coding Initiative (NCCI), Medically Unlikely Edits (MUEs), Integrated Outpatient Code Editor (I/OCE) Clinical edits, Medical Policies, Reimbursement Policies, and Administrative/Provider Manuals. Paramount will not reimburse services determined to be Incidental, Mutually Exclusive, or Unbundled.
- All health care services, devices, and pharmaceuticals must be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes and modifiers, which most accurately represent the services rendered, unless otherwise directed by the Paramount. All billed codes must be fully supported in the member's legal medical record.
- Paramount utilizes CMS pricing algorithms where appropriate based on, National Physician Fee Schedule Relative Value File (NPFSSRVF) pricing rules, Inpatient Prospective Payment Systems (MS-DRG, LTC, IPF, IRF & IPSNF) and Outpatient Prospective Payment Systems (OPPS, HHA, ASC, ESRD & OPSNF).
- Paramount liability will be determined after coordination of benefits (COB) and third-party liability (TPL) is applied to the claim. Member liability may include, but is not limited to, co-payments, deductibles, and coinsurance. Members' costs depend on member benefits.
- Paramount routinely reviews reimbursement policies. Updates are published on Paramount's website <https://www.paramounthealthcare.com>. The information presented in this reimbursement policy is accurate and current as of the date of publication. Paramount communicates policy updates to providers via Paramount's monthly bulletin.

**This permanent Commercial Telehealth Medical Policy documents Paramount's Telehealth coverage. This includes both the permanent telehealth coverage and the temporary telehealth coverage during the Public Health Emergency (PHE) for the COVID-19 Pandemic.**

### SCOPE:

☒ Professional  
☐ Facility

### DESCRIPTION:

Telemedicine and telehealth are the direct delivery of services where the physician or other healthcare professional and the patient are NOT at the same location. Telehealth is the use of electronic and communication technologies to provide and support health care when distance separates the patient from the provider. It utilizes interactive telecommunications technology (e.g., audio and video equipment) to permit either two-way interactive communication between the patient and physician or allow the physician to review the medical case without the patient being present in order to confirm a diagnosis and/or establish a treatment plan. Telehealth can be a useful alternative to traditional office visits when barriers to access (i.e., physical distance between patient and physician, non-ambulatory or isolated patient, time) exist. Telehealth enables providers to extend their reach and improve their efficiency and effectiveness while still maintaining high quality care and attention to patient safety.

### TELEHEALTH

An umbrella term for remote health care that may include health care education and administration as well as real-time clinical services.

### TELEMEDICINE

A subset of telehealth, this describes real-time clinical health care services provided through electronic technology when distance separates the patient and health care provider.

### ONLINE VISITS

A real-time (synchronous) two-way communication that is initiated by the patient to virtually connect a physician or other health care provider for low complexity health care services.

### SYNCHRONOUS TELEHEALTH

A real-time communication (virtual visit) using interactive audio and visual equipment, such as video conferences between a patient and specialist.

### ASYNCHRONOUS TELEHEALTH

Asynchronous telehealth care are those communications with a delayed response from the recipient. There is no real-time interaction. Asynchronous telehealth care, also known as store and forward messaging, involves messaging (including condition-driven questionnaires) or data submission (monitoring) that the provider will respond to within a specified time frame. These communications are used by Members in an established patient-provider relationship; i.e. messaging, E-consult, remote monitoring.

### AUDIO ONLY

Audio-only interactive technology may be used if audio/video technology is not available or inaccessible. For audio only access, Paramount is in agreement with the following CMS decision.

In the context of the PHE for the COVID-19 pandemic, especially in the case that two-way, audio/video technology might not be available, CMS concedes that there are many circumstances where prolonged, audio only communication between the practitioner and the patient could be clinically appropriate.

### REMOTE PATIENT MONITORING

This allows a provider to continue to track healthcare data for a patient released to his or her home or a care facility.

### ORIGINATING SITE

An originating site is the physical location of an eligible patient receiving telehealth service furnished via a telecommunications system. The originating site is responsible for documenting the medical necessity of the health care service provided through the use of telemedicine, for securing the informed consent of the patient, and for developing and maintaining progress notes.

### DISTANT SITE

Distant site is the physical location of the treating practitioner at the time a health care service is provided through the use a telecommunications system. The distant site is responsible for maintaining documentation of the health care service delivered through the use of telemedicine and for sending progress notes to the originating site for incorporation into the patient's records. The distant site must not be the same location as the patient.

