

## Telemedicine

### Policy

Mass General Brigham Health Plan reimburses contracted providers for covered, medically necessary telemedicine services.

Telemedicine is defined as the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to; interactive audio-video technology; remote patient monitoring devices; audio-only telephone; and, online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.

Mass General Brigham Health Plan complies with Chapter 260 of the Acts of 2020 and will apply rate parity to telehealth services rendered for primary care or chronic conditions through 12/31/2022.

Due to the COVID-19 pandemic Mass General Brigham Health Plan will not impose specific requirements on the type of technology that is used to deliver services (including any limitations on audio-only or live video technologies). This will support the diagnosis and treatment of COVID-19, as well as minimize exposure to members that require clinically appropriate, medically necessary covered services for other conditions during this pandemic. These changes will be in place until further notice. Providers offering telemedicine must meet all licensure and regulatory requirements set forth by the state in which the member is physically located at the time of service. It would not be appropriate to report a telephone only (telehealth) service that requires face-to-face interaction.

Mass General Brigham Health Plan providers must deliver telemedicine services via a secure and private data connection. All transactions and data communication must be in compliance with the Health Insurance Portability and Accountability Act (HIPAA). For more information on HIPAA and electronic protected health information (EPHI) compliance, please see:

[Summary of the HIPAA Security Rule.](#)

### Definitions

#### **Asynchronous telecommunication**

Medical information is stored and forwarded to be reviewed, at a later time, by a physician or health care practitioner at a distant site. The medical information is reviewed without the patient being

## Provider Payment Guidelines

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present. Asynchronous telecommunication is also referred to as store-and-forward telehealth or non-interactive telecommunication.

### **Interactive audio and video telecommunication**

Medical information is communicated in real-time with the use of interactive audio and video communications equipment. The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported. The patient must be present and participating throughout the communication.

### **Reimbursement**

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

### **Mass General Brigham Health Plan Reimburses**

- Services rendered are clinically appropriate, medically necessary covered services.
- The components of any evaluation and management services (E&M) provided via the telemedicine technologies includes at least a problem focused history and straight forward medical decision making, as defined by the current version of the Current Procedural Terminology (CPT) manual.
- Providers performing and billing telemedicine/telehealth services that are eligible to independently perform and bill the equivalent face-to-face service.
- The service is conducted and a permanent record of online communications relevant to the ongoing medical care and follow-up of the patient is maintained as part of the patient's medical record.
- Services that are filed with the appropriate modifiers and place of service codes.

### **Mass General Brigham Health Plan Does *Not* Reimburse**

- Claims for services provided at times other than regularly scheduled hours
- Costs associated with enabling or maintaining contracted providers' telemedicine technologies
- Inter-professional telephone or internet consultations
- Facility telemedicine services reported without a modifier GT
- Professional telemedicine services reported without a modifier 95, GQ, and/or V3 (*Note: Telephonic and Digital E/M's should not be appended with telemedicine modifiers.*)
- A follow-up preventive visit when initial preventive visit has been rendered via telehealth.

## Provider Payment Guidelines

- Services incidental to an E&M service, counseling, or medical services covered by this policy. Examples include, but are not limited to: Reporting of test results, Provision of educational materials, administrative matters, including but not limited to, scheduling, registration, updates to billing information, reminders, etc.
- A Telemedicine/Telehealth service that occurs the same day as a face-to-face visit when performed by the same provider for the same condition.
- Telemedicine/Telehealth E&M services that are performed on the same day as a surgical procedure, unless it is a significant and separately identifiable service, or it is above and beyond the usual preoperative and postoperative care associated with the procedure.  
Telehealth transmission, per minute.

Communication with the member's PCP and other treating providers is expected as part of the service and is not compensated separately. Provider-to-provider discussions without the member being present are not separately compensated.

### Procedure Codes

*This list of codes may not be all-inclusive. Inclusion of a code does not imply or guarantee coverage or separate reimbursement.*

| Code  | Telephonic & Digital E&M Code Descriptions  |
|-------|---|
| 98966 | Telephone assessment and management service provided by a qualified non-physician 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.  |
| 98967 | Telephone assessment and management service provided by a qualified non-physician 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. |
| 98968 | Telephone assessment and management service provided by a qualified non-physician 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. |

## Provider Payment Guidelines

| Code  | Telephonic & Digital E&M Code Descriptions   |
|-------|--|
| 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.   |
| 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.   |
| 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. |

### Modifiers

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| 93 | Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system (Effective January 1, 2022). |
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## Provider Payment Guidelines

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| 95 | Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system.             |
| FR | The supervising practitioner was present through two-way, audio/video communication technology (Effective January 1, 2022). |
| FQ | Service furnished using audio-only communication technology..   |
| G0 | Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke                                 |
| GQ | Via asynchronous telecommunications system..  |
| GT | Via interactive audio and video telecommunications system.  |
| CR | Catastrophe or disaster related.  |

### Updates to Telemedicine Place of Service Codes: Effective 1/1/2022

#### **POS 02:** Telehealth Provided Other than in Patient's Home:

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 Provided in Patient's Home:

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.

All claims are subject to audit services and medical records may be requested.

### Related Mass General Brigham Health Plan Payment Guidelines

[Laboratory and Pathology](#)

[General Coding and Billing](#)

[Vaccines and Immunizations Payment Policy](#)

[Evaluation and Management Services](#)

[Modifiers](#)

### References

[List of Telehealth Services | CMS](#)

[MassHealth Access to Health Services through Telehealth Options](#)

## Provider Payment Guidelines

### Publication History

|                               |                                     |
|-------------------------------|-------------------------------------|
| <b>Topic:</b><br>Telemedicine | <b>Owner:</b><br>Network Management |
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|-------------------------|--|
| <b>July 15, 2017</b>    | <i>Original Documentation of policy</i>  |
| <b>August 24, 2017</b>  | <i>Clarity on type of form accepted; addition of information regarding provider licensing</i>  |
| <b>April 20, 2018</b>   | <i>Removed modifier GT</i>   |
| <b>January 1, 2019</b>  | <i>Document restructure; codes, code descriptor and references updated. Added G9978-G9987. Add modifier GT</i>   |
| <b>October 28, 2019</b> | <i>Updated to reflect MassHealth coverage</i>  |
| <b>March 26, 2020</b>   | <i>Added 99202-99205 and 99214-99215; Temporary telephonic&amp; digital code updates for Covid-19 State of Emergency: 99441-99443, 98966-98968, 99421-99423, 98970-98972</i> |
| <b>April 09, 2020</b>   | <i>Added or GT (unless services are telephonic or digital during Covid-19 state of emergency)</i>  |
| <b>May 19, 2022</b>     | <i>Updated coding grid, place of service updates, and administrative edits</i>   |
| <b>July 7, 2022</b>     | <i>Administrative edits</i>  |
| <b>November 9, 2022</b> | <i>Updated modifier grid, added references</i>   |
| <b>January 1, 2023</b>  | <i>Document rebrand</i>  |

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.