

Clinical Policy: Non Face-to-Face Services



Reference Number: QCP.PP.017

Effective Date: 08/06/2004

Date of Last Revision: 10/01/2023

CPT Codes: 99441-99444, 99446-99449, 93293-93299, 98966-98969, 98970, 98971, 98972, 99421, 99422, 99423, G2061, G2062, G2063, G2066, 99451-99452, 99484, 99492, 99493, 99494
Document: BI063:00

Public Statement

Effective Date:

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
 - b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.
- 1) Health Care Professionals will often contact and respond to patients by telephone, email, or other electronic means.
 - 2) These services are considered part of the overall services rendered by a Health Care Professional and are not covered under normal circumstances.
 - 3) Please refer to BI529 for telemedicine services.
 - 4) Telephone recording and analysis of various cardiac monitoring and pacing devices are covered.

Medical Statement

- 1) Non face-to-face services, such as by telephone, email or other electronic means are generally, are not covered under normal circumstances.
- 2) All services that are not provided by a provider physically located with the patient are considered non-face-to-face.
- 3) Following non-face-to-face services to promote behavioral health integration are covered without prior authorization (medical records for these services may be requested for review to ensure CMS documentation requirements):
 - a) Interprofessional services (**99446-99449 and** 99451, 99452),
 - b) Behavioral Health Care coordination (99484),
 - c) Psychiatric Collaborative Care Management (99492, 99493 and 99494).
- 4) Telephonic monitoring of cardiac pacing and monitoring devices are covered.
- 5) Please refer to BI529 for telemedicine services.

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Codes Used In This BI:

93293	Transtelephonic rhythm strip pacemaker eval, sgl, dual, or mult lead pacemaker syst, incl recording w/ & w/out magnet applic w/analysis, rvw & rpt by physician or other qual hlth care prof, up to 90 days
93294	Interrogation dvc eval (remote), up to 90 days; sgl, dual, or mult lead pacemaker system, or leadless pacemaker system w/interim analysis, rvw & rpt by a physician or other qual hlth care prof (<i>code revised 1/1/19</i>)
93295	Interrogation dvc eval (remote), up to 90 days; sgl, dual, or mult lead implantable defibrillator system w/interim analysis, rvw & rpt by a physician or other qual hlth care prof
93296	Interrogation dvc eval (remote), up to 90 days; sgl, dual, or mult lead pacemaker system, leadless pacemaker system, or implantable defib system, remote data acquisition(s), receipt of transmissions & tech rvw, tech support & distrib of results (<i>code revised 1/1/19</i>)
93297	Interrogation dvc eval (remote), up to 30 days; implantable cardio physiologic monitor system, incl analysis of 1 or more recorded physiologic cardio data elements frm all internal & external sensors, analysis, rvw & rpts by a physician or other qual hlth care prof (<i>code revised 1/1/19</i>)
93298	Interrogation dvc eval (remote), up to 30 days; subcutan cardiac rhythm monitor system, incl analysis of recorded heart rhythm data, analysis, rvw(s) & rpts by a physician or other qual hlth care prof (<i>code revised 1/1/19</i>)
93299	Interrogation dvc eval (remote), up to 30 days; implantable cardio physiologic monitor system or SC cardiac rhythm monitor syst, remote data acquisition(s), receipt of transmissions & techn rvw, tech support & distribution of results (<i>code revised 1/1/19</i>) (<i>deleted code eff 01/01/2020 & replaced by code G2066</i>)
98966	Telephone assessment & mgmt svc provided by a qual nonphysician hlth care prof to an estab pt, parent, or guardian not originating frm a related assessment & mgmt svc provided w/in the prv 7 dys nor leading to an assessment & mgmt svc or proc w/in the nxt 24 hrs or soonest avail appt; 5-10 min of med discussion
98967	Telephone assessment & mgmt svc provided by a qual nonphysician hlth care prof to an estab pt, parent, or guardian not originating frm a related assessment & mgmt svc provided w/in the prv 7 dys nor leading to an assessment & mgmt svc or proc w/in the nxt 24 hrs or soonest avail appt; 11-20 min of med discussion
98968	Telephone assessment & mgmt svc provided by a qual nonphysician hlth care prof to an estab pt, parent, or guardian not originating frm a related assessment & mgmt svc provided w/in the prv 7 dys nor leading to an assessment & mgmt svc or proc w/in the nxt 24 hrs or soonest avail appt; 21-30 min of med discussion
98969	Online assessment & mgmt svc provided by a qual nonphysician hlth care prof to an estab pt or guardian, not originating frm a related assessment & mgmt svc provided w/in the prv 7 dys , using the Internet or similar electronic communications network <i>Deleted code eff 01/01/2020</i>
98970	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MIN
98971	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 11-20MIN
98972	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MIN
99421	ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES
99422	ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES
99423	ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES

