



Telehealth Services

I. Policy

University Health Alliance (UHA) will reimburse for Telehealth Services when they are determined to be medically necessary and when they meet the medical criteria guidelines (subject to limitations and exclusions) indicated in this policy. Because mandates and recommendations are changing, providers should be aware that limitations in claims processing may necessitate occasional inquiries or appeals. UHA will always make a good faith effort to be in compliance with prevailing policies.

II. Criteria/Guidelines

For the purpose of these guidelines, telehealth is the practice of healthcare delivery, diagnosis, consultation, treatment, and transfer of medical data, using interactive video telecommunication systems that permit real-time communication.

- A. Telehealth services are covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:
1. Telehealth services are provided by Hawaii-licensed health care providers working within the scope of their practice and/or by out-of-state providers serving members who are obtaining care under the conditions set forth in the Medical Benefits Guide.
 2. Telehealth may be used to establish a health care provider-patient relationship when a provider has the appropriate license to practice.
 3. The telehealth services are provided through one of the following methods, including but not limited to:
 - a. Real-time audio/video conferencing-based communication;
 - b. Secure interactive and non-interactive web-based communication (excludes email and text messaging);
 - c. Secure asynchronous information exchange to transmit patient medical information, including diagnostic quality digital images and laboratory results for medical interpretation and diagnosis;
 - d. Synchronous e-visits as defined by CMS;
 - e. Audio only visits are covered as described in Section II E.
 4. Telehealth services must include a documented patient evaluation, including history and a discussion of physical symptoms adequate to establish a diagnosis and treatment plan. The documentation must be consistent with standards as defined by Current Procedural Terminology (CPT). A telehealth encounter is only payable when it meets standard criteria for necessity and appropriateness.
- B. Telehealth services are covered (subject to Limitations and Administrative Guidelines) without geographic restrictions on a patient's or health care provider's location.
- C. For Procedural Services, the following definitions and guidelines apply:
1. For procedural services that are performed under the direction of the specialist/consultant, the physician who actually performs the service should bill using standard procedure codes. Benefits will be paid based on the fee schedule for the procedural service.
 2. The specialist/consultant physician (who monitors the procedure and advises the attending physician via video) should bill for a consultation, not for the procedure. Plan benefits will be paid based on the fee schedule for the consultation.

- D. For Emergency Room services, the following guidelines apply:
1. An emergency room physician may bill for a consultation if a physician in an outlying area requests a telemedicine consultation. Plan benefits will be paid based on the fee schedule for the consultation.
 2. Specialists may submit a bill for the consideration of emergency telehealth services.
 3. If the patient eventually is taken to the consulting physician's emergency room for treatment, the physician may only bill for the resulting emergency room visit. The physician should not bill for both a telemedicine consultation and an emergency room visit for the same patient on the same date or for the same encounter.
- E. For Audio Only services:
1. Audio-only services will be covered for the diagnosis, evaluation, and treatment of certain mental health conditions and substance use disorders until Dec. 31, 2025, in alignment with Hawaii Revised Statute 346-59.1 as amended by 2023 Hawaii legislative session HB 907.
 2. Reimbursement rates for audio-only visits will be paid at 80% of the standard in person rate.
 3. The originating site must be the patient's residence, which may include temporary housing and homeless shelters.
 4. The patient's medical record must document the reason for the patient's preference for audio only mode (e.g. audio-visual technology isn't available, patient doesn't know how to or doesn't wish to use the technology)
 5. Audio visits are limited to established patients only. The provider must conduct and in person evaluation within the prior six months to the audio only visit.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations and Exclusions

- A. Issuing a prescription based solely on an online questionnaire does not constitute a telehealth service and is not covered.
- B. The use of a telehealth modality to prescribe controlled substances or medical marijuana is not covered except for established patients with extreme discretion.
- C. Telemedicine services through email and/or text messaging are non-covered.
- D. All plan provisions, exclusions, payment guidelines, and negotiated agreements required for in-person visits also apply to services delivered via telemedicine.
- E. A physician shall not use telemedicine to establish a physician-patient relationship with a patient in the state of Hawaii without a license to practice medicine in Hawaii. Once a provider-patient relationship is established, a patient or physician licensed in the State may use telemedicine for any purpose, including consultation with a medical provider licensed in another state, authorized by this section, or as otherwise provided by law.

