



Subject: Virtual Health

Revision Date: 3/25

POLICY

OSU Health Plan will provide reimbursement for Telemedicine and Telehealth services in which the healthcare professional and the patient are not at the same site. Examples include services delivered by internet through interactive audio/visual devices or other interactive communication platforms.

DEFINITIONS

Telehealth/Telemedicine: Telehealth is the direct delivery of health care services to a patient (a) via synchronous (“at the same time”), interactive, real-time electronic communication comprising both audio and video elements or (b) activities that are asynchronous (“not at the same time”) and do not have both audio and video elements such as telephone calls, images transmitted via facsimile machine, and electronic mail. Telehealth/telemedicine will be referred to as telehealth in this document.

Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions, Audio- Visual Communication Technology: Medical information is communicated in real-time with the use of interactive audio-only and/or audio-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.

Originating Site: The location of a patient at the time the service being furnished via a

telecommunications system occurs.

Distant Site: The location of a provider at the time the service being provided via a telecommunications system occurs. This location needs to be a HIPAA Compliant Clinically Appropriate Location. Examples include physician or practitioner offices, hospitals, critical access hospitals, rural health clinics, federally qualified health centers, and skilled nursing facilities.

Eligible Providers: Eligible health care professionals are listed under the Ohio Revised Code (ORC) Section 4743.09 and include:

- An advanced practice registered nurse, as defined in section 4723.01 of the ORC as an individual who holds a current, valid license issued under this chapter that authorizes the practice of nursing as an advanced practice registered nurse and is designated as any of the following:
 - A certified registered nurse anesthetist
 - A clinical nurse specialist
 - A certified nurse-midwife
 - A certified nurse practitioner
- An optometrist licensed under Chapter 4725 of the ORC to practice optometry
- A pharmacist licensed under Chapter 4729 of the ORC
- A physician assistant licensed under Chapter 4730 of the ORC
- A physician licensed under Chapter 4731 of the ORC to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery
- A psychologist, independent school psychologist, or school psychologist licensed under Chapter 4732 of the ORC
- A chiropractor licensed under Chapter 4734 of the ORC
- An audiologist or speech-language pathologist licensed under Chapter 4753 of the ORC
- An occupational therapist or physical therapist licensed under Chapter 4755 of the ORC
- An occupational therapist assistant or physical therapist assistant licensed under Chapter 4755

of the ORC

- A professional clinical counselor, independent social worker, or independent marriage and family therapist licensed under Chapter 4757 of the ORC
- An independent chemical dependency counselor licensed under Chapter 4758 of the ORC
- A dietician licensed under Chapter 4759 of the ORC
- A respiratory care professional licensed under Chapter 4761 of the ORC
- A genetic counselor licensed under Chapter 4778 of the ORC
- A certified Ohio behavior analyst certified under Chapter 4783 of the ORC

APPLICABILITY

This policy is applicable to all licensed medical professionals in accordance with state laws regarding telemedicine. Each provider is subject to established standards of care for Telehealth under their respective licensing body.

POLICY GUIDELINES

Synchronous Telehealth

OSUHP will consider for reimbursement synchronous telehealth services which are recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with:

- Place of Service:
 - **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 the 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 in a private residence) when receiving health services or health related services through telecommunication technology

- Modifier
 - **93:** Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system
 - **95:** Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system

For a current list of synchronous telehealth services payable under the Medicare Physician Fee Schedule when furnished via telehealth, visit [CMS List of Telehealth Services](#). The main type of synchronous telehealth services are video visits. These are scheduled encounters with a physician and an established patient from one site to another using live, interactive audio and visual transmissions. This connection often occurs through MyChart (EPIC) video visits.

Due to the dependence on technology in providing telehealth/telemedicine, if there is a technological failure, disconnection, or other technological reason the visit is not fully completed, reimbursement is not guaranteed. OSUHP will only reimburse for fully completed synchronous visits via real-time audio/visual interaction between the patient and provider.