### PLACE OF SERVICE "02"

The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

### PLACE OF SERVICE "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.

#### MODIFIER FQ

Service was furnished using audio-only communication technology.

#### MODIFIER GQ

Via asynchronous telecommunications system. Service was furnished using audio-only communication technology.

#### MODIFIER GT

Via Interactive Audio and Video Telecommunications systems

#### MODIFIER 93

Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system.

#### MODIFIER 95

Synchronous telemedicine service rendered via a real-time Interactive audio and video telecommunications system.

#### **POLICY:**

##### **Paramount Commercial Insurance Plans**

Approved Telemedicine/Telehealth services do not require a prior authorization, unless the service requires prior authorization when performed in-person. Refer to Paramount's Prior Authorization excel spreadsheet <https://www.paramounthealthcare.com/assets/documents/provider/prior-authorization-list.pdf>

When billing professional claims for all telehealth services with dates of services on or after March 10, 2020, for the duration of the PHE, and beyond the end-dated PHE bill with:

- Place of Service (POS) equal to what it would have been had the service been furnished in-person (Place of service 02 and 10 are also acceptable), AND
- The appropriate modifier 95, GQ, GT.

**Telemedicine/Telehealth services effective coverage dates are indicated in the table below.**

All Telemedicine/Telehealth services must be medically necessary and documented and in the applicable medical record in order to be reimbursable. Paramount may request documentation to support medical necessity reviews.

#### **COVERAGE CRITERIA:**

##### **Paramount Commercial Insurance Plans**

##### **Originating Sites:**

- Physician and Practitioner Offices
- Hospitals (inpatient or outpatient)
- Critical Access Hospitals (CAH)
- Rural Health Clinics (RHC)
- Federally Qualified Health Centers (FQHC)
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNF)
- Community Mental Health Centers (CMHS)
- Renal Dialysis Facilities
- Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis

- Mobile Stroke Units  
\*The originating site geographic conditions does not apply to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and beneficiary homes when practitioners furnish monthly home dialysis ESRD-related medical evaluation. Independent Renal Dialysis Facilities are not eligible originating sites.
- Home, for the duration of the COVID-19 Public Health Emergency
  - Home (the patient's home includes temporary lodging, i.e. hotels, homeless shelters, or nursing homes, that are a short distance from the patient's actual home)

#### Distant Sites - Rendering Practitioners:

- Physicians
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Nurse-Midwives
- Clinical Nurse Specialists (CNSs)
- Certified Registered Nurse Anesthetists
- Clinical Psychologist (CPs)
- Clinical Social Workers (CSWs)
  - CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot be reimbursed for CPT codes 90792, 90833, 90836, 90838
- Registered Dietitians or Nutrition Professional
- Licensed Clinical Social Worker
- Licensed Physical Therapists
- Occupational Therapist
- Speech Language Pathologists

Qualified providers who are permitted to furnish telehealth services during the Public Health Emergency include those listed above as long as such services are within their scope of practice.

Benefits and reimbursement are not provided for any technical equipment or costs for the provision of telemedicine services

Practitioner and patient site locations should be consistent with the current procedural terminology (CPT) and health care common procedure coding systems (HCPCS) guidelines for the service being provided.

Telehealth or telephone services are covered when all of the following criteria are met:

- The patient is present/participates at the time of service.
- Services should be similar to in-person services with a patient.
- Services must be medically necessary and otherwise covered under the member's benefit booklet or subscriber agreement.
- Services must be within the provider's scope of license.
- A permanent record of the telephonic communication(s) must be documented/maintained as part of the patient's medical record. It must be sufficiently documented to support the code used.
- Only the provider rendering the services may submit a claim for reimbursement for telehealth services.
- For medical and outpatient behavioral telehealth visits, providers can utilize both interactive audio/video and audio-only.

The following services are exclusions to telehealth services; may not be all-inclusive:

- Services rendered through email, text or by fax.
- Telemedicine that occurs the same day as a face-to-face visit, when performed by the same provider and for the same condition.
- Patient communications incidental to E/M services, including, but not limited to reporting of test results or

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.

