

Coding Policy

Telemedicine Services for All Plans Except Medicare

CODING POLICY NUMBER: 67.E

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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. This policy (67.0.E) “Telemedicine Services for All Plans Except Medicare” applies to telemedicine service for Commercial lines of business.
- II. **The Office for Civil Rights at the Department of HHS requires all telehealth platforms to be HIPAA-compliant beginning May 12, 2023. Smart phone video options such as FaceTime and Skype will no longer be an option for telehealth services beginning May 12, 2023, based on these requirements.**
- III. Telemedicine services are synchronous real-time interactive services utilizing either combined audio-video or audio-only technology. Company provides coverage for telemedicine 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 telemedicine services listed on this policy.

- IV. For services on or before May 11, 2023, see Coding Policy 67.0.B for Commercial Oregon plans, Coding Policy 67.0.C for OHP, and Coding Policy 67.0.D for Commercial Washington plans.
- V. Company will allow payment for medically appropriate services identified on [List A](#) when performed using a HIPAA compliant device. The following conditions must be met for Company to make payments for telemedicine services listed on this policy:
 - A. The service must be furnished by a physician or authorized practitioner credentialed with Company;
 - B. Telemedicine services may be billed “incident-to” subject to PHP Reimbursement Policy “Incident-To Services,” which is available on ProvLink;
 - C. The service must be furnished to an individual who is eligible for telemedicine services with Company;
 - D. All services listed on this policy may be performed by either two-way video connection or audio-only connection. **Either modifier 93 or modifier FQ is required for audio-only services unless the CPT or HCPCS code description identifies the service as “audio-only.”**
- VI. 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.
- VII. Additional telecommunication services not addressed on this policy:
 - A. Telephone visits (CPT codes 98008-98016 and 98966-98968) are covered by Company as described on Coding Policy 92.0.
 - B. 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.
- VIII. As a condition of Company payment for telecommunication services, the physician or practitioner performing the service **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.

PROCEDURE

General

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-only or audio-video technology assists in furnishing a service.**

Company does not recognize CPT codes 98000-98007 for telemedicine services. Providers may use CPT codes 99202-99215 with location code 02 (patient in facility) or 10 (patient in any location other than facility) for synchronous audio-video visits. CPT codes 99202-99215 may be reported with location code 02 or 10 with either modifier 93 or FQ for audio-only visits.

Originating Site Facility Fee Payment Methodology

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, and the provider of services is in a location distant from the patient. The patient is not required to be in an originating site for services covered by this policy.

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 will not affect payment if used.

Location Codes and Modifiers

Either modifier 93 or modifier FQ is required for audio-only services unless the CPT or HCPCS code description identifies the service as “audio-only.” Use of these modifiers will not affect payment.

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

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, 95, GQ, and G0 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. Use of these modifiers will not affect payment.**
 - Modifiers GT, 95, GQ, and G0 are not required but will not affect payment if used.
- **Location code 10:** Patient is located in a private residence (or any 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. Use of these modifiers will not affect payment.**
 - Modifiers GT, 95, GQ, and G0 are not required but will not affect payment if used.

Preventive Medicine Services

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. Use of these modifiers will not affect payment.

REFERENCES

1. CMS Telemedicine Policy
2. Reimbursement Policy “Incident To”
3. Coding Policy 92.0 (Synchronous Audio-Only Visits)
4. Coding Policy 53.0 (Online Digital Evaluation and Management Services)

POLICY REVISION HISTORY

Date	Revision Summary
6/2023	Combined Coding Policies 67.0.B, 67.0.C, and 67.0.D onto this policy, 67.0.E. Office of Civil Rights requires HIPAA-compliant platforms for telehealth services performed on or after May 12, 2023. Emergency provisions for PHE extended through December 31, 2024.
1/2024	Annual policy review. Added CPT codes 0591T, 0592T, 0593T and HCPCS codes G0136, G2211.
6/2024	Removed wording that said telehealth services may not be billed incident-to. Updated policy to show telehealth services may be billed “incident-to” subject to PHP Reimbursement Policy “Incident-To Services,” which is available on ProvLink. The supervising provider for telehealth services billed “incident to” may be available by audio-video technology rather than in person.
01/2025	Removed reference to temporary provisions made for the COVID-19 public health emergency. Added information under “Procedure” showing CPT codes 98000-98007 are not recognized by PHP. Providers may use 99202-99215 as indicated on this policy to report synchronous audio-only and/or audio-video E/M services. Added CPT codes 94625-94626, 96202-96203, 97550-97552, 98960-98962 and HCPCS codes G0011, G0013, G0539-G0543, G0560, which were added to the list of codes CMS allows to be performed by telemedicine. Removed HCPCS code G2211, which is considered bundled for Commercial plans. Removed HCPCS codes S9152, S9443, which are not recognized by Company (see Coding Policy 22.0). Removed HCPCS code G0424 and CPT code 99343, which are retired codes.

