



Telehealth Reference & Payment Policy

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Plans: QUEST Integration (Medicaid), AlohaCare Advantage Plus Special Needs Plan (SNP Medicare)

Definition

Telehealth means the use of telecommunications services and information technology to deliver medical diagnostic, monitoring, and therapeutic services from one site to another through four modalities, which are store and forward technologies, remote monitoring, live consultation, and mobile health. It applies real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange.

Telehealth includes a variety of applications using two-way communications, such as video, email, smart phones, wireless tools, and other forms. The patient's medical information is transmitted through telehealth services, such as diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis.

Store and forward means the asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site. A store and forward process eliminates the need for the patient and clinician to be present at the same time and place. Data that is sent to a remote clinician and interpreted in real-time is not store and forward.

Remote monitoring means the services that enable healthcare providers to monitor test results, images and sounds that are usually obtained in a patient's home or a care facility. This modality is usually used to monitor and follow up with post-acute care patients, patients with chronic illnesses, and patients with conditions that limit their mobility.

Live consultation means the real-time (synchronous) health encounter using secure online communication technology to connect a healthcare provider to a patient in different locations through audio and visual for the purpose of diagnosing and providing medical treatments.

Mobile health means the medical services provided by mobile communication devices, such as mobile phones and tablets computers.

Originating site means the location where the patient is located, whether accompanied or not by a health care provider, at the time services are provided by a health care provider through telehealth.

Distant site means the location of the health care provider delivering services through telehealth at the time the services are provided.

Telecommunications service or telecommunications means the offering of transmission between or among points specified by a user, of information of the user's choosing, including voice, data, image, graphics, and video without change in the form or content of the information, as sent and received, by means of electromagnetic transmission, or other similarly capable means of transmission, with or without benefit of any closed transmission medium, and does not include cable service.

Coverage

1. Telehealth services are covered if they would have been covered for a face-to-face visit under the plan benefit.
2. Telehealth services are covered without geographic restrictions on originating and distant site as long as the services are provided through secured telecommunication technologies.

Criteria for Medicaid members

1. Four modalities of telehealth services are covered if all of the following criteria have been met:
 - Store and forward technologies
 - Remote monitoring
 - Live consultation
 - Mobile health
2. Telehealth providers must practice within their scope of work
 - The Primary Care Provider PCP-patient relationship may be established through telehealth if the PCP has a current Hawaii license to practice within scope of work and is in-network.
 - Telehealth services provided by an in-network provider at a distant site are covered if the member is referred by this member's PCP prior to the service or if the member is referred by a specialist who is currently treating the patient.
 - Telehealth services provided by an out-of-network provider are covered if the prior authorization request for the referral has been approved.
3. Telehealth services must include a documented patient evaluation, including history and a discussion of physical symptoms adequate to establish a diagnosis and to identify underlying conditions or contraindications to the treatment recommended or provided.
4. Telehealth services provided through the following methods from distant sites to originating sites must be consistent with all federal and state privacy, security, confidentiality laws and Health Insurance Portability and Accountability Act (HIPAA) guidelines.
 - Real-time video conferencing-based communication
 - Secure interactive and non-interactive web-based communication secure
 - Asynchronous information exchange to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis.
 - Other secured telecommunication methods
5. The telehealth medical devices and mobile applications must have been approved by U.S. Food and Drug Administration (FDA).
6. For the purposes of prescribing opiates or medical marijuana, a physician-patient relationship must be established after an in-person consultation between the prescribing physician and the patient.
 - An in-person visit is required at least every six months for opioid prescriptions for chronic conditions.
 - Telehealth prescriptions for doses beyond plan formulary quantity limits are not allowed.

Note: Med-QUEST coverage guidelines on telehealth services can be located on the [Med-Division, Provider Memo website](#) – QI1702A-FFS-17-01A, QI-1702A-FFS-17-01A Attachment –A & QI-2007/FFS 20-03 for FQHC(s)

Criteria for SNP Medicare members

1. Two modalities of telehealth services are covered if all of the following criteria have been met:
 - Store and forward technologies
 - Live consultation
 - a. The Primary Care Provider PCP-patient relationship may be established through telehealth if the PCP has a current Hawaii license to practice and is in-network.
 - b. Telehealth services provided by an in-network provider at a distant site are covered if the member is referred by this member's PCP prior to the service or if the member is referred by an in-network specialist who is currently treating the patient.
 - c. Telehealth services provided by an out-of-network provider are covered if the prior authorization request for the referral has been approved.
 - d. Telehealth providers must be licensed, registered, or authorized to perform services within scope of work by Hawaii Law:
 - Physicians;
 - Nurse practitioners (NPs)
 - Physician assistants (PAs)
 - Nurse-midwives
 - Clinical nurse specialists (CNSs)
 - Certified registered nurse anesthetists
 - Clinical psychologists (CPs) and clinical social workers (CSWs)
Note: CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare (CPT codes 90792, 90833, 90836, and 90838).
 - Registered dietitians or nutrition professionals
 - e. Members must present in one of the following originating site located in a rural Health Professional Shortage Area (HPSA) located either outside of a Metropolitan Statistical Area (MSA) or in a rural census tract or a county outside of a MSA:
 - The offices of physicians or practitioners
 - Hospitals
 - Critical Access Hospitals (CAHs)
 - Rural Health Clinics;
 - Federally Qualified Health Centers (FQHCs)
 - Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
 - Skilled Nursing Facilities (SNFs)
 - Community Mental Health Centers (CMHCs)
 - f. Telehealth services must include a documented patient evaluation, including history and a discussion of physical symptoms adequate to establish a diagnosis and to identify underlying conditions or contraindications to the treatment recommended or provided.
 - g. Telehealth services provided through the following methods from distant sites to originating sites must be consistent with all federal and state privacy, security, confidentiality laws and Health

Insurance Portability and Accountability Act (HIPAA) guidelines.

