

Coding Policy

Web-Based Dermatology Consultation for Review of Images

CODING POLICY NUMBER: 63

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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. Asynchronous telehealth includes the transmission of recorded health history (for example, digital images such as photos) through a secure, HIPAA-compliant electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction.
- II. 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).

- III. Photographs must be specific to the patients' condition and adequate for rendering or confirming a diagnosis and or treatment plan.
- IV. Payment will be permitted for telemedicine when asynchronous telehealth in single or multimedia formats is used as a substitute for an interactive telecommunications system for Dermatology services.
- V. Distant site practitioners may bill for these services using codes listed in "Procedure" when the following criteria are met:
 - A. The consultation must be requested by a physician or authorized practitioner credentialed with Providence Health Plan.
 - B. The consulting provider must be an authorized practitioner credentialed with Providence Health Plan.
 - C. **The consultation must result in diagnosis and initial treatment plan. If the specialist requires a face-to-face visit with the patient to determine diagnosis and/or initiate treatment plan, services listed on this policy may not be billed.**
 - D. Except for HCPCS code G2010, the images must be taken by the requesting physician or by a technician in a qualifying originating site.
 - E. HCPCS code G2010 may be reported for images submitted by an established patient.
 - F. Codes are all-inclusive. No additional services may be billed.

PROCEDURE

GENERAL

Referring provider obtains images and requests consultation with specialist. Request for consultation with review of images must be documented in the patient's record.

- If referring provider performs Evaluation and Management (E/M) service in the office, the E/M code supported by the documentation (99202-99205, 99212-99215) is billed with Place of Service (POS) code 11.
- If no E/M service performed, referring provider bills HCPCS code Q3014 with POS 11.
- If images are obtained at an originating site, the originating site bills HCPCS code Q3014. The type of service for telehealth originating site facility fee is "9, other items and services." Unless a different revenue code applies, the originating site facility fee is billed using revenue code 078X and HCPCS code Q3014.

Q3014: Telehealth originating site facility fee

Consulting provider reviews images and bills either HCPCS code G9869 (if images are submitted by another provider) or G2010 (if images are submitted by an established patient). These codes include time spent reviewing images and writing report. Place of Service (POS) code is 02. For code G9869, a report must be sent to the referring provider. The consultation must result in diagnosis and initial treatment plan. If the specialist requires a face-to-face visit with the patient to determine diagnosis and/or initiate treatment plan, services listed on this policy may not be billed.

G9869**: Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, ~~for use only in a Medicare approved cmmi model~~, 10-20 minutes
(NOTE: Code G9869 was developed for use on a CMS pilot project. The portion of the code description that do not apply to this Company policy are crossed out.)**

G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

Originating Site

PHP does not distinguish between originating sites that are rural or urban in providing coverage for services on this policy. An originating site for these 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.

REFERENCES

1. CMS/Medicare Rules and Regulations
2. Current Procedural Terminology (CPT)
3. Providence Health Plan Clinical Coding Edits

POLICY REVISION HISTORY

Date	Revision Summary
4/2019	Original policy effective date.

1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.
1/2025	Annual review. No changes to policy.