

<b>PROVIDENCE HEALTH PLANS PAYMENT POLICY</b>	
<b>SUBJECT: Telehealth Services DURING COVID-19 CRISIS</b>	<b>DEPARTMENT:</b> Coding Compliance
<b>ORIGINAL EFFECTIVE DATE:</b> 7/04	<b>DATE(S) REVIEWED / REVISED:</b> 1/05 – 01/13, 05/13, 01/14, 03/14, 01/15, 03/15, 08/15, 01/16, 02/16, 04/16, 01/17, 01/18, 06/18, 01/19, 01/20, 3/6/20
<b>APPROVED BY:</b> PPRC 3/2020	<b>NUMBER:</b> 67.0 <b>PAGE:</b> 1 of 7

**POLICY:**

**NOTE: EFFECTIVE MARCH 6, 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 calling from a personal device. No contract amendment or attestation is required.

Services covered by this policy are listed on pages 3 and 4 of this policy. Submit telehealth claims with the appropriate CPT code for the professional service provided and **location code 02\*\* (see next paragraph for temporary exception to these instructions)**. 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, PHP uses the facility payment rate.

**\*\* For services between March 30, 2020, and April 30, 2020, PHP will allow telehealth services with a site of service payment differential to be billed with location code 11 (office) and modifier GT. (See ADDENDUM A at the end of the this policy for a listing of codes on this policy that qualify.)** For the duration of this emergency provision, location code 11 may be for used for the specified telehealth services listed on Addendum A if billed with modifier GT, regardless of the patient’s location or the provider’s location. Services on this policy with a site of service payment differential billed with location code 11 and modifier GT will be paid at the non-facility payment rate. **Modifier GT is required for services billed with location code 11.**

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Services covered by this policy require the patient to be in an originating site as defined on this policy, **except as noted for services during the Covid-19 crisis**. See Payment Policy 93.0 (Web-Based Services) for services provided to patients who are not in an originating site (**except for services during Covid-19 crisis**).

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 are listed on pages 3 and 4 of this policy.) All providers (including chiropractors and naturopaths) who are credentialed with PHP and who are performing services within their scope of license may perform telehealth services listed on this policy.

Effective March 6, 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. 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 telecommunications system;
- The service must be furnished by a physician or authorized practitioner credentialed with PHP;
- The service must be furnished to an eligible telehealth individual;
- **The individual receiving the service must be located in a telehealth originating site (except as noted for the Covid-19 crisis.) See “Procedure” for definition of originating site. NOTE: For services on or after March 6, 2020, through June 30, 2020, or until further notice, services are expanded to allow two-way video conferencing when the patient is calling from a personal device.**

**APPLIES TO:**

Health Plan Providers  
All Lines of Business

**REFERENCE:**

CMS Rules and Regulations  
Current Procedural Terminology (CPT)  
PHP Coding Edits

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**PROCEDURE:**

**For services performed when patient is in an originating site (NOTE: The information about originating site does not apply to services performed when patient is calling from a personal device):**

PHP does not distinguish between originating sites that are rural or urban in providing coverage for telehealth services. Additional information about originating site may be found on page 6 of this policy. An originating site for telehealth services includes, but is not limited to:

1. Hospital;
2. Rural health clinic;
3. Federally qualified health center;
4. Physician's office;
5. Community mental health center;
6. Skilled nursing facility;
7. Renal dialysis center;
8. Site where public health services are provided;
9. Nurse call center employing independent practitioners.
10. Mobile stroke unit (modifier G0) for acute stroke only. (See page 5.)
11. Homes of beneficiaries with ESRD getting home dialysis

**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.

- Initial consult codes for emergency telehealth services only (HCPCS codes G0425-G0427)\*\*(See notes on Page 5)
- Follow-up inpatient consultations for telehealth services only (HCPCS codes G0406-G0408)\*\*(See notes on Page 5)
- Critical care telehealth consultation (HCPCS codes G0508-G0509)
- Subsequent hospital care services (limited to one every three days) (CPT codes 99231-99233)
- Subsequent nursing facility care services (limited to one every 30 days) (CPT codes 99307-99310)
- **For dates of service on or after March 6, 2020, through June 30, 2020, or until further notice, initial nursing facility care services are covered by this policy (CPT codes 99304-99306)**
- Office or other outpatient visits (CPT codes 99201-99215)
- 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)

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- 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)
- 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 FOR PHYSICAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY WILL BE COVERED AS TELEHEALTH SERVICES:** CPT codes 92507, 92526, 92609, 97110, 97112, 97129, 97130, 97161, 97162, 97163, 97530, 97535 may be used to report two-way video services performed by physical therapists, occupational therapists, or speech and language pathologists for services within that practitioner's scope of license.

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\*\* 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.

Submit telehealth claims with the appropriate CPT code for the professional service provided and **location code 02 (telehealth)**. Modifiers GT and 95 are not required for services billed with location 02 and will not affect payment if used. **For services between March 30, 2020, and April 30, 2020**, PHP will allow services listed on Addendum A of this policy to be billed with **location code 11 (office) and modifier GT. Modifier GT is required for services billed with location code 11.**

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 is G0 is not required for these services, but it is accepted. In addition to other qualifying originating sites listed on this policy, 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.)

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### **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 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.

Effective 1/1/17, the physician or practitioner furnishing telehealth services from a distant site should use location code (or place of service code) “02.” Location code “02” does not apply to the originating site. (See Page 7 for information on location code for originating site.) Except as listed below for services between March 30, 2020, and April 30, 2020, only the CPT codes listed on this policy (Pages 3-4) billed location code 02 are allowed for telehealth services. For services with a site of service payment differential, PHP uses the facility payment rate for services furnished via telehealth (except as noted in the next paragraph).

**For services between March 30, 2020, and April 30, 2020, PHP will allow services listed on Addendum A of this policy to be billed with location code 11 (office) and modifier GT. Modifier GT is required for services billed with location code 11.**

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**Originating Site Facility Fee Payment Methodology**

The term “originating site” means the location of an eligible PHP member at the time the service being furnished via a telecommunications system occurs. NOTE: For services

performed on or after March 6, 2020, and until further notice, the requirement for the patient to be in an eligible originating site is temporarily waived. See the first paragraph of this policy.

For asynchronous, store and forward telecommunications technologies, an originating site is only a federal telemedicine demonstration program conducted in Alaska or Hawaii.

**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.

**ADDENDUM A**

THIS IS A LIST OF CODES ON PAYMENT POLICY 67.0 WITH A SITE OF SERVICE DIFFERENTIAL. **THESE CODES MAY BE BILLED WITH MODIFIER GT AND LOCATION CODE 11** FOR TELEHEALTH SERVICES FOR DATES OF SERVICE BETWEEN MARCH 30, 2020, AND APRIL 30, 2020:

90785
90791
90792
90832
90833
90834
90836
90837
90838
90839
90840
90845
90846
90847
96116
96156
96158
96159
96164
96165
96167
96168
96170
96171
97129
97802
97803
97804
99201
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99498
G0270
G0296
G0396
G0397
G0436
G0437
G0442
G0443
G0444
G0445
G0446
G0447
G0506
G2086
G2087
G2088