- Real-time video conferencing-based communication
- Asynchronous information exchange to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis.

h. The telehealth medical devices and software must have been approved by FDA.

2. The following telehealth services are covered:

- Telehealth consultations, emergency department or, or initial inpatient
- Follow-up consultations in hospitals or Skilled Nursing Facilities (SNFs)
- Office or other outpatient visits
- Subsequent hospital or SNF care services
- Kidney disease education services
- Diabetes self-management training services, with a minimum of 1 hour of in-person instruction furnished in the initial training year to ensure effective injection training
Note: please refer to medical policy on Diabetes Self-Management Education and Support Services (DSMES) for specific coverage guidelines for Medicare members.
- Behavioral health services
- Pharmacologic management
- End-Stage Renal Disease (ESRD)-related services
- Medical nutrition therapy
Note: please refer to medical policy on Medical Nutrition Therapy (MNT) for specific coverage guidelines for Medicare members.
- Neurobehavioral status examination
- Substance abuse services
- Transitional care management services
- Prolonged service
- Annual wellness visit

Note: Medicare coverage guidelines on telehealth services can be found here: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf>

Guidelines for QI and Medicare members

1. Prior authorization for services that routinely require one will continue to apply.
2. Providers and facilities should immediately destroy any misrouted Protected Health Information (PHI) or safeguard the PHI misrouted to them through mail, fax, email, or electronic Remittance Advice, for as long as it is retained.
3. If the PCP or any providers are presenting with the member at the originating site during the telehealth service, the presenting provider can bill for the procedure or exam performed under the direction of the specialist, the consultant, or an emergency room.
4. A record of telehealth communication should be available to be provided within 24 hours if requested.

Limitations for Medicaid and SNP Medicare members

1. AlohaCare does not cover standard telephone calls, fax transmissions, or email text when used in combination or by itself since none of them constitutes a telehealth service.
2. The following services are not covered as telehealth services when conducted online or by telephone alone:
 - Issuing a prescription
 - Request for medication refills or referrals
 - Reporting normal test results
 - Provision of educational materials
 - Scheduling appointments
 - Clarification of issues from a previous visit
 - Registration or updating billing information
 - Appointment reminders
 - Non-clinical communication
3. The PCP or any provider should not bill AlohaCare if they present with the member at the originating site only without providing any service.

Coding Information

*The following medical codes are relevant codes for diagnosis and procedures for **telehealth** and should be used for informational purposes only. All the medical codes listed in this policy do not constitute or imply benefit coverage or guarantee provider reimbursement.*

Place of Service (POS) Code:

Place of Service Code (POS) for Distant Site	Description
02	The location where health services and health related services are provided or received, through a telecommunication system.

CPT and HCPCS may be billed reporting telehealth services covered under AlohaCare’s Medicaid and SNP Medicare plans when appended by modifier 95 for CPT approved codes or modifier GT or GQ for CMS Approved Codes.

CPT	Description
0188T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
0189T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services

CPT	Description
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month

CPT	Description
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
92227	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis

CPT	Description
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
99201-99215	Office or other outpatient visit for the evaluation and management
99231-99233	Subsequent hospital care, per day, for the evaluation and management of a patient
99307-99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient,
99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour

CPT	Description
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99446	Inter-professional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, 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	Inter-professional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, 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	Inter-professional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, 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	Inter-professional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, 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	Inter-professional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, 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	Inter-professional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

CPT	Description
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes

This listing is a summary of HCPCS codes that may be used for reporting telehealth services when appended by modifier GT or GQ.

HCPCS	Description
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit

HCPCS	Description
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Annual depression screening, 15 minutes
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, individual, 15 minutes
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
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, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
Q3014	Telehealth originating site facility fee

CPT codes that may only be billed for reporting telehealth services covered under AlohaCare’s Medicaid plan.

CPT	Description
0206T	Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction severity assessment
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family



CPT	Description
98960	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
98961	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family



CPT	Description
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes

Modifiers applied to CPT or HCPCS codes when billing for telehealth services performed at originating site:

Telehealth Modifiers	Description	Line of Business
-95	Synchronous telemedicine service rendered via a Real-Time interactive audio and video telecommunication system	QI
-GT	Via interactive audio and video telecommunication system	QI, Medicare
-GQ	Via asynchronous telecommunications system	QI, Medicare

Federally Qualified Health Center and Rural Health Center Billing telehealth services:

HCPC Code	Description	Line of Business
G0071	Virtual Communication Services	Medicare

References/Resources

Document Name	Effective Date	Source/Link
Coverage for Telehealth	01/01/2017	HRS 346-59.1
Coverage for Telehealth	01/01/2017	HRS 431 10A-116.3
Practice of Telehealth	01/01/2017	HRS 453-1.3
A Bill for and Act Relating to Telehealth	01/01/2017	https://www.capitol.hawaii.gov/session2016/bills/SB2395_CD_1_.htm
CMS List of Telehealth Services	01/01/2017	https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
CMS Telehealth Resource Centers	01/03/2014	https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth
Federally Qualified Health Centers	01/01/2019	https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html

Review/Revision History

N/A