Asynchronous Virtual Health

OSUHP covers the following asynchronous telehealth services:

1. **Brief Check-Ins:** Brief communication technology-based services, also known as “virtual check- ins” or telephone visits, may be conducted under the following guidelines:
 - a. Patient is already established with provider (i.e., has visited provider within last 3 years).
 - b. Virtual check-in is real-time, interactive audio only or synchronous audio/visual.
 - c. Virtual check-in is not originating from an E/M visit within last 7 days.
 - d. Virtual check-in does not result in a follow-up visit within 24 hours or soonest available appointment.
 - e. Virtual check-in lasts between 5-10 minutes in duration.

CPT code 98016 should be utilized to reflect a brief check-in when the above criteria are met.

2. **E-Visits:** Patients may also engage with providers through messaging features known as “e-Visits.” Messaging between provider and patients must be done through a HIPAA-compliant platform, such as Epic’s MyChart platform for billing eligibility.

CPT codes 98970 – 98972 and 99421 – 99423 should be utilized to reflect e-visits. Modifier GQ should be appended as appropriate.

Modifier GQ: Services delivered via asynchronous telecommunications system.

3. **E-Consultation:** One physician can consult with a second physician for advice about a patient’s condition for non-emergent conditions through structured EMR facilitated communication.

CPT codes 99446 – 99452 should be utilized for e-consultations. Refer to *PRSOP 2.0 Payment for Interprofessional Consultation Codes* for specific policy guidelines.

4. **Clinician to Clinician:** Originating site provider requests emergent evaluation and consult from distant site. Provider utilizes audio-video technology for patient presenting with a variety of cases – ambulatory, emergent, inpatient.

CPT codes 99446 – 99452 should also be utilized for clinician-to-clinician telehealth consultations. Refer to *PRSOP 2.0 Payment for Interprofessional Consultation Codes* for specific policy guidelines.

Due to the dependence on technology in providing telehealth/telemedicine, if there is a

technological failure, disconnection, or other technological reason the visit is not fully completed, reimbursement is not guaranteed. OSUHP will only reimburse for fully completed visits. Utilization of telehealth visits will be regularly monitored for compliance.

EXCLUSIONS

OSUHP excludes the following telehealth services:

- Telehealth provided through non-HIPAA compliant telehealth platforms. These platforms include FaceTime, Skype, and other non-secure, unapproved platforms.
- Telehealth provided by a provider located in a setting that is not clinically appropriate.
- Not listed in the CMS List of Telehealth Services as covered (except codes listed as covered under asynchronous telehealth). Refer to office and other outpatient E/M codes (99202-99215) and other services on the Medicare telehealth list to report audio-video and audio-only telecommunication services furnished via synchronous two-way communication technology.

CODES

Synchronous Telehealth Services

See the [CMS List of Telehealth Services](#) for the most current listing of covered codes.

Asynchronous Virtual Health

OSU Health Plan covers the following codes when the above guidelines are met. This list is all-inclusive.

CPT Code	Description
98016	Brief communication technology-based service (eg, 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 evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.

98970	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	Nonphysician qualified health care professional online digital assessment and management, 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
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review

99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes

REFERENCES

39 Ohio Rev. Code. § 3902.30. (2022). Coverage for telemedicine services. Available at <http://codes.ohio.gov/orc/3902.30>. Accessed August 25, 2023.

39 Ohio Rev. Code. § 3922.01. (2012). Definitions. Available at <http://codes.ohio.gov/orc/3922.01>. Accessed August 25, 2023.

47 Ohio Rev. Code. § 4723.01. (2017). Nurse definitions. Available at <http://codes.ohio.gov/orc/4723.01>. Accessed August 25, 2023.

47 Ohio Rev. Code. § 4743.09. (2022). Available at <http://codes.ohio.gov/orc/4743.09>. Accessed August 25, 2023

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services