



Telehealth Reimbursement Policy

Policy Number	0070	Annual Approval Date	5/2022	Approved By	Optum Reimbursement and Technology Committee Optum Quality and Improvement Committee
----------------------	------	-----------------------------	--------	--------------------	---

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. Optum reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding Optum’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to Client enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT® is a registered trademark of the American Medical Association*

Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (CMS-1500), its electronic equivalent, or its successor form. This policy applies to all products, all network and non-network providers. This includes non-network authorized, and percent of charge contract providers.
Fee schedule/provider contract/client contract may supersede

Policy

Overview

This policy describes Optum’s requirements for reimbursement for telehealth services, which occur when a qualified health care professional and the patient are not at the same site. Examples of telehealth services are those that are delivered via the internet or using other communication devices.

In accordance with the terms of a member’s health plan benefits, certain telehealth services may be considered for reimbursement when rendered via interactive audio and video technology, and provided by a qualified health care professional: physical therapist (PT), occupational therapist (OT), speech-language pathologist, and chiropractor (DC).

Reimbursement Guidelines

Criteria for Telehealth Services

- Optum will consider for reimbursement telehealth services recognized by the following sources:
- Federal and state mandates regarding telehealth and telemedicine
 - The Centers for Medicare and Medicaid Services (CMS)
 - The American Medical Association (AMA) included in Appendix P of the CPT code set
 - Optum health plan clients



Services using telehealth technologies between a provider in one location and a patient in another location, may be reimbursed when all the following conditions are met:

- The patient is present at the time of service
- The informed consent processes are augmented to support telehealth delivery. This may include express consent:
 - To receive services via telehealth rather than in person
 - For videotaping, recording or otherwise storing information and data from the telehealth session
 - For the transmission of information via telehealth technologies
 - For the participation of other healthcare providers or the patient's family in the provision of care.
- The provider performing and billing telehealth services is eligible to independently perform and bill the equivalent face-to-face service
- All services provided are medically necessary and appropriate including whether:
 - Telehealth is an appropriate available method to deliver services
 - Telehealth does not expose the patient to greater risk than other possible service delivery methods
 - All services can be held to the same standards and expectations as those delivered in person
- All services are rendered by a provider who satisfies the regulatory requirements applicable to the state where the patient is physically located
- The encounter satisfies the elements of the patient-provider relationship, as determined by the relevant health care regulatory board of the state where the patient is physically located
- The service takes place via an interactive audio and video telecommunications system. Interactive telecommunications systems must be multi-media communication that, at a minimum, includes audio and video equipment permitting real-time consultation among the patient, consulting practitioner, and referring practitioner (as appropriate)
- All services comply with all privacy and security requirements
- The documentation requirements of a telehealth session are held to the same standards as an in-person encounter as described in Optum Reimbursement Policies with the addition that the service is documented as completed using live interactive videoconferencing with the patient
- The Distant Site is where the rendering provider is housed during a telehealth encounter and is reported on the claim with POS 02 in Box 24B on the 1500 claim form

Note: Modifiers 95, GT, GQ and G0 are not required to identify telehealth services but are accepted as informational if reported on claims with eligible telehealth services.

Telehealth services are **not** eligible to be reimbursed for the following:

- Services performed via asynchronous communications systems
- Services performed via telephonic (audio only) consultations for evaluation and services that are primarily educational or administrative
- Triage to assess the appropriate place of service and/or appropriate provider type
- Patient communications incidental to E/M, counseling, or rehabilitation services covered by this policy, including, but not limited to:
 - Reporting of test results
 - Provision of educational materials
 - E-mailing "stored" exercise videos and discussing or reviewing by phone
- Information that can be communicated via non-licensed staff/non-qualified providers including but not limited to: scheduling, registration, updating billing information, reminders, ordering of diagnostic studies, and medical history intake completed by the patient.



Benefit Impact

Note: Member's benefits may vary according to benefit design. Member benefit language should be reviewed before applying the terms of this policy.

- Telehealth visits and services are applicable to health plan coverage limitations.
- Telehealth visits and services must be eligible for separate payment when performed face-to-face
- Deductibles and co-payments are the same as in-person visits, unless otherwise stated.
- Reimbursement for telehealth services is subject to federal and state regulations/requirements
- Unless otherwise stated, telehealth services are reimbursed at the same rate as they would when performed in an office setting
- Telehealth visits and services are subject to the same utilization management policies and payment audit programs as with in-person (face-to-face) visits

Definitions

Term	Description
Distant Site	The location of a physician or other qualified health care professional at the time the service being furnished via a telecommunications system occurs
Originating Site	The location of a patient at the time the service being furnished via a telecommunications system occurs
Qualified Health Care Professional	An individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service
Store-and-Forward Technology	Technologies that collect images and data to be transmitted and interpreted later
Telehealth	Telehealth services are live, interactive audio and visual transmissions of a clinician-patient encounter from one site to another using telecommunications technology

Telehealth Services for Chiropractors and Therapists (PT, OT, SLP)

This policy is limited to the following CPT codes®. The codes available to bill as telehealth services are categorized by professional discipline. The inclusion of a code in this section does not guarantee that it will be reimbursed. For further information about reimbursement guidance, please refer to the member's specific health plan coverage documents.

CPT Code®	Description
Chiropractic	
99202	Office/outpatient visit new patient
99203	Office/outpatient visit new patient
99204	Office/outpatient visit new patient
99205	Office/outpatient visit new patient
99212	Office/outpatient visit established patient
99213	Office/outpatient visit established patient
99214	Office/outpatient visit established patient
99215	Office/outpatient visit established patient
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97116	Gait training therapy
97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
97535	Self-care management training
97750	Physical performance test
97755	Assistive technology assessment
97760	Orthotic management and training 1 st encounter



97761	Prosthetic training 1 st encounter
Physical Therapy	
97161	Physical therapy evaluation – low complexity
97162	Physical therapy evaluation – moderate complexity
97163	Physical therapy evaluation – high complexity
97164	Physical therapy re-evaluation
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97116	Gait training therapy
97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
97535	Self-care management training
97750	Physical performance test
97755	Assistive technology assessment
97760	Orthotic management and training 1 st encounter
97761	Prosthetic training 1 st encounter
Occupational Therapy	
97165	Occupational therapy evaluation – low complexity
97166	Occupational therapy evaluation – moderate complexity
97167	Occupational therapy evaluation – high complexity
97168	Occupational therapy re-evaluation
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97116	Gait training therapy
97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
97535	Self-care management training
97750	Physical performance test
97755	Assistive technology assessment
97760	Orthotic management and training 1 st encounter
97761	Prosthetic training 1 st encounter
Speech-Language Therapy	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production
92523	Evaluation of speech sound production
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
96105	Assessment of Aphasia and Cognitive Performance Testing
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97116	Gait training therapy
97129	Therapeutic interventions that focus on cognitive function
97130	Each additional 15 minutes (use in conjunction with 97129)
97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
97535	Self-care management training
97750	Physical performance test
97755	Assistive technology assessment
97760	Orthotic management and training 1 st encounter
97761	Prosthetic training 1 st encounter



Resources

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services
- American Physical Therapy Association
- American Occupational Therapy Association
- American Speech-Language-Hearing Association

History / Updates

4/2021

New policy

5/2022

Annual review and update

Proprietary information of Optum
Copyright 2022 Optum