#### **CODING/BILLING INFORMATION:**

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

**Coverage:** Telemedicine/Telehealth - *the permanent telehealth coverage and the temporary telehealth coverage during the Public Health Emergency (PHE) for the COVID-19 Pandemic.*

Codes	Description	Audio-only Interaction Meets the Coverage Requirement
90785	Interactive Complexity Psychiatry Services and Procedures [Permanent Telehealth Service - No Enddate]	Yes
90791	Psychiatric diagnostic evaluation [Permanent Telehealth Service - No Enddate]	Yes
90792	Psychiatric diagnostic evaluation with medical services [Permanent Telehealth Service - No Enddate]	Yes
90832	Psychotherapy, 30 minutes with patient [Permanent Telehealth Service - No Enddate]	Yes
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) [Permanent Telehealth Service - No Enddate]	Yes
90834	Psychotherapy, 45 minutes with patient [Permanent Telehealth Service - No Enddate]	Yes
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) [Permanent Telehealth Service - No Enddate]	Yes
90837	Psychotherapy, 60 minutes with patient [Permanent Telehealth Service - No Enddate]	Yes
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) [Permanent Telehealth Service - No Enddate]	Yes
90839	Psychotherapy for crisis; first 60 minutes [Permanent Telehealth Service - No Enddate]	Yes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service) [Permanent Telehealth Service - No Enddate]	Yes
90845	Psychoanalysis [Permanent Telehealth Service - No Enddate]	Yes
90846	Family psychotherapy (without the patient present), 50 minutes [Permanent Telehealth Service - No Enddate]	Yes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes [Permanent Telehealth Service - No Enddate]	Yes
90853	Group psychotherapy (other than of a multiple-family group) [Permanent Telehealth Service - No Enddate]	Yes
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents, with 4 or more face-to-face visits by a physician or other qualified	

	health care professional per month [Permanent Telehealth Service - No Enddate]	
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents, with 2-3 face-to-face visits by a physician or other qualified health care professional per month [Permanent Telehealth Service - No Enddate]	
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents, with 4 or more face-to-face visits by a physician or other qualified health care professional per month [Permanent Telehealth Service - No Enddate]	
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents, with 2-3 face-to-face visits by a physician or other qualified health care professional per month [Permanent Telehealth Service - No Enddate]	
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents, with 4 or more face-to-face visits by a physician or other qualified health care professional per month [Permanent Telehealth Service - No Enddate]	
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents, with 2-3 face-to-face visits by a physician or other qualified health care professional per month [Permanent Telehealth Service - No Enddate]	
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age 20 years and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month [Permanent Telehealth Service - No Enddate]	
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age 20 years and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month [Permanent Telehealth Service - No Enddate]	
90963	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents [Permanent Telehealth Service - No Enddate]	
90964	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents [Permanent Telehealth Service - No Enddate]	
90965	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents [Permanent Telehealth Service - No Enddate]	
90966	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older [Permanent Telehealth Service - No Enddate]	
90967	End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age [Permanent Telehealth Service - No Enddate]	

90968	End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 2-11 years of age [Permanent Telehealth Service - No Enddate]	
90969	End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 12-19 years of age [Permanent Telehealth Service - No Enddate]	
90970	End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 20 years of age and older. [Permanent Telehealth Service - No Enddate]	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour. [Permanent Telehealth Service - No Enddate]	Yes
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour (List separately in addition to code for primary procedure). [Permanent Telehealth Service - No Enddate]	Yes
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making). Audio-only Interaction allowed [Permanent Telehealth Service - No Enddate]	Yes
96158	Health behavior intervention, individual, face-to-face, initial 30 minutes [Permanent Telehealth Service - No Enddate] Added effective 5/1/2023	Yes
96159	Health behavior intervention, individual, face-to-face each additional 15 minutes (List separately in addition to code for primary service). Audio-only Interaction allowed [Permanent Telehealth Service - No Enddate]	Yes
96160	Administration of patient-focused health risk assessment instrument (eg. Health hazard appraisal) with scoring and documentation, per standardized instrument. Audio-only Interaction allowed [Permanent Telehealth Service - No Enddate]	Yes
96161	Administration of caregiver-focused health risk assessment instrument (eg. Depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument. Audio-only Interaction allowed [Permanent Telehealth Service - No Enddate]	Yes
96164	Health behavior intervention, group (2 or more patient(s), face-to face; initial 30 minutes. Audio-only Interaction allowed [Permanent Telehealth Service - No Enddate]	Yes
96165	Health behavior intervention, group (2 or more patient(s), face-to face; each additional 15 minutes (List separately in addition to code for primary service). Audio-only Interaction allowed [Permanent Telehealth Service - No Enddate]	Yes
96167	Health behavior intervention, family (with the patient present) face-to face; initial 30 minutes. Audio-only Interaction allowed [Permanent Telehealth Service - No Enddate]	Yes
96168	Health behavior intervention, family (with the patient present) face-to face; each additional 15 minutes (List separately in addition to code for primary service). Audio-only Interaction allowed [Permanent Telehealth Service - No Enddate]	Yes

