

Policy Name	Telemedicine
<p><b>Summary</b></p>	<p>Telemedicine services are medical services delivered other than in person (such as over the phone), but does not include care plan oversight services.</p> <p>Services provided via the Internet, please refer to Medica’s coverage policy titled “ E Visits” which can be located on <a href="http://medica.com">medica.com</a></p> <p>Telephone calls reported with CPT codes 99441-99443, &amp; 98966-98968 should <b>not</b> be used for reporting “normal” lab or test results, calling in a prescription to a pharmacy or providing services to new patients.</p> <p>Use 99441 for telephone evaluation and management service <u>provided by a physician</u> 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.</p> <p>Use 99442 for telephone evaluation and management service <u>provided by a physician</u> 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</p> <p>Use 99443 Telephone evaluation and management service <u>provided by a physician</u> 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</p> <p>Use 98966 for Telephone assessment and management service <u>provided by a qualified non-physician health care professional</u> to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven 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</p> <p>Use 98967 for Telephone assessment and management service <u>provided by a qualified non-physician health care professional</u> to an established</p>

**Summary (cont.)** patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven 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

Use 98968 for 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 seven 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

## Related Coding Information

**Modifier GT:** Via interactive audio and video telecommunications systems

**Modifier GQ:** Via asynchronous telecommunications systems

\* Modifier GQ is only permitted in Federally funded telemedicine demonstration programs conducted in Alaska or Hawaii, therefore is not reimbursed by Medica.

**Q3014:** Telehealth origination site facility fee

**T1014:** Telehealth transmission, per minute, professional services bill Separately

**Effective 10/01/07, Medica no longer pays for T1014**

### Codes that edit to this policy:

99241-99255

99201-99215

90804-90809

90862

90801

G0308

G0309  
G0311  
G0312  
G0313  
G0314  
G0317  
G0318  
Q3014  
T1014

## Definitions

**Telehealth:** Telehealth services are live, interactive audio of a physician-patient encounter from one site to another using telecommunications technology.

**Telemedicine:** Telemedicine services are medical services provided via telephone, that does not involve direct, in-person patient contact.

## Resources

- Current Procedural Terminology (CPT®)
- Healthcare Common Procedural Coding System (HCPCS)
- Center for Medicare and Medicaid Services (CMS)

## Effective Date

01/01/99

## Revision Date

01/01/08; 01/01/06

## Explanation of Change

2008 annual CPT Update  
2006 annual CPT update

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