HEALTH PLANS
UNIVERSITY OF UTAH

**Administration Policy**

# Telehealth Policy

**Policy** ADMIN-010

**Origination Date:** 03/13/2025

**Reviewed/Revised Dates:** 04/30/2025

**Next Review Date:** 04/30/2026

**Current Effective Date:** 06/30/2025

**Disclaimer:**

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.
5. Provisions and terms of the provider contract may supersede this policy.

## Description:

Telehealth generally refers to the electronic exchange of health information from one site to another to improve a patient's clinical health status. Telehealth can help eliminate distance barriers, improve patient outcomes and satisfaction, improve access to medical services, and complement in-person care.

## Policy Statement and Criteria

### 1. Commercial Plans/CHIP

A. Telehealth Visits (video)
**University of Utah Health Plans covers telehealth video visits, including primary care, specialty care, behavioral health and urgent care visits and via selected vendor solutions.**

i. Payment rates are equivalent to in-person services

ii. Telehealth video services must be billed with POS 02, POS 10 or modifier -95

iii. Unless otherwise noted, covered CPTs include services defined under CMS' approved list of telehealth services [https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes], Preventive Exams (CPTs 99381-99387, 99391-99397) and additional services upon clinical review and approval. Additional services may be considered based on the following minimum criteria:

a) A specific CPT or HCPCS exists and accurately reflects the requested service. Unlisted codes are not eligible;
b) Evidence or industry standards exist to support the service could be reasonably expected to provide the same outcome and standard of care as a face-to-face visit;
c) Generally, the requested service is of an evaluation or assessment nature and can be reasonably performed virtually, not requiring hands-on assessment;
d) Does not unnecessarily create administrative burden (e.g., can be appropriately billed through an existing CPT/HCPCS code).

iv. Telehealth visits must exceed 10 minutes of medical discussion, with duration documented and, where applicable, must follow E&M guidelines with service level based on medical decision-making or time spent

v. Telehealth visits are not used to report nonevaluative electronic communication of test results, scheduling of appointments, or other communication that does not include E&M

vi. Telehealth visits must occur on a separate calendar date from other E&M services unless combined for a single code

vii. Provider types and specialties eligible* for telehealth video visits include (may not be a complete list):

a) Physicians
b) Nurse Practitioners
c) Physician Assistants
d) Licensed Clinical Social Workers
e) Registered Dieticians
f) Licensed Professional Counselors
g) Licensed Marriage and Family Therapists
h) Certified Nurse Midwives
i) Advanced Practice Registered Nurses
j) Psychologists
k) Board Certified Behavior Analysts
l) Certified Nurse Anesthetists
m) Rehab Therapists (physical, occupational, speech)
n) Clinical Mental Health Counselors
o) Licensed Addiction Counselors
p) Podiatrists
q) Optometrists

**U of U Health Plans may consider additional provider types eligible for telehealth services based on the following minimum criteria:*

- *The provider is acting with the scope of his/her licensure and according to all applicable laws and regulations.*
- *Evidence or industry standards exist to support the provider type could provide the same level of care according to community standards as an in-person visit.*
- *The provider can demonstrate the ability to establish a relationship with the patient, provide for follow-up care whether directly or through appropriate referrals, transfer patient information as necessary to ensure continuity of care with other consulting or treating providers.*

B. Telephonic Visits (audio)
**University of Utah Health Plans encourages and expects video-visits, however, recognizes telephonic-visits may be necessary to provide access to those members who lack video capability or decline video use, and therefore, University of Utah Health Plans covers telephonic visits between participating providers and members.**

i. Telephonic visits must be billed with the appropriate CPT and Place of Service (POS) codes:
   a) CPT codes, 98008-98015, 98967-98968, 99446-99451, G0321
   b) POS based on provider's location *(Do NOT bill with POS 02 or POS 10)*; append modifier -93 for telephonic-only visits

ii. Telephonic visits must exceed 10 minutes of medical discussion, with duration documented and follow E&M guidelines with service level based on medical decision-making or time spent. Brief chat visits such as CPT codes 98016, 98966, 99446 or G0546 are not covered. These are typically short patient-initiated communications with their healthcare practitioner, generally a text message or brief phone call.

iii. Telephonic visits are not used to report nonevaluative electronic communication of test results, scheduling of appointments, or other communication that does not include E&M.

iv. Telephonic visits must occur on a separate calendar date from other E&M services unless combined for a single code.

C. On-Line Digital E&M
**University of Utah Health Plans does NOT cover On-Line Digital E&Ms such as CPT codes 98016, 98970-98972, 99421-99423.** These are non-face-to-face patient-initiated communications through HIPAA-compliant secure platforms such as patient portals, secure email or other digital applications. These are typically short patient-initiated communications with their healthcare practitioner.

D. Prolonged Codes
**University of Utah Health Plans covers Prolonged Codes under HCPCS code G2212 or CPTs 99358-99359, and 99415-99417.** Prolonged telehealth visits should be infrequent and used on an exception basis. University of Utah Health Plans encourages face-to-face visits where prolonged visits are necessary.

