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Important Information for Our Health Care Provider Partners

TO: Physicians, Health Care Practitioners, Facilities and Hospitals

DATE: April 29, 2016

SUBJECT: Telemedicine Coverage Mandate and Use of Modifiers GT and GQ

We have expanded our telemedicine corporate medical policy to comply with a New York state mandate effective January 1, 2016. The mandate applies to all programs (i.e., commercial, Medicaid managed care, Child Health Plus, Healthy NY and the Essential Plan), except Medicare Advantage. Although Medicare Advantage members are excluded, existing Centers for Medicare & Medicaid Services (CMS) rules for telemedicine apply (including use of modifiers).

Under the mandate, for commercial, Healthy NY, Essential Plan and Child Health Plus products, health plans are required to cover electronic information and communication technologies when a provider uses them to deliver health care services to a patient while the patient is located at a different site than where the provider is located. Under Medicaid managed care, there is no coverage for services provided by audio-only telephone communication, fax or electronic messaging alone.

Our health plan requires that services delivered by telemedicine be accompanied by modifier "GT" or "GQ" to identify the telemedicine technology used to provide the service; **except** for codes defined in Current Procedural Terminology (CPT) as non-face-to-face services (including, but not limited, to – telephone codes: 99441-99443, 98966-98968 and online medical evaluation codes: 99444 for physicians, or 98969 for non-physicians).

If services are rendered telephonically without video, providers must use the applicable "non-face-to-face" codes. It is only appropriate to use modifier "GT" if there is both real time video and audio telecommunication.

Modifiers:

- **GT** (via interactive audio and video telecommunications system); and
- **GQ** ("Store and Forward Technology," which is "Asynchronous" electronic transmission of a patient's health information in the form of patient-specific digital images and/or prerecorded videos from a provider at an originating site to a telemedicine provider at a distant site.)
- **Effective August 1, 2016, covered services reported with modifiers "GT" or "GQ" will be reimbursed at 50 percent of the rate payable when these services are performed on a face-to-face basis for all programs, except Medicare Advantage.**

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Non-Face-to-Face Services

Effective August 1, 2016, reimbursement for telephone services and online medical evaluations will be made at the following rates for commercial, Healthy NY, Essential Plan and Child Health Plus products:

Code	Description	Non-Facility Rate	Facility Rate
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	\$13.94	\$12.93
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	\$26.60	\$25.24
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	\$39.52	\$38.16
99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network	\$30	\$30
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	\$13.94	\$12.93
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	\$26.60	\$25.24
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	\$39.52	\$38.16
98969	Online assessment and management service provided by a qualified non-physician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network	\$30	\$30

- These codes and other non-face-to-face services are **not** covered for Medicare or Medicaid managed care lines of business.
- Coverage of the telephone service codes listed above will strictly follow CPT guidelines.
 - These codes should not be reported if the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appointment.
 - These codes should not be reported if the telephone call is related to an evaluation and management service performed by that practitioner (or his/her covering physician) within the previous seven days or if the phone call is received during the follow-up period of a previously performed procedure.

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Important Notes:

- Telemedicine coverage requirements vary by line of business.
- Members receiving care by telemedicine must understand their financial responsibilities and provide permission before services are provided. Standard cost-sharing applies (deductibles, copayments, coinsurances).
- Telemedicine services must be documented in the patient's medical record.

Please visit the *Medical Policy* section of our website, ExcellusBCBS.com/ProviderMedicalPolicies, to review the telemedicine policy for additional details. You will also find other important and helpful information at ExcellusBCBS.com/ProviderTelemedicine.

If you have questions, please contact Customer Care at 1-800-920-8889.

Please share this information with all practice locations or corporate offices.

Thank you for your continued participation with us, and for joining us in an effort to provide optimal care to our members.