

Coding Policy

Telemedicine Services Requiring an Originating Site

CODING POLICY NUMBER: 67

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SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers Non-Participating Practitioners
 Commercial Medicaid/Oregon Health Plan Medicare

POLICY STATEMENT

- I. Services covered by this policy require that the patient be in an originating site as defined on this policy. **See Coding Policies 67.0.A (Medicare), 67.0.E (All Plans Except Medicare) for telemedicine services during the COVID-19 public health emergency (PHE), not requiring an originating site. These policies show the expanded list of services and eased restrictions for telehealth services during the PHE.**

- II. Telemedicine (also known as telehealth) services are services delivered via an electronic two-way communication system. Company provides coverage for telemedicine services when the service is medically necessary and supported by evidence-based medical criteria. Coverage for telemedicine services includes payment for consultations, office visits, individual psychotherapy, and pharmacologic management.

- III. “Electronic two-way communication” means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient and the physician or practitioner at the distant site. An interactive telecommunications system is required as a condition of payment. Company also allows use of asynchronous “store and forward” technology in delivering certain services. Asynchronous or “store and forward” means transferring 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.
- IV. Skype is not considered a secure environment and is not allowed as a method for providing telemedicine services.
- V. The following conditions must be met for Company to make payments for telemedicine services listed on this policy:
 - A. Except for services allowed using asynchronous technology, the service must be furnished via an interactive telecommunications (audio and video) system;
 - B. The service must be furnished by a physician or authorized practitioner credentialed with Company;
 - C. The service must be furnished to an eligible telemedicine individual;
 - D. The individual receiving the service must be located in a telemedicine originating site. See page 2 for definition of originating site.

PROCEDURE

GENERAL

Originating Site (May be either rural or urban)

Company does not distinguish between originating sites that are rural or urban in providing coverage for telemedicine services. Additional information about originating site may be found on page 5 of this policy. An originating site for telemedicine services includes, but is not limited to:

1. Hospital;
2. Rural health clinic;
3. Federally qualified health center;
4. Physician’s office;
5. Community mental health center;
6. Skilled nursing facility;
7. Renal dialysis center;
8. Site where public health services are provided;

9. Nurse call center employing independent practitioners.
10. Mobile stroke unit (modifier G0) for acute stroke only. (See page 3.)
11. Homes of beneficiaries with ESRD getting home dialysis.

Coverage of Telemedicine

The use of a telecommunications system may substitute for a face-to-face, "hands on" encounter for consultation, office visits, individual psychotherapy, medical nutrition therapy and pharmacologic management. These services and corresponding CPT/HCPCS codes are listed below.

- Initial consult codes for emergency telehealth services only (HCPCS codes G0425-G0427)**(See notes on Page 3)
- Follow-up inpatient consultations for telehealth services only (HCPCS codes G0406-G0408)**(See notes on Page 3)
- Critical care telehealth consultation (HCPCS codes G0508-G0509)
- Subsequent hospital care services (limited to one every three days) (CPT codes 99231-99233)
- Subsequent nursing facility care services (limited to one every 30 days) (CPT codes 99307-99310)
- Office or other outpatient visits (CPT codes 99201 - 99215)
- Advanced care planning (CPT codes 99497-99498)
- Psychotherapy (CPT codes 90832-90834, 90836-90838, 90845-90847)
- Medical nutrition therapy (HCPCS/CPT codes G0270, 97802, 97803, 97804)
- Inpatient pharmacologic management (HCPCS code G0459)
- Psychiatric diagnostic interview examination (CPT codes 90791-90792)
Neurobehavioral status exam (CPT code 96116)
- End stage renal disease related services (CPT codes 90951-90952, 90954-90955, 90957-90958, 90960-90961, 90963-90970)
- Chronic kidney disease educational services (G0420-G0421)
- Diabetic self-management training services (G0108-G0109)
- Health and behavior assessments (CPT codes 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)
- Alcohol and/or substance (other than tobacco) abuse assessment and brief intervention (HCPCS codes G0396 and G0397)
- Annual alcohol misuse screening (HCPCS code G0442)
- Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes (HCPCS code G0443)
- Smoking and tobacco use cessation counseling (CPT codes 99406-99407, HCPCS codes G0436-G0437)
- Annual depression screening, 15 minutes (HCPCS code G0444)
- High-intensity behavioral counseling to prevent STD (HCPCS code G0445)
- Annual face-to-face intensive behavioral therapy for cardiovascular disease (HCPCS code G0446)
- Face-to-face behavioral counseling for obesity (HCPCS code G0447)
- Transitional care management (CPT codes 99495-99496)
- Prolonged services codes, by review only (CPT codes 99354- 99355 and 99356-99357)

- Annual wellness visits (HCPCS codes G0438-G0439)
- Counseling visit to discuss need for lung cancer screening using low dose CT scan (G0296)
- Interactive complexity psychiatry services and procedures (90785)
- Health risk assessment (96160-96161)
- Comprehensive assessment of and care planning for patients requiring chronic care management (G0506)
- Psychotherapy for crisis (90839-90840)

** Inpatient telemedicine/telehealth consultations are furnished to Company members in hospitals or skilled nursing facilities via telemedicine at the request of the physician of record, the attending physician, or other appropriate source. The physician or practitioner who furnishes the initial inpatient consultation via telemedicine cannot be the physician or practitioner of record or the attending physician or practitioner, and the initial inpatient telemedicine consultation would be distinct from the care provided by the physician or practitioner of record or the attending physician or practitioner.