- F. Telemedicine may be used for out of state consultations on a limited basis (Prior Authorization is required).
- G. Reimbursement to the health professional delivering the clinical service is the same as the current fee scheduling amount for the service provided. Claims for reimbursement should be submitted with the appropriate CPT code or HCPCS code for the professional services provided and indicate the Place of Service (POS) for telehealth.

IV. Administrative Guidelines

- A. Prior authorization is not required, however, services that require prior authorization when rendered in-person also require prior authorization when rendered via telehealth.
- B. Prior authorization is required for out of state telemedicine consultations.
- C. Documentation supporting the medical necessity should be legible, maintained in the patient’s medical record and must be made available to UHA upon request. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.
- D. All telehealth services provided must be consistent with all federal and state privacy, security, and confidentiality laws, and all state and federal laws governing telehealth services.
- E. This policy may apply to the following codes. Inclusion of a code in a table below does not guarantee that it will be reimbursed. This list is not exhaustive.
 - a. To indicate that the billed service was furnished as a telehealth service from a distant site, submit claims for telehealth services using Place of Service (POS) 02 Telehealth code: The location where health services and health related services were provided or received, through telehealth telecommunication technology.
 - b. CPT and HCPCS codes used for reporting telemedicine services may require the use of modifiers. Providers should confirm that their billing staff is familiar with the correct coding procedures. General guidance for codes 99441, 99442, 99443, and 97110 is available at <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

POS Code	Description
02	The location where health services and health related services are provided or received, through a telecommunication system.
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.

CPT Code	Description
90791 – 90792	Psychiatric diagnostic evaluation
90832 – 90834, 90836 – 90838	Psychotherapy with patient
90845	Psychoanalysis
90846 – 90847	Family psychotherapy
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
90951 – 90952, 90954 – 91955, 90957 – 90958, 90960 – 90961	End-stage renal disease (ESRD) related services
90963 – 90966	End-stage renal disease (ESRD) related services for home dialysis per full month
90967 – 90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service
92227, 92228	Remote imaging for retinal disease
93228 – 93229	External mobile cardiovascular telemetry with electrocardiographic recording
93268, 93270 – 93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable
96040	Medical genetics and genetic counseling services
96116	Neurobehavioral status exam
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)
96158-96159	Individual and group health and behavior assessment and intervention
97802 – 97804	Medical nutrition therapy
99201 – 99215	Office or other outpatient visit for evaluation and management
99231 – 99233	Subsequent hospital care, per day, for the evaluation and management of a patient
99242 – 99245	Office consultation for a new or established patient
99252 – 99255	Inpatient consultation for a new or established patient
99307 – 99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient
	Prolonged evaluation and management or psychotherapy service(s)
99406 – 94407	Smoking and tobacco use cessation counseling visit
99408 – 99409	Alcohol and/or substance (other than tobacco) abuse structured screening
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
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.

99495 – 99496	Transitional Care Management services
99497 – 99498	Advance care planning

HCPCS Code	Description
G0108 – G0109	Diabetes outpatient self-management training services
G0270	Medical nutrition therapy
G0396 – G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment
G0406 – G0408	Follow-up inpatient consultation
G0420 – G0421	Face-to-face educational services related to the care of chronic kidney disease
G0425 – G0427	Telehealth consultation, emergency department or initial inpatient
G0438 – G0439	Annual wellness visit; includes a personalized prevention plan of service
G0442	Annual alcohol misuse screening
G0443	Brief face-to-face behavioral counseling for alcohol misuse
G0444	Annual depression screening
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease
G0447	Face-to-face behavioral counseling for obesity
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
G0508	Telehealth consultation, critical care, initial
G0509	Telehealth consultation, critical care, subsequent

Additional HCPCS codes G2061, G2062, and G2063 are for established patients. G2012 and G2010 are also for established patients.

V. Policy History

Policy Number: MPP-0081-120515

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References:

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