97802	Medical nutrition therapy; initial assessment and intervention, each 15 minutes. [Permanent Telehealth Service - No Enddate]	Yes
97803	Medical nutrition therapy; re-assessment and intervention, each 15 minutes. [Permanent Telehealth Service - No Enddate]	Yes
97804	Medical nutrition therapy; group (2 or more individuals), each 30 minutes [Permanent Telehealth Service - No Enddate]	Yes
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. [Permanent Telehealth Service - No Enddate]	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low-level medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. [Permanent Telehealth Service - No Enddate]	
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate-level medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. [Permanent Telehealth Service - No Enddate]	
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making [Permanent Telehealth Service - No Enddate] Added effective 5/1/2023	
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. [Permanent Telehealth Service - No Enddate]	
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. [Permanent Telehealth Service - No Enddate]	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low-level medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. [Permanent Telehealth Service - No Enddate]	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. [Permanent Telehealth Service - No Enddate]	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high-level medical decision making.	



	When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. [Permanent Telehealth Service - No Enddate]	
99231	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded. [Permanent Telehealth Service - No Enddate]	
99232	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. [Permanent Telehealth Service - No Enddate]	
99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded. [Permanent Telehealth Service - No Enddate]	
99241	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. <b>(synchronous and asynchronous)</b> <b>Temporary Addition for the PHE for the COVID-19 Pandemic.</b>  <b>**Consultation codes non-covered effective 4/1/2023. Refer to Medical Policy PG0291 Consultation Services.</b>	
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.  When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. <b>(synchronous and asynchronous)</b> <b>Temporary Addition for the PHE for the COVID-19 Pandemic</b>  <b>**Consultation codes non-covered effective 4/1/2023. Refer to Medical Policy PG0291 Consultation Services.</b>	
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.  When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. <b>(synchronous)</b> <b>Temporary Addition for the PHE for the COVID-19 Pandemic</b>  <b>**Consultation codes non-covered effective 4/1/2023. Refer to Medical Policy PG0291 Consultation Services.</b>	

99244	<p>Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. <b>(synchronous)</b>  <b>Temporary Addition for the PHE for the COVID-19 Pandemic</b></p> <p><b>**Consultation codes non-covered effective 4/1/2023. Refer to Medical Policy PG0291 Consultation Services.</b></p>	
99307	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.  [Permanent Telehealth Service - No Enddate]</p>	
99308	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.  [Permanent Telehealth Service - No Enddate]</p>	
99309	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.  [Permanent Telehealth Service - No Enddate]</p>	
99310	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.  [Permanent Telehealth Service - No Enddate]</p>	
99334	<p>Domiciliary, Rest Home or Custodial Care Services, established patient, per day, for the evaluation and management of a patient, which requires 2 of these three key components; a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.</p> <p><b>*Deleted effective 1/1/2023*</b>  <b>(Deletion of Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services E/M codes 99324-99238, 99334-99337, 99339, 99340)</b></p>	
99335	<p>Domiciliary, Rest Home or Custodial Care Services, established patient, per day, for the evaluation and management of a patient, which requires 2 of these three key components; an expanded problem focused history; an expanded problem focused examination; and low medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent</p>	