Submit telemedicine claims with the appropriate CPT code for the professional service provided and location code 02. **Modifiers GT or 95 are not required but will not affect payment if used.** When store and forward technologies are used, submit the appropriate CPT code with location code 02 and telemedicine **modifier GQ**, "Via asynchronous telecommunications system."

Effective January 1, 2019, modifier G0 (G-zero) may be used to identify telemedicine services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of acute stroke. Company does not distinguish between originating sites that are rural or urban in providing coverage for telemedicine services, so modifier is G0 is not required for these services, but it will not affect payment if used. In addition to other qualifying originating sites listed on this policy, acute stroke telemedicine services may be furnished in a mobile stroke unit.

Conditions of Payment

For Company payment to occur, interactive audio and video telecommunications must be used, permitting real-time communication between the distant site physician or practitioner and the Company member. As a condition of payment, the patient must be present and participating in the telemedicine visit.

Definition of "store and forward": For purposes of this instruction, "store and forward" means the asynchronous transmission of medical information to be reviewed at a later time by physician or practitioner at the distant site. A patient's medical information may include, but is not limited to, video clips, still images, x-rays, MRIs, EKGs and EEGs, laboratory results, audio clips, and text. The physician or practitioner at the distant site reviews the case without the patient being present. Store and forward substitutes for an interactive encounter with the patient present; the patient is not present in real-time. Asynchronous telecommunications system in single media format does not include telephone calls, images transmitted via facsimile machines and text messages without visualization of the patient (electronic mail). Photographs must be specific to the patient's condition and adequate for rendering or

confirming a diagnosis and/or treatment plan. Dermatological photographs, e.g., a photograph of a skin lesion, may be considered to meet the requirement of a single media format under this instruction.

Professional Charges

Company practitioners may receive payment at the distant site, i.e., at a site other than where beneficiary is. As a condition of Company payment for telemedicine services, the physician or practitioner at the distant site must be licensed to provide the service under State law. When the physician or practitioner at the distant site is licensed under State law to provide a covered telemedicine service (i.e., professional consultation, office and other outpatient visits, individual psychotherapy, or pharmacologic management), then he or she may bill for and receive payment for this service when delivered via a telecommunications system.

Effective 1/1/17, the physician or practitioner furnishing telemedicine services from a distant site should use location code (or place of service code) "02." Location code "02" does not apply to the originating site. (See Page 5 for information on location code for originating site.) Only the CPT codes listed on this policy (Pages 2-3) billed location code 02 are allowed for telemedicine services. Physicians will be paid at the facility rate for services billed with location code 02.

Company practitioners who may bill for covered telemedicine services subject to State law are:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitians
- Certified Nutrition Specialists
- Clinical psychologist*
- Clinical social worker*

For Commercial lines of business only, additional practitioners who may bill for covered telemedicine services subject to State law are:

- Licensed Professional Clinical Counselor*
- Licensed Mental Health Counselor*
- Licensed Marriage and Family Therapist*

*Clinical psychologists, counselors, therapists, and clinical social workers may not bill Evaluation and Management services.

Originating Site Facility Fee Payment Methodology

The term “originating site” means the location of an eligible Company member at the time the service being furnished via a telecommunications system occurs. (See Coding Policies 67.0.A and 67.0.E for telehealth services not requiring an originating site.)

Originating Site Facility Fee

To receive the originating facility site payment, submit claims with HCPCS code Q3014, “Telehealth originating site facility fee” (short description “telehealth facility fee”) or HCPCS code G2025 “Payment for a telehealth distant site service furnished by a rural health clinic (RHC) or federally qualified health center (FQHC) only.” The type of service for telehealth originating site facility fee is “9, other items and services.”

The benefit may be billed on bill types 12X, 13X, 22X, 23X, 71X, 72X, 73X, 76X, and 85X. Unless otherwise applicable, report the originating site facility fee under revenue code 078X and include HCPCS code Q3014 or HCPCS code G2025 for RHC or FQHC.

If the originating site is a physician’s office, the office location code (or place of service code) “11” is the only payable setting for code Q3014. The provider who bills the originating site facility fee may not be the same provider (or the same provider group or the same tax identification number) as the provider who is billing for services performed.

Modifier G0 (Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke) may be added to Q3014 or G2025 to identify services furnished for treatment of acute stroke. This modifier is not required by Company but will not affect payment if used.

REFERENCES

1. CMS/Medicare Rules and Regulations
2. Current Procedural Terminology (CPT)
3. Providence Health Plan Coding Edits

POLICY REVISION HISTORY

Date	Revision Summary
3/2023	Annual review (converted to new template 5/2023). Original policy effective date: 7/2004
1/2024	Annual policy review. Removed reference to Coding Policies 67.0.B, 67.0.C, and 67.0.D (retired) and added reference to Coding Policy 67.0.E, which replaced those policies.