



TELEMEDICINE FACT SHEET
Updated 4/7/20
OREGON, WASHINGTON

Telemedicine is the use of an interactive audio and video telecommunications system that permits real-time communication between you at the distant site, and the patient at the originating site.

Distant site: Location of provider rendering telemedicine services.

Originating site: Location of patient receiving telemedicine services. (CMS does not consider the patient home a payable originating site for telemedicine ****Updated 3/6/20 home originating site allowed, see CMS posting**)

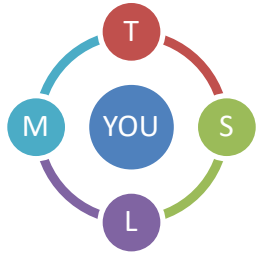
Requires use of a HIPAA compliant telehealth or telemedicine software. Skype and Facetime are **not** HIPAA compliant. **UPDATE: HHS/OCR allowing use of non-HIPAA compliant services during COVID-19 health emergency: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>**

OR & WA are both Telemedicine parity law states. ****Update 4/7/20: Pay Parity for OR/WA is only for behavioral health telemed. Medical plans generally pay lower facility rate, but most are following parity during COVID-19 health emergency, see new column on chart for details.**

Providers must be licensed in the state where telemedicine services are provided (distant & originating sites).

General Billing Requirements:

- Use the appropriate E&M CPT code: 99211-99205
- Modifier -95 or -GT depending on payer
- Place of service 11 (office), 02 (telehealth) depending on payer
- CPT Q3014 – is payable to the originating site only (Not billable by the provider rendering telemedicine services.)



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GT Modifier: Services via interactive audio and video telecommunication systems. This modifier can be submitted on both HCPCS and CPT codes.

95 Modifier: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system for use with codes in Appendix P of the CPT book (includes E&M codes).

GT modifier was originally created as a HCPCS modifier for CMS Medicare/Medicaid. In 2017 CMS introduced POS 02-Telehealth & the AMA introduced modifier 95 (created for commercial plans that didn't recognize the HCPCS modifier GT). As of 2020: POS 02 has begun to replace both modifiers, depending on the plan & most insurances, outside of Medicare/Medicaid, recognize both modifiers as valid.

Telemedicine services do **not include the following:**

- Telemedicine that occurs the same day as an in-person visit, when performed by the same provider.
- Online medical evaluations for evaluation and management services (check for separate coverage & use appropriate CPT)
- Patient communications incidental to E/M, counseling, or other covered medical services, including, but not limited to: a) Reporting of test results or prescription requests b) Further discussion of symptoms or care (limited). c) Provision of educational materials, etc.

Telemedicine & Telehealth terms are generally used interchangeably. Technically, according to CMS, Telemedicine is a branch of Telehealth referring to the practice of medicine using technology to deliver care at a distance. Telehealth is the full umbrella encompassing all electronic & telecommunications technologies used to provide care at a distance.



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OREGON & WASHINGTON TELEMEDICINE DURING COVID-19 CRISIS

| INSURANCE | POS | MOD | POLICY/RESTRICTIONS | PARITY |
|---------------------------------|-----|----------|---|------------|
| Aetna* | 11 | GT or 95 | Policy 4/7/20: GT or 95 modifier, no mention of POS, default to 11. | Not listed |
| Ambetter of WA | 02 | 95 | Follows Apple Health Medicaid guidelines, reimburses telemedicine. Apple Health advises 02 + 95 modifier for non-facility. | Not listed |
| American Specialty Health (ASH) | | | No current posted policies or advisements. However, since this is a TPA, it is based on indiv plan summaries. On ASHlink there are currently <u>no</u> coverage notations for telemedicine on any of the ASH Client Summaries for Cigna or HealthNet. | |
| Apple Health (WA Medicaid) | 02 | 95 | Reimburses telemedicine & lists patient home as eligible originating site. Use 95 for non-facility. | Not listed |
| Care Oregon | 02 | 95 | Follows state Medicaid rules. 4/7/20: Use 95 for synchronous video. CCOs shall cover telemedicine services identified in HERC guideline note A5 effective March 13, 2020, but OHA encourages CCOs to make this coverage retroactive to January 1, 2020 | ✓ |
| CHP | 11 | NONE | UPDATE 3/20/20: CHP plan allowing telemedicine for Naturopathic providers for E&M 99201-99215, advises POS 11, no modifiers. (Kaiser direct-see separate policy) | ✓ |
| Cigna* | 11 | GQ | UPDATE 3/22/20: "Cigna will allow providers to bill a standard face-to-face visit for all virtual care services, including those not related to COVID-19 through May 31, 2020" (Note: they advise using GQ modifier , even though this is for asynchronous, as using GT/02 combo will reduce payment according to current system guidelines. See resources for full details) | ✓ |
| DMAP (Medicaid) | 02 | 95 | Reimburses telemedicine & lists patient home as eligible originating site. 4/7/20: Use 95 for synchronous video. | ✓ |
| First Choice Health | 02 | GT | UPDATE 3/24/20: Per rep, First Choice direct plans are covering Telehealth until further notice. Indv TPA plans still follow home plan rules. | Not listed |



