Clinical Policy: Telehealth Vision Services

Reference Number: CP.VP.84
Last Review Date: 08/2025

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. Telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment. This policy describes the medical necessity requirements for guidelines for telehealth (telemedicine) services.

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® (Centene) and Envolve Vision, Inc.® (Envolve) that **medically necessary** telehealth services are permitted when all of the following conditions are met:
   A. The patient must consent to receiving care via telehealth technology.
   B. The physician must ensure that telehealth barriers (clinical, administrative, technical or otherwise) do not degrade or otherwise compromise quality and/or clinical standards of care. In person consultation is preferred when telehealth capabilities limit or impair clinical assessment, diagnosis, management or treatment of ocular health or pathology.
   C. Qualifying telehealth services must use an interactive audio and video telecommunications system that permits real-time communication between the provider, at the distant site, and the beneficiary, at the originating site[1].
      1. *Exception*: Asynchronous or "store and forward" applications allow transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous applications are allowed for teleretinal imaging purposes (see clinical policy *CP.VP.88 Teleretinal Screening for Diabetic Retinopathy*)
   D. All providers must practice within the scope of their State Practice Act.
      1. Some states have enacted legislation that requires providers using telemedicine technology across state lines to have a valid state license in the state where the patient is located.
      2. Any state Medicaid requirements or restrictions concerning the use of telehealth technology supersede eligibility as outlined in this policy.
   E. Telehealth providers must take responsibility for ensuring compliance with regulations, patient confidentiality (HIPAA), and system security at all times when practicing in a telehealth model.

[1] Asynchronous “store and forward” technology is permitted in federal telemedicine demonstration programs in Alaska and Hawaii.

Background Information

Telehealth was originally developed to provide basic care to rural and underserved patients. Higher rates of use of telehealth are now standard in many practices since the coronavirus disease 2019 pandemic. Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient) that states can choose to cover under Medicaid. This definition is modeled on Medicare's definition of telehealth services (42 CFR 410.78). Increasing emphases on patient satisfaction, providing efficient and quality care, and minimizing costs have also led to higher telehealth implementation.

Technological advances in recent years have resulted in the development and implementation of various modalities and techniques enabling medical professionals to remotely diagnose and treat numerous medical conditions in diverse medical fields, including eye care. Improvements in health care information technology, in addition to the expansion of access to health care services, have stimulated telehealth growth, uniting providers and patients in methods that were unimagined in the past. Telehealth acceptance will likely continue to increase as patients and providers become more adept at and comfortable with using technology instead of face-to-face interactions.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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
G2012	Brief communication technology-based service, e.g., 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 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

Submit claims for eligible telehealth services as follows:

- Append the appropriate modifier
  - 95: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system

  - GT: Via interactive audio and video telecommunications systems[2]
    - By coding and billing the GT modifier with a covered telehealth procedure code, the provider is certifying that the beneficiary was present at an eligible originating site when furnished with the telehealth service.
- Identify place of service (POS)
  - POS 02: Telehealth Provided Other than in Patient's Home
    - Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
  - POS 10: Telehealth Provided in Patient's Home
    - Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology

Telehealth rules and regulations vary greatly by state and are constantly emerging and evolving. State or program telehealth access regulations and restrictions supersede limitations outlined in this policy.

Reviews, Revisions, and Approvals	Date	Approval Date
Annual review	12/2019	12/2019
Converted to new template	09/2020	10/2020
Annual Review	12/2020	12/2020
Annual Review; Added disclaimer that state or program telehealth access regulations may supersede limitations outlined in this policy; Updated References	12/2021	12/2021
Removed health professional shortage area geographic limitations; Added quality and standard of care requirements; Added patient confidentiality requirements; Updated POS definitions; Updated References.	06/2022	07/2022
Added Ohio specific requirement to use the GT modifier for telehealth services.	08/2022	10/2022
Annual Review	11/2022	11/2022
Annual Review	11/2023	12/2023
Annual Review	11/2024	12/2024
Annual Review	08/2025	10/2025

References

1. Medicare Learning Network; American Medical Association (April 2024). Telehealth Services. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Retrieved from: https://www.cms.gov/files/document/mln901705-telehealth-services.pdf
2. Medicare Learning Network; American Medical Association (February 2021). Health Professional Shortage Area Physician Bonus Program. Department of Health and Human Services, Centers for

[2] Ohio specific requirement: When billing for telehealth procedures on a professional claim, providers must use the GT modifier. Select the place of service code (POS) that reflects the physical location of the practitioner.

Medicare and Medicaid Services. Retrieved from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HPSAfctsht.pdf
3. Medicare Learning Network; American Medical Association (May 2022). New/Modifications to the Place of Service (POS) Codes for Telehealth. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Retrieved from https://www.cms.gov/files/document/mm12427-newmodifications-place-service-pos-codes-telehealth.pdf
4. Center for Medicaid and Chip Services. Telemedicine. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Retrieved from: https://www.medicaid.gov/medicaid/benefits/telehealth/index.html
5. Sommer AC, Blumenthal EZ. Telemedicine in ophthalmology in view of the emerging COVID-19 outbreak. Graefes Arch Clin Exp Ophthalmol. 2020;258(11):2341-2352. doi:10.1007/s00417-020-04879-2
6. Gajarawala SN, Pelkowski JN. Telehealth Benefits and Barriers. J Nurse Pract. 2021;17(2):218-221. doi:10.1016/j.nurpra.2020.09.013
7. Gogia SB, Maeder A, Mars M, Hartvigsen G, Basu A, Abbott P. Unintended Consequences of Tele Health and their Possible Solutions. Contribution of the IMIA Working Group on Telehealth. Yearb Med Inform. 2016;(1):41-46. Published 2016 Nov 10. doi:10.15265/IY-2016-012

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.