	<p>with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are low to moderate. Typically, 25 minutes are spent with the patient and/or family or caregiver</p> <p><b>*Deleted effective 1/1/2023*</b>  <b>(Deletion of Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services E/M codes 99324-99238, 99334-99337, 99339, 99340)</b></p>	
99347	<p>Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.  [Permanent Telehealth Service - No Enddate]</p>	
99348	<p>Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.  [Permanent Telehealth Service - No Enddate]</p>	
99354	<p>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service, first hour.</p> <p><b>99354, 99355 have been deleted. For prolonged evaluation and management services on the date of an outpatient service, home or residence service, or cognitive assessment and care plan, use 99417</b></p>	Yes
99355	<p>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service, each additional 30 minutes.</p> <p><b>99354, 99355 have been deleted. For prolonged evaluation and management services on the date of an outpatient service, home or residence service, or cognitive assessment and care plan, use 99417</b></p>	Yes
99356	<p>Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service).</p> <p><b>99356, 99357 have been deleted. For prolonged evaluation and management services on the date of an inpatient or observation or nursing facility service, use 99418</b></p>	Yes
99357	<p>Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for inpatient evaluation and management service).</p> <p><b>99356, 99357 have been deleted. For prolonged evaluation and management services on the date of an inpatient or observation or nursing facility service, use 99418</b></p>	Yes
99406	<p>Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.  [Permanent Telehealth Service - No Enddate]</p>	Yes
99407	<p>Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes  [Permanent Telehealth Service - No Enddate]</p>	
99417	<p>Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary</p>	

	service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)	
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)	
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration Added effective 5/1/2023	
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home. [Permanent Telehealth Service - No Enddate]	
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.	<b>Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b>
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.(List separately in addition to code for primary procedure)	<b>Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b>
99495	Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge).	
99496	Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge). [Permanent Telehealth Service - No Enddate]	
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate. [Permanent Telehealth Service - No Enddate]	Yes
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure). [Permanent Telehealth Service - No Enddate]	Yes
<b>E-Visits, Online Digital Evaluation and Management Services</b>		
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	
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	
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	
Virtual Check-Ins: Doctors and certain practitioners may bill for these virtual check in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012). The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Standard Part B cost sharing applies to both. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician (HCPCS code G2010).		

G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward); including interpretation with follow-up with the patient within 24 business hours, 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.	
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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.	
Qualified Nonphysician Health Care Professional Online Digital Evaluation and Management Service		
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	
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	
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	
Diabetes Self-Management Training		
G0108	Diabetic outpatient self-management training services, individual, per 30 minutes (Telehealth coverage approved 7/1/2022)	Yes
G0109	Diabetic outpatient self-management training services, group session (2 or more), per 30 minutes (Telehealth coverage approved 7/1/2022)	Yes
Pharmacy		
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.	
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient. <b>(synchronous)</b> <b>Temporary Addition for the PHE for the COVID-19 Pandemic</b>	<b>Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b>
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient. <b>(synchronous)</b> <b>Temporary Addition for the PHE for the COVID-19 Pandemic</b>	<b>Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b>
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary services) <b>(synchronous)</b> <b>Temporary Addition for the PHE for the COVID-19 Pandemic</b>	<b>Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b>
Telephone Services		
98966	Telephone assessment and management service provided by a qualified nonphysician 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. <b>(asynchronous)</b>	Yes

	<b>Temporary Addition for the PHE for the COVID-19 Pandemic</b> <b>Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b>	
98967	<p>Telephone assessment and management service provided by a qualified nonphysician 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, 11-20 minutes of medical discussion.</p> <p><b>(asynchronous) Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b></p> <p><b>Temporary Addition for the PHE for the COVID-19 Pandemic</b></p>	Yes
98968	<p>Telephone assessment and management service provided by a qualified nonphysician 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.</p> <p><b>(asynchronous)</b></p> <p><b>Temporary Addition for the PHE for the COVID-19 Pandemic</b>  <b>Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b></p>	Yes
99441	<p>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provide 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. <b>(asynchronous)</b></p> <p><b>Temporary Addition for the PHE for the COVID-19 Pandemic</b>  <b>Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b></p>	Yes
99442	<p>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provide 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. <b>(asynchronous)</b></p> <p><b>Temporary Addition for the PHE for the COVID-19 Pandemic</b>  <b>Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b></p>	Yes
99443	<p>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provide 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. <b>(asynchronous)</b></p> <p><b>Temporary Addition for the PHE for the COVID-19 Pandemic</b>  <b>Telehealth Coverage to end with the PHE enddate, effective October 29, 2023.</b></p>	Yes
Professional Services billing:		
Modifier		