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99441	Telephone E/M svc by physician or other qual hlth care prof who may rpt E/M svcs provided to an estab pt, parent, or guardian not originating frm a related E/M svc provided w/in the prv 7 dys nor leading to an E/M svc or proc w/in the nxt 24 hrs or soonest avail appt; 5-10 min of med discussion
99442	Telephone E/M svc by physician or other qual hlth care prof who may rpt E/M svcs provided to an estab pt, parent, or guardian not originating frm a related E/M svc provided w/in the prv 7 dys nor leading to an E/M svc or proc w/in the nxt 24 hrs or soonest avail appt; 11-20 min of med discussion
99443	Telephone E/M svc by physician or other qual hlth care prof who may rpt E/M svcs provided to an estab pt, parent, or guardian not originating frm a related E/M svc provided w/in the prv 7 dys nor leading to an E/M svc or proc w/in the nxt 24 hrs or soonest avail appt; 21-30 min of med discussion
99444	Online E/M svc provided by a physician or other qual hlth care prof who may rpt E/M svcs provided to an estab pt or guardian, not originating frm a related E/M svc provided w/in the prv 7 dys, using the Internet or similar electronic communications ntwk <i>Deleted code eff 01/01/2020</i>
99446	Interprofessional telephone/Internet/electronic health record assessment & mgmt svc provided by a consultative physician, incl a verbal & written rpt to the pt`s treating/req physician or other qual hlth care prof; 5-10 mn of medical consult discussion & rvw (<i>code revised 1/1/19</i>)
99447	Interprofessional telephone/Internet/electronic health record assessment & mgmt svc provided by a consultative physician, incl a verbal & written rpt to the pt`s treating/req physician or other qual hlth care prof; 11-20 mn of medical consult discussion & rvw (<i>code revised 1/1/19</i>)
99448	Interprofessional telephone/Internet/electronic health record assessment & mgmt svc provided by a consultative physician, incl a verbal & written rpt to the pt`s treating/req physician or other qual hlth care prof; 21-30 mn of medical consult discussion & rvw (<i>code revised 1/1/19</i>)
99449	Interprofessional telephone/Internet/electronic health record assessment & mgmt svc provided by a consultative physician, incl a verbal & written rpt to the pt`s treating/req physician or other qual hlth care prof; 31 mn or more of medical consult discussion & rvw (<i>code revised 1/1/19</i>)
99451	Interprofessional 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	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified healthcare professional. It requires a minimum of 16 minutes. and can be billed every 14 days when this time requirement is met.
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)
G2061	Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

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G2062	Qualified nonphysician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
G2063	Qualified nonphysician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results (replaced code 93299 eff 1/1/2020)

Limits

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Reference

Addendum:

Effective 01/01/19: Made reference to BI529 for telemedicine services.

2019 Code Updates: Updated code description for CPT codes 93294, 93296, 93297, 93298, 93299, 99446, 99447, 99448, and 99449.

Effective 01/01/2020: Code update – Added new codes and their descriptions 98970, 98971, 98972, 99421, 99422, 99423, G2061, G2062, G2063 and G2066 eff 01/01/2020. Added these codes to the search box as well. Deleted codes 98969, 99444 and 93299 eff 01/01/2020.

Effective 03/01/2021: Following non-face-to-face services to promote behavioral health integration are covered: Interprofessional services (99446-99449 and 99451, 99452), Behavioral Health Care coordination (99484), and Psychiatric Collaborative Care Management (99492, 99493 and 99494). These services do not require prior authorization. However, medical records may be requested to ensure CMS documentation requirements are being met.

Added Codes: 99451, 99452, 99484, 99492, 99493, 99494 to the search box.

Application to Products

This policy applies to all health plans and products administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) or Certificate of Coverage (COC) for those plans or products insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC or COC, the SPD, EOC, or COC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.