

<b>PROVIDENCE HEALTH PLANS PAYMENT POLICY</b>	
<b>SUBJECT: Telehealth Services DURING COVID-19 CRISIS OHP ONLY</b>	<b>DEPARTMENT:</b> Coding Compliance
<b>ORIGINAL EFFECTIVE DATE:</b> 3/1/2020	<b>DATE(S) REVIEWED / REVISED:</b> 3/15/20, 4/6/20, 4/27/20
<b>APPROVED BY:</b> PHP ADMIN COUNCIL 4/6/20	<b>NUMBER:</b> 67.0.C <b>PAGE:</b> 1 of 6

**POLICY:**

This policy (67.0.C) “Telehealth Services During COVID-19 Crisis 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 Payment Policy 67.0 (Telehealth Services Requiring an Originating Site), which is available on ProvLink.

**EFFECTIVE MARCH 1, 2020, THROUGH JUNE 30, 2020, OR UNTIL FURTHER NOTICE, SERVICES LISTED ON THIS POLICY WILL NOT REQUIRE AN ORIGINATING SITE. THIS IS AN EMERGENCY PROVISION SUBJECT TO CANCELLATION AT THE SOLE DISCRETION OF PROVIDENCE HEALTH PLANS.**

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 services performed by two-way video connections 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 Payment Policy 92.0. For **online digital E&M services**, see Payment 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 listed on pages 3-4 of this policy and on Appendix A may be paid **when performed by two-way video connection.** For dates of service on or after April 17, 2020, services listed on pages 3-4 of this policy and Appendix A 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 Payment Policy 92.0).

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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. PHP provides coverage for telehealth services when the service is medically necessary and supported by evidence-based medical criteria. Coverage for telehealth services includes payment for consultations, office visits, individual psychotherapy, and pharmacologic management. Specific services covered by this policy during the COVID-19 crisis are listed on pages 3-4 of this policy and on Appendix A. All providers (including chiropractors and naturopaths) who are credentialed with PHP and who are performing services within their scope of license may perform the telehealth services listed on this policy.

Effective March 1, 2020, through June 30, 2020, or until further notice, PHP 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;
- The service must be furnished to an eligible telehealth individual;
- **For services on or after March 1, 2020, through June 30, 2020, 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.**

**APPLIES TO:**

Health Plan Providers  
Oregon Health Plan Line of Business Only

**REFERENCE:**

OHA/CMS Policy and Regulatory Revisions in Response to the COVID-19 Emergency

**PROCEDURE:**

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.

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**Coverage of Telehealth**

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 (pages 3-4) and on Appendix A.

- Office or other outpatient visits (CPT codes 99201-99215)
- Initial consult codes for emergency telehealth services only (HCPCS codes G0425-G0427)\*\*(See notes on Page 4)
- Follow-up inpatient consultations for telehealth services only (HCPCS codes G0406-G0408)\*\*(See notes on Page 4)
- Critical care telehealth consultation (HCPCS codes G0508-G0509)
- Subsequent hospital care services (CPT codes 99231-99233)
- Subsequent nursing facility care services (CPT codes 99307-99310)
- 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-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)

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- 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)
- Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling (G2086, G2087, and G2088)
- **FOR DATES OF SERVICE ON OR AFTER MARCH 6, 2020, THROUGH JUNE 30, 2020, OR UNTIL FURTHER NOTICE, THESE ADDITIONAL CODES WILL BE COVERED AS TELEHEALTH SERVICES:** CPT codes 92526, 92609, 97129, 97130, and 97530 may be used to report telehealth services performed by physical therapists, occupational therapists, or speech and language pathologists for services within that practitioner's scope of license.
- **FOR DATES OF SERVICE ON OR AFTER MARCH 6, 2020, THROUGH JUNE 30, 2020, OR UNTIL FURTHER NOTICE, PREVENTIVE SERVICES CODES WITH MODIFIER 52 WILL BE COVERED AS TELEHEALTH SERVICES.** Preventive services codes 99381-99387 and 99391-99397 with Modifier 52 and either Modifier 95 or Modifier GT will be covered as telehealth services. Location code 11 may be used for these services.
  - Note: Modifier 52 and either Modifier 95 or Modifier GT are required for preventive services performed as telehealth services.

\*\* Inpatient telehealth consultations are furnished to PHP members in hospitals or skilled nursing facilities via telehealth 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 telehealth cannot be the physician or practitioner of record or the attending physician or practitioner, and the initial inpatient telehealth consultation would be distinct from the care provided by the physician or practitioner of record or the attending physician or practitioner.

For services on or after March 1, 2020, submit telehealth claims with the appropriate CPT or HCPCS code for the professional service provided. Use the same place of service (POS) code that would have been used if the service had been rendered in person. Append Modifier 95 or GT to the service code to indicate the service was performed as a telehealth service. **Either Modifier 95 or Modifier GT is required for telehealth services billed using the same POS code as a face-to-face service.**

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When store and forward technologies are used, submit the appropriate CPT code with location code 02 and telehealth **Modifier GQ**, "via asynchronous telecommunications system." (See "Alaska/Hawaii Demonstration Program" section.)