GQ	When telehealth services are performed “through an asynchronous telecommunications system”, add the telehealth GQ modifier with the professional service CPT or HCPCS code.	
GT	When telehealth services are performed “through synchronous telecommunications system”, add the telehealth GT modifier with the professional service CPT or HCPCS code.	
95	Synchronous telemedicine service rendered via a real-time Interactive audio and video telecommunications system	
POS 02	Telehealth. The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.	
POS 10	Telehealth. 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	

#### REVISION HISTORY EXPLANATION:

Date	Explanation & Changes
04/01/2020	<ul style="list-style-type: none"> <li>Original Interim Policy developed, Temporary Expansion of Reimbursement for Telehealth Services addressing COVID-19, added</li> </ul>
05/01/2020	<ul style="list-style-type: none"> <li>Removed the prior authorization exception requiring ‘A prior authorization is required for behavioral health following the initial evaluation.’</li> <li>Added additional approved Telehealth Services-New Visits 99201-99204 (synchronous and asynchronous).</li> </ul>
06/01/2020	<ul style="list-style-type: none"> <li>Updated/documented the extension of the emergency telehealth coverage through the earlier of 6/30/20 or the end of the emergency declaration</li> </ul>
07/01/2020	<ul style="list-style-type: none"> <li>Updated the medical policy to add that the place-of-service on the claim is to equal what it would have been had the service been furnished in-person</li> <li>Added Modifier 95 as an appropriate modifier to bill on the claim.</li> <li>Updated asynchronous telehealth description</li> <li>Updated/documented the extension of the emergency telehealth coverage through the earlier of 7/31/20 or the end of the emergency declaration</li> </ul>
07/14/2020	<ul style="list-style-type: none"> <li>Updated/documented the extension of the emergency telehealth coverage through the earlier of 8/31/20 or the end of the emergency declaration</li> </ul>
08/07/2020	<ul style="list-style-type: none"> <li>Updated/documented the extension of the emergency telehealth coverage through the earlier of 9/30/20 or the end of the emergency declaration</li> </ul>
09/15/2020	<ul style="list-style-type: none"> <li>Updated/documented the extension of the emergency telehealth coverage through the earlier of 12/31/20 or the end of the emergency declaration</li> </ul>
12/04/2020	<ul style="list-style-type: none"> <li>Added documentation clarifying the SCOPE of the medical policy is applied to professional claims</li> <li>Placed medical policy on the new Paramount Medical Policy Format</li> <li>Updated/documented the extension of the emergency telehealth coverage through the earlier of 03/3/2021 or the end of the emergency declaration</li> </ul>
02/18/2021	<ul style="list-style-type: none"> <li>Updated medical policy to address: Z20.822-Contact with and (suspected) exposure to COVID-19 (new diagnosis code effective 1/1/2021)</li> </ul>
03/07/2021	<ul style="list-style-type: none"> <li>Updated/documented the extension of the emergency telehealth coverage through the earlier of 04/30/2021 or the end of the emergency declaration</li> </ul>
04/21/2021	<ul style="list-style-type: none"> <li>Updated/documented the extension of the emergency telehealth coverage through the earlier of 06/30/2021 or the end of the emergency declaration</li> </ul>