APPENDIX

LIST A

All services listed on this policy may be performed by either two-way video connection or audio-only connection. HIPAA-compliant platforms are required. Either modifier 93 or modifier FQ is required for audio-only services unless the CPT or HCPCS code description identifies the service as “audio-only.” Use of modifier 93 or FQ will not affect payment.

Code	Communication Technology
0362T	Audio or Two-Way Video
0373T	Audio or Two-Way Video
0591T	Audio or Two-Way Video
0592T	Audio or Two-Way Video
0593T	Audio or Two-Way Video
77427	Audio or Two-Way Video
90785	Audio or Two-Way Video
90791	Audio or Two-Way Video

90792	Audio or Two-Way Video
90832	Audio or Two-Way Video
90833	Audio or Two-Way Video
90834	Audio or Two-Way Video
90836	Audio or Two-Way Video
90837	Audio or Two-Way Video
90838	Audio or Two-Way Video
90839	Audio or Two-Way Video
90840	Audio or Two-Way Video
90845	Audio or Two-Way Video
90846	Audio or Two-Way Video
90847	Audio or Two-Way Video
90849	Audio or Two-Way Video
90853	Audio or Two-Way Video
90875	Audio or Two-Way Video
90901	Audio or Two-Way Video
90951	Audio or Two-Way Video
90952	Audio or Two-Way Video
90953	Audio or Two-Way Video
90954	Audio or Two-Way Video
90955	Audio or Two-Way Video
90956	Audio or Two-Way Video
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90966	Audio or Two-Way Video
90967	Audio or Two-Way Video
90968	Audio or Two-Way Video
90969	Audio or Two-Way Video
90970	Audio or Two-Way Video
92002	Audio or Two-Way Video
92004	Audio or Two-Way Video
92012	Audio or Two-Way Video
92014	Audio or Two-Way Video
92507	Audio or Two-Way Video
92508	Audio or Two-Way Video
92521	Audio or Two-Way Video
92522	Audio or Two-Way Video

92523	Audio or Two-Way Video
92524	Audio or Two-Way Video
92526	Audio or Two-Way Video
92550	Audio or Two-Way Video
92552	Audio or Two-Way Video
92553	Audio or Two-Way Video
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92556	Audio or Two-Way Video
92557	Audio or Two-Way Video
92558	Audio or Two-Way Video
92563	Audio or Two-Way Video
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92601	Audio or Two-Way Video
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92604	Audio or Two-Way Video
92607	Audio or Two-Way Video
92608	Audio or Two-Way Video
92609	Audio or Two-Way Video
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92625	Audio or Two-Way Video
92626	Audio or Two-Way Video
92627	Audio or Two-Way Video
93750	Audio or Two-Way Video
93797	Audio or Two-Way Video
93798	Audio or Two-Way Video
94002	Audio or Two-Way Video
94003	Audio or Two-Way Video
94004	Audio or Two-Way Video
94005	Audio or Two-Way Video
94625	Audio or Two-Way Video
94626	Audio or Two-Way Video
94664	Audio or Two-Way Video
95970	Audio or Two-Way Video
95971	Audio or Two-Way Video
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96105	Audio or Two-Way Video

96110	Audio or Two-Way Video
96112	Audio or Two-Way Video
96113	Audio or Two-Way Video
96116	Audio or Two-Way Video
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96202	Audio or Two-Way Video
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97110	Audio or Two-Way Video
97112	Audio or Two-Way Video
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97530	Audio or Two-Way Video
97535	Audio or Two-Way Video
97537	Audio or Two-Way Video
97542	Audio or Two-Way Video
97550	Audio or Two-Way Video
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G0540	Audio or Two-Way Video
G0541	Audio or Two-Way Video
G0542	Audio or Two-Way Video
G0543	Audio or Two-Way Video
G0560	Audio or Two-Way Video
G2086	Audio or Two-Way Video
G2087	Audio or Two-Way Video
G2088	Audio or Two-Way Video
G2212	Audio or Two-Way Video
G3002	Audio or Two-Way Video
G3003	Audio or Two-Way Video
S0250	(AWV Only) Audio or Two-Way Video