2. **Medicaid Plans**
**Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: https://medicaid.utah.gov/utah-medicaid-official-publications/ or the Utah Medicaid code Look-Up tool**

**CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.**

## Additional Information:

In all cases, coding and medical records must support services provided and diagnosis codes submitted. The provider should follow current policies regarding documentation of delivered services.

Additionally, there was a recent Executive Order through the Governor of Utah that allows medical providers "to offer telehealth services that do not comply with the security and privacy standards required by Utah law, so long as the healthcare provider notifies the patient that the service they are using does not comply with those standards, allows them to decline using the service, and takes reasonable steps to ensure that the service provided is secure and private."

University of Utah Health Plans does not require prior authorization of these services.

CMS guidance related to technology compliance, during this time, states: "A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. Office of Civil Right (OCR) is exercising its enforcement discretion to not impose penalties for non-compliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency."

Although allowed under the emergency guidance from the Health and Human Services at the federal level, Utah Medicaid policy requires providers to use HIPAA compliant means of communicating (i.e., Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet) to the greatest extent possible.

## Clinical Rationale

With the onset of the novel corona virus, COVID-19, pandemic the Centers for Medicare & Medicaid Services (CMS) broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility and risk potential viral exposure. CMS expanded this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits were part of the broader effort by CMS and the White House Task Force to ensure that all

Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – were aware of easy-to-use, accessible benefits that could help keep them healthy while helping to contain the community spread of this virus. The use of technology to help people who need routine care and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need is important to limiting community spread of the virus, as well as limiting the exposure to other patients and staff members thus slowing viral spread.

Under the 1135 waiver, Medicare allowed for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, were able to offer telehealth to their patients.

In addition to loosening of restriction of CMS coverage of telehealth under the 1135 waiver the HHS Office for Civil Rights (OCR) exercised enforcement discretion and waived penalties for HIPAA violations against health care providers that served patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 public health emergency.

Following the end of the COVID-19 public health emergency, Medicare continued its expanded telehealth coverage through December 31, 2024. These provisions were extended an additional 90 days, through March 31, 2025, via the American Relief Act of 2025 and extended again through September 2025.

## Applicable Coding

As the list of CPT codes approved for Telehealth services is dynamic and subject to change, please contact University of Utah Health Plans for the most updated list of approved services and codes.

**CPT Codes**

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|---|---|
| **98008** | New patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 15 minutes or more |
| **98009** | New patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more |
| **98010** | New patient synchronous audio-only visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 45 minutes or more |
| **98011** | New patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 60 minutes or more |
| **98012** | Established patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 10 minutes or more |
| **98013** | Established patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 20 minutes or more |

**98014** Established patient synchronous audio-only visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more

**98015** Established patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 40 minutes or more

**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

**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

**98967** ; 11-20 minutes of medical discussion

**98968** ; 21-30 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** ; 11-20 minutes

**98972** ; 21+ minutes

**99358** Prolonged evaluation and management service before and/or after direct patient care; first hour

**99359** Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes

**99381** Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)

**99382** ; early childhood (age 1 through 4 years)

**99383** ; late childhood (age 5 through 11 years)

**99384** ; adolescent (age 12 through 17 years)

**99385** ; 18-39 years

**99386** ; 40-64 years

**99387** ; 65 years and older

**99391** Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)

**99392** ; early childhood (age 1 through 4 years)

**99393** ; late childhood (age 5 through 11 years)

**99394** ; adolescent (age 12 through 17 years)

**99395** ; 18-39 years

**99396** ; 40-64 years

**99397** ; 65 years and older

**99415** Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)

**99417** Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

**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** ; 11-20 minutes

**99423** ; 21 or more minutes

**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

**99442** ; 11-20 minutes of medical discussion

**99443** ; 21-30 minutes of medical discussion

**99446** Interprofessional telephone/internet/electronic health record assessment and management with written report; 5-10 min

**99447** ; 11-20 minutes

**99448** ; 21-30 minutes

**99449** ; 31+ minutes

**99451** Interprofessional telephone/internet/electronic health record assessment and management with written report

**HCPCS Codes**

**G0321** Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system

**G0546** Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review

**G2212** Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)

## References:


1. Centers for Medicare and Medicaid Services (CMS) CMS Rulings. (April 14, 2020) "Ruling No.: [CMS-2020-01-R]". Accessed April 23, 2020. Available at: https://www.cms.gov/files/document/cms-2020-01-r.pdf
2. Coronavirus Utah.gov "Gov. Herbert Suspends Sections of Utah Statute Regarding Signature Gathering". March 26, 2020. Available at: https://governor.utah.gov/2020/03/26/governor-issues-executive-order-relaxing-requirements-for-telehealth-providers/
3. CPT Assistant. Special Edition "AMA Fact Sheet: Reporting Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) Laboratory Testing". Accessed March 25, 2020. Available at: https://www.ama-assn.org/system/files/2020-03/cpt-assistant-guide-coronavirus.pdf
4. Families First Coronavirus Response Act, Public Law No: 116-127.
5. Health and Human Services, COVID-19 & HIPAA Bulletin, Limited Waiver of HIPAA Sanctions and Penalties during a Nationwide Public Health Emergency, March 2020.
6. Utah Department of Health, Utah Medicaid Guidance Telehealth Q&A for COVID-19 Emergency, March 2020

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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