<b>07/01/2021</b>	<ul style="list-style-type: none"> <li>• Changed medical policy title from Telehealth Services-COVID-19 COMMERCIAL - Emergency expanded access to medical and behavioral health services to COMMERCIAL Telehealth Services</li> <li>• Reformatted the coding section to indicate which codes are only Telehealth Temporary Additions during the Public Health Emergency (PHE) and which codes will be established supporting continued Telehealth Services post the PHE</li> <li>• Clarified Telehealth coverage; permanent coverage and extended PHE coverage: This permanent Commercial Telehealth Medical Policy, effective 7/1/2021, documents Paramount's Telehealth coverage. This includes the temporary telehealth coverage during the Public Health Emergency (PHE) for the COVID-19 Pandemic. Reimbursement for the expanded set of services delivered through telehealth will be effective for dates of service March 10, 2020 and expires the earlier of July 31, 2021 or the expiration of the applicable federal state of emergency.</li> </ul>
<b>07/12/2021</b>	<ul style="list-style-type: none"> <li>• EFFECTIVE OCTOBER 1ST, 2021 THE 'NO COST SHARE' FOR THE TELEHEALTH SERVICES LISTED BELOW, WHEN BILLED WITH THE DESIGNATED COVID-19 DIAGNOSIS, WILL BE ENDDATED. EFFECTIVE OCTOBER 1ST, 2021 COST-SHARE WILL BE RE-IMPLEMENTED.</li> <li>• Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 08/31/2021 or the end of the emergency declaration</li> </ul>
<b>08/05/2021</b>	<ul style="list-style-type: none"> <li>• Corrected an error in verbiage/documentation. "<del>This permanent Elite/ProMedica-Medicare Plan Commercial Telehealth Medical Policy documents Paramount's Telehealth coverage.</del>"</li> </ul>
<b>08/24/2021</b>	<ul style="list-style-type: none"> <li>• Updated/documented the extension of the emergency telehealth coverage through the earlier of 10/31/2021 or the end of the emergency declaration</li> </ul>
<b>09/15/2021</b>	<ul style="list-style-type: none"> <li>• An Administrative Re-Review and Determination now supports the continued cost-share waiver for the designated telehealth services, when billed with the designated COVID-19 diagnosis</li> </ul>
<b>10/18/2021</b>	<ul style="list-style-type: none"> <li>• Updated/documented the extension of the emergency telehealth coverage through the earlier of 11/30/2021 or the end of the emergency declaration</li> </ul>
<b>11/14/2021</b>	<ul style="list-style-type: none"> <li>• Updated/documented the extension of the emergency telehealth coverage through the earlier of 12/31/2021 or the end of the emergency declaration</li> </ul>
<b>12/10/2021</b>	<ul style="list-style-type: none"> <li>• Updated/documented the extension of the emergency telehealth coverage through the earlier of 1/31/2022 or the end of the emergency declaration</li> <li>• Updated the patient's home to apply to the 'originating sites' coverage. "The patient's "originating sites" of a physician's office, a hospital, or other medical care settings, will also expand to include the patient's home. We clarified that patient's home includes temporary lodging. This could be hotels, homeless shelters, or nursing homes, that are a short distance from the patient's actual home and the "originating site facility fee" doesn't apply."</li> </ul>
<b>01/17/2022</b>	<ul style="list-style-type: none"> <li>• Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 04/30/2022 or the end of the emergency declaration</li> </ul>
<b>03/30/2022</b>	<ul style="list-style-type: none"> <li>• Updated the medical policy to include documentation related to POS=10</li> </ul>
<b>04/14/2022</b>	<ul style="list-style-type: none"> <li>• Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 07/31/2022 or the end of the emergency declaration</li> </ul>
<b>07/18/2022</b>	<ul style="list-style-type: none"> <li>• Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 10/31/2022 or the end of the emergency declaration</li> </ul>
<b>07/19/2022</b>	<ul style="list-style-type: none"> <li>• Added procedures G0108 and G0109 as covered Telehealth services</li> </ul>



<b>10/20/2022</b>	<ul style="list-style-type: none"> <li>Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 01/31/2023 or the end of the emergency declaration</li> </ul>
<b>01/17/2023</b>	<ul style="list-style-type: none"> <li>Paramount added procedure codes G2010 and G2012 to the covered Commercial Telehealth Services, effective 01/01/2021</li> <li>Paramount added procedure code 99215 to the covered Commercial Telehealth Services, effective 01/01/2023</li> <li>Paramount added procedure codes 99417 and 99418 to the covered Commercial Telehealth Services effective 01/01/2023</li> <li>Paramount deleted procedure codes 99334, 99335, 99354, 99355, 99356, and 99357</li> <li>Updated the E&amp;M codes revised text</li> </ul>
<b>01/23/2023</b>	<ul style="list-style-type: none"> <li>Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 04/30/2023 or the end of the emergency declaration</li> </ul>
<b>04/01/2023</b>	<ul style="list-style-type: none"> <li>Added the enddate of the no copay/cost share, effective May 12, 2023. The PHE enddate of May 11, 2023</li> <li>Added telehealth enddate coverage to procedures 99493 and 99494 effective 10/29/2023</li> <li>Added permanent telehealth coverage to procedures 96158, 99205 and 99473 effective 05/01/2023</li> </ul>
<b>10/01/2024</b>	<ul style="list-style-type: none"> <li>Medical Policy PG0475 converted to Reimbursement Policy RM034, to align with Medical Mutual</li> </ul>

**Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/services/providers/medical-policies/> .**

## REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies <https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting <https://www.cms.gov/medicare/coding/icd10>

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>

RM034-10/01/2024

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare>

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>  
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review