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| **Addendum 30 to DOH Claims & Adjudication Rules** | **Version**  **V2012** | |
| **Including the Mandatory Tariff Pricelist Application Rules.** | |  |

**Department of Health**

1. **Purpose of this Document.**

The purpose of this document is to retire Addendum 3 and to introduce the new payment model for telemedicine services. The updated prices in telemedicine services aims to encourage providers to invest in this type of technology. Within a year, minimum telemedicine technology requirements will be set for healthcare providers. Compliance with the minimum requirements will be a prerequisite for payment eligibility.

1. **Rule Effective Date**

31st July 2023

1. **CPT Codes**

**The below CPT codes will be** **utilized for telemedicine services provided by All healthcare facilities:**

* 1. **All specialties (excluding Psychiatry/ Psychology)**

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| Code | Code Description | Price |
| 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 | 35 |
| 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 | 65 |
| 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 | 100 |
| 99091 | Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time | 200 |
| 99446 | Interprofessional telephone/Internet 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 | 44 |
| 99447 | Interprofessional telephone/Internet 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 | 80 |
| 99448 | Interprofessional telephone/Internet 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 | 125 |
| 98966 | Telephone assessment and management service provided by a qualified nonphysician 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 | 30 |
| 98967 | Telephone assessment and management service provided by a qualified nonphysician 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 | 50 |
| 98968 | Telephone assessment and management service provided by a qualified nonphysician 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 | 80 |

* 1. **Psychiatry or Psychology telemedicine services**

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| Code | Code Description | Price |
| 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 | 35 |
| 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 | 65 |
| 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 | 100 |
| 90791 | Psychiatric diagnostic evaluation | 200 |
| 90792 | Psychiatric diagnostic evaluation with medical services | 225 |
| 98966 | Telephone assessment and management service provided by a qualified nonphysician 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 | 30 |
| 98967 | Telephone assessment and management service provided by a qualified nonphysician 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 | 50 |
| 98968 | Telephone assessment and management service provided by a qualified nonphysician 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 | 80 |
| 90833\* | Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) | 218 |
| 90836\* | Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) | 274 |
| 90838\* | Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) | 363 |
| 90832 | Psychotherapy, 30 minutes with patient | 209 |
| 90834 | Psychotherapy, 45 minutes with patient | 279 |
| 90837 | Psychotherapy, 60 minutes with patient | 418 |

*\*To report with code 99441 - 99443, see details at point 4.10*

*\*\*For reporting purposes only in relation to details at point 4.10*

1. **Claims and Adjudication Rules**

1. The telemedicine services shall be reported using Encounter Type = 10 Tele-Medicine.
2. For Encounter Type = 10, It is mandatory to report the outcome of telemedicine services by using the appropriate code in the EncounterEndType as follows:

8 = Tele-Medicine resulting in Emergency Management

9 = Tele-Medicine resulting in Prescription

10 = Tele-Medicine resulting in Referral

11 = Tele-Medicine resulting in Follow up

12 = Tele-Medicine resulting in Self Care

1. Report only one of the above EncounterEndType elements when more than one outcome applies. This can be the “most complex” or highest code order with EncounterEndType= 8 being the highest code order representing the most complex outcome or EncounterEndType 12 = “Tele-Medicine resulting in Self Care” being the least complex outcome.
2. Eligibility check is required for all telemedicine services.
3. Except for the tele-counseling services (CPT Code 99446–99448), all telemedicine services must be patient initiated. Calls initiated by the provider to discuss test results and pharmacological counselling are not billable.
4. The use of the codes for telemedicine services for new patients is restricted to Family Physicians, Psychiatrists, and General Practitioners. The remaining specialties may only offer telemedicine services for established patients. For Thiqa members, Pediatric and Obstetrics & Gynecology Physicians will also be eligible to use the codes for telemedicine services for new patients.
5. Multiple tele-consultation services provided on the same day by the same facility to the same patient will only be paid once.
6. The time-based codes (CPT codes 99441-99443, 98966–98968, 99091, 99446–99448, 90832-90834, 90836-90838) shall be reported and billed based on the total time spent during a telemedicine service. It is required for the performing clinician to document the start and end time of the service. The total time spent should not include any waiting time or time spent due to technical issues.
7. The CPT codes 90791 & 90792 are only billed for initial assessments - lasting more than 30 minutes - of an illness or suspected illness. It is required for the performing clinician to document the start and end time of the service. The total time spent should not include any waiting time or time spent due to technical issues.
8. For tele-psychiatry (psychotherapy) encounters with consultation, the performing physician is required to:
   1. Document only the time spent for the actual psychotherapy session. Time spent during the consultation shall be excluded from the calculation / reporting of the total time spent during the psychotherapy session.
   2. The consultation element of these encounters will be coded using CPT codes 99441 – 99443 based on the total time spent for the consultation and will be used for reporting purposes only, billed charge = Zero.
9. Telemedicine services are not separately reimbursable if billed by the same facility for the same diagnosis and same specialty for below circumstances:
   1. The service ends with a decision to see the patient face-to-face within 7 days.
   2. Provided within 7 days from the initial office visit or telemedicine service.
10. The rate set shall include all relevant materials used to provide the telemedicine encounter. No separate payment shall be made for any other material including but not limited to hardware/equipment/videotapes and transmissions.
11. Preauthorization is required for all covered services ordered/prescribed as a result of the telemedicine service such as DMEs, medications, etc. according to the member's schedule of benefits.
12. All telemedicine providers are not eligible to separately bill for venipuncture when laboratory services are ordered as a result of the telemedicine service.