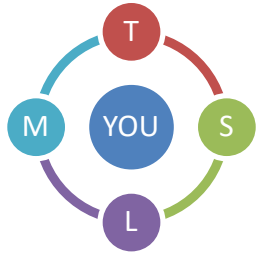
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|-----------------------|----|----------|--|--|
| HealthNet* | 02 | GT or 95 | UPDATE 3/26/20: All lines of business telehealth allowed; following CMS rules. UPDATE 4/6/20: Use 02+GT or 95 | ✓ |
| Humana* | 02 | GT or 95 | UPDATE eff 3/23/20: Medicare plans follow CMS rules. Commercial plans list no restrictions & allow GT or 95 modifier. | Not listed |
| Kaiser NW (OR) | 02 | GT | UPDATE 3/19/20: Kaiser NW extended telemedicine to include external MD (ND excluded) providers following CMS rules. UPDATE 3/30/20 ND Providers Kaiser NW : No new in-office referrals will be issued until June 15, 2020. New referrals for telemed will be approved as medically necessary. If appropriate, existing referrals may continue only through telehealth/virtual visits using evidence-based medically necessary services for the condition the member was referred for. The telehealth visits should be billed using the appropriate E/M codes. | ✓ |
| Kaiser of WA | 02 | 95 | Reimburses telemedicine & lists patient home as eligible originating site. UPDATE 3/24/20: POS 02 | ✓ |
| Medicare* | 02 | None | Virtual Check-ins G2012. Store & forward G2010. Office visit: use E&M + POS 02 UPDATE 3/6/20: Coronavirus Preparedness and Response Supplemental Appropriation Act, 2020 allows for waivers of certain telemedicine guidelines: <ul style="list-style-type: none"> • Waive temporarily the patient geographic and originating site restrictions • Waive regulatory restrictions on using a "telephone" as an interactive telecommunications system (as long as it is capable of two-way, real-time interactive video/audio, i.e. skype or facetime) UPDATE 3/17/20: CMS confirms the above waivers go into effect 3/6/20 through end of state of emergency: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet | ✓ For services that have different rates in the office versus the facility, Medicare uses the facility payment rate when services are furnished |



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| | | | | via telehealth |
|-----------------------------------|------------------|------------|--|---------------------------------|
| Moda | 02 | 95 | Moda advises no E&M CPT restrictions. POS 02, modifier 95 is optional. | Not listed |
| Molina of WA | 02 | NONE | Molina Medicaid follows Apple Health rules, advises use POS 11 + CR modifier. Molina Medicare follows CMS rules use POS 02, no modifiers. Parity only on Medicaid if POS 11 used. | ✓ |
| Pacificsource | 02 | NONE | No restrictions on current posting 3/16/20. Confirmed by rep 3/17/20: telemed allowed with home originating site POS 02, GT mod optional | ✓ |
| Premera/Lifewise of WA | 11 | GT or 95 | UPDATE 4/7/20: Use POS 11 w/GT or 95 for proper reimbursement retro-ed to 3/6/20. | ✓ |
| Providence | 11** See Note | GT | UPDATE 3/18/20: Providence amendment to policy 67.0 telehealth services: Confirms all lines of business will follow the new CMS waivers allowing telemedicine eff 3/6/20-6/30/20 or until further notice. **UPDATE 4/1/20: Updated pay parity & mod/POS: <u>DOS 3/6/20-3/29/20 – bill POS 02, no modifier (Reimbursed facility rate)</u> <u>DOS 3/30/20-4/30/20 – bill POS 11 + GT mod (reimbursed at full rate in-office rate)</u> | ✓ Eff 3/30/20- 4/30/20 |
| Regence/Asuris OR & WA | 11 | GT | UPDATE 3/31/20: Regence (all lines of business) advises using POS 11 + GT modifier, no CPT restrictions during COVID emergency. Use POS 11 to ensure full reimbursement. | ✓ |
| Samaritan | 02 | NONE or 95 | Update 3/18/20: Commercial & MedAdv follows CMS rules (02 + no mods). Medicaid IHN plans follow DMAP rules (02 + 95 for synchronous video) | Not listed |
| Tricare of the West* | 02 | GT | Follows all CMS rules. Must be a contracted provider & follow normal referral/auth guidelines. | Not listed |
| United Healthcare/UMR* | 11 | 95 | UPDATE 3/18/20: UHC confirms all lines of business will follow the new CMS waivers allowing telemedicine eff 3/6/20-4/30/20 or until further notice. UPDATE 4/5/20: Use POS 11 + mod 95 for all lines of business | Not listed |



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Plans in Bold have policies allowing telemedicine billing & home as originating site.