Effective January 1, 2019, Modifier G0 (G-zero) may be used to identify telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of acute stroke. PHP does not distinguish between originating sites that are rural or urban in providing coverage for telehealth services, so Modifier G0 is not required for these services, but it is accepted. In addition to other qualifying originating sites listed on Payment Policy 67.0 (Telehealth Services Requiring an Originating Site), acute stroke telehealth services may be furnished in a mobile stroke unit.

### **Alaska/Hawaii Demonstration Program**

In the case of Federal telemedicine demonstration programs conducted in Alaska or Hawaii, PHP payment is permitted for telemedicine when asynchronous 'store and forward technology' in single or multimedia formats is used as a substitute for an interactive telecommunications system. The originating site and distant site practitioner must be included within the definition of the demonstration program. Store and forward technologies may be used as a substitute for an interactive telecommunications system. (See "Definition of Store and Forward" under "Conditions of Payment.")

By using the GQ modifier, the distant site practitioner verifies that the asynchronous medical file was collected and transmitted to the physician or practitioner at the distant site from a Federal telemedicine demonstration project conducted in Alaska or Hawaii. (See "Conditions of Payment" section.)

### **Conditions of Payment**

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

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of a skin lesion, may be considered to meet the requirement of a single media format under this instruction.

**Professional Charges**

PHP practitioners may receive payment at the distant site, i.e., at a site other than where beneficiary is. As a condition of PHP payment for telehealth 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 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.

**For services on or after March 1, 2020,** PHP will allow services listed on this policy and on Appendix A to be billed using Modifier 95 or Modifier GT and the same POS code that would have been used if the service had been performed in person.

**Originating Site Facility Fee Payment Methodology**

For telehealth services performed to patients in an originating site, the originating facility or office may bill an originating site fee. The originating site fee does not apply to telehealth services performed for patients calling from a personal device.

**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”). 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 PHP but is accepted.

## APPENDIX A

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

Code	Short Descriptor
77427	Radiation tx management X5
90853	Group psychotherapy
90953	Esrd serv 1 visit p mo <2yr
90959	Esrd serv 1 vst p mo 12-19
90962	Esrd serv 1 visit p mo 20+
92507	Speech/hearing therapy
92521	Evaluation of speech fluenc
92522	Evaluation speech production
92523	Speech sound lang comprehen
92524	Behavral qualit analys voic
96130	Psycl tst eval phys/qhp 1st
96131	Psycl tst eval phys/qhp ea
96132	Nrpsyc tst eval phys/qhp 1st
96133	Nrpsyc tst eval phys/qhp ea
96136	Psycl/nrpsyc tst phy/qhp 1s
96137	Psycl/nrpsyc tst phy/qhp ea
96138	Psycl/nrpsyc tech 1st
96139	Psycl/nrpsyc tst tech ea
97110	Therapeutic exercises
97112	Neuromusulcar reeducation
97116	Gait training therapy
97161	PT Eval low complex 20 min
97162	PT Eval mod complex 30 min
97163	PT Eval high complex 45 min
97164	PT re-eval est plan care
97165	OT eval low complex 30 min
97166	OT eval mod complen 45 min
97167	OT eval high complex 60 min
97168	OT re-eval est plan care
97535	Self care mngment training
97750	Physical Performance Test
97755	Assistive Technology Assess
97760	Orthotic mgmt&traing 1st en
97761	Prosthetic traing 1st enc
99217	Observation care discharge
99218	Initial observation care
99219	Initial observation care
99220	Initial observation care

99221	Initial hospital care
99222	Initial hospital care
99223	Initial hospital care
99234	Obser/hosp same date
99235	Obser/hosp same date
99236	Obser/hosp same date
99238	Hospital discharge day
99239	Hospital discharge day
99281	Emergency dept visit
99282	Emergency dept visit
99283	Emergency dept visit
99284	Emergency dept visit
99285	Emergency dept visit
99291	Critical care first hour
99292	Critical care addl 30 min
99304	Nursing facility care init
99305	Nursing facility care init
99306	Nursing facility care init
99315	Nursing fac discharge day
99316	Nursing fac discharge day
99327	Domicil/r-home visit new pa
99328	Domicil/r-home visit new pa
99334	Domicil/r-home visit est pa
99335	Domicil/r-home visit est pa
99336	Domicil/r-home visit est pa
99337	Domicil/r-home visit est pa
99341	Home visit new patient
99342	Home visit new patient
99343	Home visit new patient
99344	Home visit new patient
99345	Home visit new patient
99347	Home visit est patient
99348	Home visit est patient
99349	Home visit est patient
99350	Home visit est patient
99468	Neonate crit care initail
99469	Neonate crit care subsq
99471	Ped critical care initial
99472	Ped critical care subsq
99473	Self-meas bp pt educaj/trai
99475	Ped crit care age 2-5 init
99476	Ped crit care age 2-5 subsq
99477	Init day hosp neonate care



99478	Ic lbw inf < 1500 gm subsq
99479	Ic lbw inf 1500-2500 g subs
99480	Ic inf pbw 2501-5000 g subs
99483	Assmt & care pln cog imp