

<b>Coding Policy Policy and Procedure</b>	
SUBJECT: <b>TEMPORARY POLICY EMERGENCY PROVISIONS FOR Telemedicine Services During COVID-19 Public Health Emergency for Oregon Health Plan (OHP)</b>	DEPARTMENT: <b>Coding Compliance</b>
ORIGINAL EFFECTIVE DATE: <b>03/20</b>	DATE(S) REVIEWED/REVISED: 03/20, 04/20, 05/20, 6/20, 10/20, 01/21, 05/21
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**NEED AND DURATION OF EMERGENCY PROVISIONS**

- 1. Need for the temporary Provisions: Emergency provisions for Telehealth Services to accommodate COVID-19.**
- 2. Documents or source relied upon: CMS Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (PHE).**
- 3. Effective Date: March 1, 2020**
- 4. Termination Date: End of public health emergency or until further notice.**
- 5. Reassessment Date determined at Companies’ sole discretion: December 31, 2021**

**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”).

**APPLIES TO:**

Health Plan Providers  
Oregon Health Plan Line of Business Only

**POLICY:**

**This policy (67.0.C) “Telehealth Services During COVID-19 Public Health Emergency OHP Only” APPLIES ONLY TO TELEHEALTH SERVICES ON OR AFTER MARCH 1, 2020 AND ONLY TO THE OREGON HEALTH PLAN (OHP) LINE OF BUSINESS.** For telehealth services prior to March 1, 2020, providers are referred to PHP Coding Policy 67.0 (Telehealth Services Requiring an Originating Site), which is available on ProvLink.

The Office for Civil Rights at the Department of Health and Human Services (HHS) has temporarily waived the requirement for HIPAA-compliant connections for two-way video services “..in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.”

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> For the duration of this emergency provision, codes listed on this policy may be paid for telehealth services where the patient and/or provider is using a personal device. No contract amendment or attestation is required.

**FOR DATES OF SERVICE PRIOR TO APRIL 17, 2020: ONLY SERVICES PERFORMED BY TWO-WAY VIDEO CONNECTION ARE COVERED BY THIS POLICY.** For **telephone visits** see Coding Policy 92.0. For **online digital E&M services**, see Coding Policy 53.0. PHP also pays virtual check-in services (HCPCS code G2012) for both new and established patients.

**FOR DATES OF SERVICE ON OR AFTER APRIL 17, 2020: For OHP members only, telehealth services listed on this policy may be performed by telephone if two-way video connection is not available or feasible.**

For dates of service on or after March 1, 2020, services on List “A” at the end of this policy may be paid as telehealth services **only when performed by two-way video connection.**

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For dates of service on or after April 17, 2020, services on List “A” at the end of the policy may be paid when performed **either by two-way video connection or by telephone if two-way video is not available or feasible**. Providers may also use the CPT codes for telephone visits for telehealth services performed by telephone (see Coding Policy 92.0).

Professional claims for services on this policy for dates of service on or after March 1, 2020, may be billed:

- With the same place of service (POS) code that would have been used had the service been furnished in person.
- Modifier 95 or GT to indicate the service was performed via telehealth.

Telehealth services are services delivered via an electronic two-way communication system. Company provides coverage for telehealth services when the service is medically necessary and supported by evidence-based medical criteria. All providers (including chiropractors and naturopaths) who are credentialed with Company and who are performing services within their scope of license may perform telehealth services listed on this policy. Telehealth services may not be billed as “incident to.”

Effective March 1, 2020, through the end of PHE or until further notice, Company will allow payment for medically appropriate services performed using two-way video connections where the patient is calling from a personal device. Providers may also use a personal device to perform these services. **Effective April 17, 2020**, these services will also be paid if performed by telephone if two-way video connection is not available or feasible.

The following conditions must be met for PHP to make payments for telehealth services listed on this policy:

- The service must be furnished via an interactive video telecommunications system (or by telephone for services on or after April 17, 2020);
- The service must be furnished by a physician or authorized practitioner credentialed with PHP (may not be billed “incident to”);
- The service must be furnished to an eligible telehealth individual;
- **For services on or after March 1, 2020, through the end of PHE or until further notice, services are expanded to allow telehealth services when the patient is using a personal device rather than requiring an originating site.**

**PROCEDURE:**

**THIS POLICY WILL NOT REQUIRE AN ORIGINATING SITE. THIS IS AN EMERGENCY PROVISION SUBJECT TO CANCELLATION AT THE SOLE DISCRETION OF COMPANY.**

The use of a telecommunications system may substitute for a face-to-face, "hands on" encounter for services listed on this policy. The CPT/HCPCS codes covered by this policy are listed on List “A” at the end of the policy.

Inpatient telehealth consultations (HCPCS codes G0425-G0427 and G0406-G0408) are furnished to Company members in hospitals or skilled nursing facilities via telehealth at the request of the physician of record, the

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attending physician, or other appropriate source. The physician or practitioner who furnishes the inpatient consultation via telehealth may not be the physician or practitioner of record or the attending physician or practitioner, and the inpatient telehealth consultation must be distinct from the care provided by the physician or practitioner of record or the attending physician or practitioner.

Submit telehealth claims with the appropriate CPT code for the professional service provided.

- All telehealth services listed on this policy may be billed with **location code 02 (telehealth)**. Modifiers GT and 95 are not required for services billed with location 02 but will not affect payment if used.
- **For services between March 1, 2020, and the end of PHE or until further notice, Company will allow services listed on List “A” of this policy to be billed with **the same location where the face-to-face service would have occurred. Either Modifier 95 or Modifier GT is required for services billed with the same location code where the face-to-face service would have occurred.****

#### **Professional Charges**

As a condition of Company payment for telehealth services, the physician or practitioner at the **must be licensed to provide the service under State law**. When the physician or practitioner is licensed under State law to provide a covered telehealth 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.

#### **Modifier GQ and G0**

See Providence Health Plan Coding Policy 67.0 (Telehealth Services Requiring an Originating Site) for instructions about use of Modifier GQ and Modifier G0.

#### **Originating Site Facility Fee Payment Methodology**

For services performed on or after March 1, 2020, through end of PHE or until further notice, the requirement for the patient to be in an eligible originating site is temporarily waived. For services performed after March 1, 2020, where the patient is located in an originating site, providers are referred to Providence Health Plan Coding Policy 67.0 (Telehealth Services Requiring an Originating Site) for information about billing the services.

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**LIST A**

**FOR DATES OF SERVICE ON OR AFTER MARCH 1, 2020, AND UNTIL FURTHER NOTICE, THE CODES ON THIS LIST MAY BE BILLED AS TELEHEALTH SERVICES SUBJECT TO REQUIREMENTS LISTED ON THIS POLICY.**

**FOR DATES OF SERVICE ON OR AFTER APRIL 17, 2020, THE CODES ON THIS LIST MAY BE BILLED WHEN PERFORMED BY TWO-WAY VIDEO OR BY TELEPHONE IF TWO-WAY VIDEO IS NOT AVAILABLE OR FEASIBLE.**

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**REFERENCE:**

CMS Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency  
Company Coding Policies