*Plans based outside of OR/WA; coverage may vary

Current as of 3/31/20

ASH (Cigna/HealthNet) is not currently covering telemedicine for Naturopathic providers.

With the CMS release, the majority of plans are now offering at least temporary telemedicine coverage.

RESOURCES & POLICIES

CMS Telehealth fact sheet 2019 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsh.pdf>

3/17/20 **UPDATED CMS Telehealth** <https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>

OR DMAP Medicaid policy <https://www.oregon.gov/oha/HSD/OHP/Policies/130rb100115.pdf> DMAP COVID

<https://www.oregon.gov/oha/HSD/OHP/Announcements/Oregon%20Health%20Plan%20coverage%20of%20telemedicine%20services.pdf> **Update 4/6/20:** <https://www.oregon.gov/oha/HSD/OHP/Announcements/Telemedicine-telehealth%20billing%20guidance%20for%20Oregon%20Health%20Plan%20fee-for-service%20providers.pdf>

WA State Medicaid <https://apps.leg.wa.gov/wac/default.aspx?cite=182-531-1730> /

<https://www.hca.wa.gov/assets/billers-and-providers/physician-related-servs-bg-20200201.pdf>

Aetna <https://www.aetna.com/health-care-professionals/newsletters-news/office-link-updates-december-2019/news-for-you-december-2019/updated-policy-for-telemedicine.html> COVID Update https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid

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CareOR COVID https://careoregon.org/docs/default-source/providers/updates/primary-care-telehealth-services-covid-19_0313.pdf

Cigna Update 3/22/20 <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>

Health Net Update 3/26/20 https://www.healthnet.com/portal/provider/content/iwc/provider/unprotected/working_with_HN/content/important_updates.action

Humana <https://www.humana.com/provider/medical-resources/claims-payments/claims-payment-policies>

Kaiser of WA <https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/telemedicine.pdf>

Moda Health <https://www.modahealth.com/pdfs/reimburse/RPM052.pdf> **COVID**

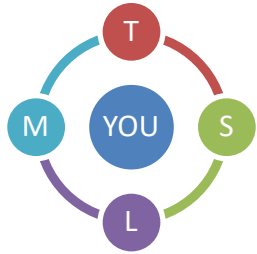
https://www.modahealth.com/pdfs/reimburse/RPM073_COVID-19TelehealthExpansion.pdf

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Molina COVID <https://www.molinahealthcare.com/providers/wa/medicaid/comm/PDF/COVID%20Telehealth%20Billing%20Policy-3.27.20.pdf>

Pacificsource <https://www.pacificsource.com/providers/> (click on Telemedicine FAQ for providers)

Premera <https://www.premera.com/wa/provider/news/reminders-updates/billing-telehealth-services/> COVID <https://www.premera.com/wa/provider/coronavirus-faq/>

Providence Payment policies: **93.0 Web-Based Services; 66.0 Telehealth station services; 67.0 Services Requiring Originating Site-Updated 3/18/20**

Regence <https://www.regence.com/provider/library/policies-guidelines/reimbursement-policy/virtual-care>

Updated Regence COVID guidelines 3/31/20 <https://www.regence.com/provider/library/whats-new/covid-19>

Samaritan Health <https://providers.samhealthplans.org/-/media/SHP/Documents/Providers/Telemedicine-Guideline-082516.pdf?la=en&hash=E4BC4000BA052AF4FB5937C8AA7591035EC86AD6>

United Healthcare Update 3/18/20: <https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html> & <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf>

HHS/OCR statement on HIPAA during COVID19 emergency <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Coronavirus Preparedness and Response Supplemental Appropriation Act, 2020:

<https://www.congress.gov/116/bills/hr6074/BILLS-116hr6074enr.pdf>

| Condition | ICD-10 Diagnosis Codes |
|--|------------------------|
| Pneumonia, confirmed as due to COVID-19 | J12.89, B97.29 |
| Acute bronchitis, confirmed as due to COVID-19 | J20.8, B97.29 |
| Bronchitis NOS, confirmed as due to COVID-19 | J40, B97.29 |
| Acute/lower respiratory infection NOS, confirmed as due to COVID-19 | J22, B97.29 |
| Respiratory infection NOS, confirmed as due to COVID-19 | J98.8, B97.29 |
| Acute respiratory distress syndrome, confirmed as due to COVID-19 | J80, B97.29 |
| Possible exposure to COVID-19, condition ruled-out | Z03.818 |
| Exposure to confirmed COVID-19 (not necessary if COVID-19 has been confirmed; use B97.29 and qualifying condition above) | Z20.828 |

+Do not report "suspected" case of COVID-19 with Dx B97.29, use appropriate Z codes