

Coding Policy Policy and Procedure		
SUBJECT: TEMPORARY POLICY EMERGENCY PROVISIONS FOR Telemedicine Services During COVID-19 Public Health Emergency for Oregon Health Plan (OHP)	DEPARTMENT: Health Care Services	
ORIGINAL EFFECTIVE DATE: 03/20	DATE(S) REVIEWED/REVISED: 03/20, 04/20, 05/20, 6/20, 10/20, 01/21, 05/21, 06/21, 09/21, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 67.0.C	PAGE: 1 of 13

NEED AND DURATION OF EMERGENCY PROVISIONS

- 1. Need for the temporary Provisions: Emergency provisions for Telemedicine 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, 2023**

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) "Telemedicine Services During COVID-19 Public Health Emergency for Oregon Health Plan" APPLIES ONLY TO TELEMEDICINE SERVICES ON OR AFTER MARCH 1, 2020, AND ONLY TO THE OREGON HEALTH PLAN (OHP) LINE OF BUSINESS. For telemedicine 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 telemedicine services where the patient and/or provider is using a personal device. No contract amendment or attestation is required.

Telecommunication services are services delivered via an electronic two-way communication system. Company provides coverage for telecommunication services when the service is medically necessary and supported by evidence-based medical criteria. Coverage for telecommunication services includes payment for consultations, office visits, individual psychotherapy, and pharmacologic management. All providers (including chiropractors and naturopaths) who are credentialed with Company and who are performing services within their scope of license may perform telecommunication services listed on this policy. Telecommunication services may not be billed as "incident to."

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Effective March 1, 2020, and until further notice, Company will allow payment for medically appropriate services identified on List A when performed using telecommunication technology where the patient is using a personal device. Providers may also use a personal device to perform these services. The following conditions must be met for Company to make payments for telecommunication services listed on this policy:

- The service must be furnished by a physician or authorized practitioner credentialed with Company (may not be billed “incident to”);
- The service must be furnished to an individual who is eligible for telecommunication services with Company;
- All services must be performed by two-way video connection for dates of service between March 1, 2020, and April 16, 2020. For dates of service on or after April 17, 2020, all services listed on this policy may be performed either by two-way video connection or by audio-only connection. **Either modifier 93 or modifier FQ is required for audio-only services performed on or after January 1, 2022.**

Inpatient telehealth consultations (HCPCS codes G0425-G0427 and G0406-G0408) are furnished to Company members in hospitals or skilled nursing facilities via telecommunication technology at the request of the physician of record, the attending physician, or other appropriate source. The physician or practitioner who furnishes the inpatient consultation via telecommunication technology 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.

Additional telecommunication services not addressed on this policy:

- Telephone visits (CPT codes 99441-99443 and 98966-98968) are covered by Company as described on Coding Policy 92.0.
- Online digital (e.g., email) services (CPT codes 99421-99423 and CPT codes 98970-98972) are covered by Company as described on Coding Policy 53.0.
- Company also pays virtual check-in services (HCPCS code G2012) for both new and established patients.

Professional Charges

As a condition of Company payment for telecommunication 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 telecommunication 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 telecommunication system.

Modifiers 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.

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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 telecommunication 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. **Telemedicine rules do not apply when the beneficiary and the practitioner are in the same location even if audio/video technology assists in furnishing a service.**

Originating Site Facility Fee Payment Methodology

For the duration of the public health emergency, the patient may receive telecommunication services at home or when calling from a personal device and is not required to be in an originating site. These instructions for originating site payment methodology apply only to services that are performed when the patient is located in an originating site, such as outpatient hospital or physician’s office.

To receive the originating facility site payment, submit claims with HCPCS code Q3014, “Telehealth originating site facility fee” (short description "telehealth facility fee"). 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.

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 to identify services furnished for treatment of acute stroke. This modifier is not required by Company but is accepted.

Location Codes and Modifiers **for Dates of Service Beginning March 1, 2020, Through December 31, 2021**

For dates of service between March 1, 2020, and December 31, 2021, telecommunication services on List A on this policy may be reported either with location code 02 (Telehealth) or with the same location code that would have been used for a face-to-face service.

- **Location code 02:** Modifiers GT and 95 are not required for services billed with location code 02 and will not affect payment if used. For services with a site of service payment differential billed with location code 02, Company uses the facility payment rate.
- **Same location code as an in-person service:** Providers may use the same location code that would be used for a face-to-face service, with the addition of Modifier 95 or Modifier GT to indicate that the

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service was performed by telecommunication technology. Either Modifier 95 or Modifier GT is required for telecommunication services billed with the same location where the face-to-face service would have occurred.

- **Preventive medicine services** (CPT codes 99381-99397) are paid by Company when performed by two-way video connection through April 16, 2020, and by either two-way video connection or audio-only connection for services on or after April 17, 2020. Use the same location code as an in-person service and append Modifier 52 and either Modifier GT or Modifier 95. Both Modifier 52 and either Modifier GT or Modifier 95 must be appended to preventive medicine codes billed as telehealth services.

Location Codes and Modifiers **for Dates of Service on or After January 1, 2022**

Either modifier 93 or modifier FQ is required for all services performed using audio-only communication technology on or after January 1, 2022.

Modifier FQ: The service was furnished using audio-only communication technology

Modifier 93: Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system

The description for location code 02 changed effective January 1, 2022, and a new location code (10) was added. For dates of service on or after January 1, 2022, telecommunication services on List A on this policy must be reported either with location code 02 (Telehealth Provided Other than in Patient’s Home) or location code 10 (Telehealth Provided in Patient’s Home). Modifiers GT and 95 are not required but will not affect payment if used.

- **Location code 02:** Patient is located in hospital or other facility when receiving health services or health related services through telecommunication technology. Services billed with location code 02 will be paid at the facility rate.
 - **Either modifier 93 or modifier FQ is required for services performed using audio-only communication technology.**
 - Neither Modifier GT nor Modifier 95 is required but will not affect payment if used.
- **Location code 10:** Patient is located in a private residence (location other than a hospital or other facility) when receiving health services or health related services through telecommunication technology. Services billed with location code 10 will be paid at the non-facility rate.
 - **Either modifier 93 or modifier FQ is required for services performed using audio-only communication technology.**
 - Neither Modifier GT nor Modifier 95 is required but will not affect payment if used.
- **Preventive medicine services** (CPT codes 99381-99397) are paid by Company when performed using telecommunication technology. Use either location code 02 or location code 10 as appropriate based on the patient’s location and append Modifier 52 to the CPT code.
 - **Modifier 52 is required for preventive medicine codes performed as telehealth services.**
 - **Either modifier 93 or modifier FQ is required for preventive medicine services performed using audio-only communication technology.**

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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 ARE COVERED BY COMPANY WHEN PERFORMED USING TELECOMMUNICATION TECHNOLOGY, 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.

FOR DATES OF SERVICE ON OR AFTER JANUARY 1, 2022, EITHER MODIFIER 93 OR MODIFIER FQ IS REQUIRED FOR SERVICES PERFORMED USING AUDIO-ONLY COMMUNICAITON TECHNOLOGY.

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REFERENCE:

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