

TELEMEDICINE FACT SHEET – LAc

Updated 4/23/20

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 (CPT 99241-99423; separate billing guidelines from telemedicine)
- Patient communications incidental to E/M or other covered services (patient-initiated phone call, reporting of test results, prescription requests, limited/under 5min discussion of care, 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
Aetna*	02	GT or 95	<i>Policy 4/7/20: GT or 95 modifier, no mention of POS, default to 11. UPDATE 4/17/20: Use POS 02 with GT or 95 **No mention of LAc in policy, but no exclusion noted either.</i>
Ambetter of WA	02	95	<i>Follows Apple Health Medicaid guidelines, reimburses telemedicine. Apple Health advises 02 + 95 modifier for non-facility.**No mention of LAc in policy, but no exclusion noted either.</i>
American Specialty Health (ASH)			<i>Per ASH provider rep & on ASHlink there are currently <u>no</u> coverage notations for telemedicine on any of the Client Summaries for Cigna or HealthNet.</i>
Apple Health (WA Medicaid)	02	95	<i>Reimburses telemedicine & lists patient home as eligible originating site. Use 95 for non-facility.**No mention of LAc in policy, but no exclusion noted either.</i>
Care Oregon	02	95	<i>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**No mention of LAc in policy, but no exclusion noted either.</i>
CHP	11	None	<i>CHP plan allowing telemedicine for LAc providers for E&M 99201-99215, removing limit of 1 E&M per year. (Kaiser direct-see separate policy)</i>
Cigna*	11	GQ, GT, or 95	<i>UPDATE 4/16/20: Advises POS 11 + GT, 95 or GQ are appropriate (CMS advises 95)**Cigna billed through ASH is NOT covered for LAc.</i>
DMAP (Medicaid)	02	95	<i>Reimburses telemedicine & lists patient home as eligible originating site. 4/7/20: Use 95 for synchronous video.**No mention of LAc in policy, but no exclusion noted either.</i>
First Choice Health	02	GT	<i>UPDATE 3/24/20: Per rep, First Choice direct plans are covering Telehealth until further notice. Indv TPA plans still follow home plan rules. **Rep unsure if policy applies to LAc, but as long as in-network should be able to bill standard E&M via telemedicine as long as covered under license.</i>

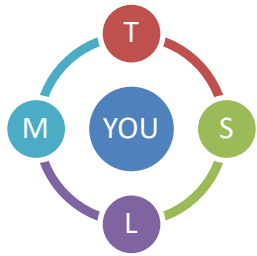


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Updated 4/23/20

OREGON, WASHINGTON

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 (CMS advises 95) HealthNet billed through ASH is NOT covered for LAc.
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. **No mention of LAc provider type in policy, no exclusion either. As long as referral is obtained, it should be billable via telemedicine for LAc.
Kaiser NW (OR)	02	GT	Update 3/30/20: No new in-office referrals will be issued until June 15, 2020. Referrals for telehealth/virtual visits may be approved in certain circumstances where the member meets the criteria and guidelines permit delivery of medically necessary services. 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 **No mention of LAc provider type in policy, no exclusion either.
Medicare*			N/A Acupuncturists not a covered provider type
Moda	02	95	Moda advises no E&M CPT restrictions. POS 02, modifier 95 is optional. Update 3/28/20: Per rep “any visits that would have been approved via an in-office visit will now be reimbursed if delivered virtually and at the same rate.” Should include LAc.
Molina of WA	11*	95	Molina Medicaid follows Apple Health rules, advises use POS 11 + CR modifier. *Molina Medicare follows CMS rules use POS-02 (CMS advises 11 + 95), no modifiers. Parity only on Medicaid if POS 11 used. **No mention of LAc in policy, but no exclusion noted either.
Pacificsource			Telemedicine excluded for LAc at this time
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. (CMS advises 95)
Providence	11** See Note	95	UPDATE 3/18/20: Providence amendment to policy 67.0 telehealth services: Confirms all lines of business will follow the



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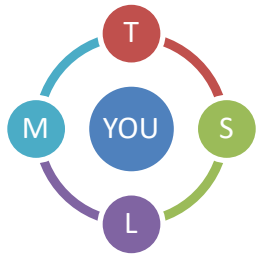
			<p>new CMS waivers allowing telemedicine eff 3/6/20-6/30/20 or until further notice.</p> <p>**UPDATE 4/1/20: Updated pay parity & mod/POS: DOS 3/6/20-3/29/20 – bill POS 02, no modifier (Reimbursed facility rate) DOS 3/30/20-4/30/20 – bill POS 11 + GT mod (reimbursed at full rate in-office rate)</p> <p>**UPDATE 4/21/20: Providence MedAdv eff 3/6/20-6/30/20 allows POS 11 + GT or 95 (CMS advises 95)</p> <p>Per policy there is no mention of LAc for coverage or exclusion, but as long as provider is in-network & billing normal/medically necessary services, telemedicine should be covered as they would in-office.</p>
Regence/Asuris OR & WA	11	95	<p>Per rep 3/23: Any office visits normally covered in-office should be extended under current telemedicine policy to LAc providers.</p> <p>UPDATE 4/23/20: Regence (all lines of business) use POS 11 + 95 mod. (Advises resubmitting MedAdv claims prev submitted with GT modifier to 95 mod for full reimbursement)</p>
Samaritan	11*	NONE or 95	<p>Update 3/18/20: Commercial & MedAdv follows CMS rules (02+ no mods). (CMS now advises POS 11+95)</p> <p>Medicaid IHN plans follow DMAP rules (02 + 95 for synchronous video)</p> <p>**No mention of LAc in policy, no exclusions noted either.</p>
Tricare of the West*	02	GT	<p>Lists patient home as a valid originating site. Must be a contracted provider & follow normal referral/auth guidelines.</p> <p>**No mention of LAc in policy, but no exclusion noted either.</p>
United Healthcare/UMR*	11	95	<p>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.</p> <p>UPDATE 4/5/20: Use POS 11 + mod 95 for all lines of business</p> <p>**No mention of LAc in policy, but no exclusion noted either.</p>

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 fo LAc providers:

ASH (Cigna/HealthNet) & Pacificsource have confirmed no telemedicine coverage for LAc provider type. Kaiser NW of OR-see specific ruling on referrals. The rest



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Updated 4/23/20

OREGON, WASHINGTON

have either confirmed LAc billing, or do not list specific exclusion based on license type as long as provider is in-network, coverage should be the same for E&M telemedicine. However, as this is all new, we recommend still doing a benefit check prior to billing to confirm coverage.

4/23/20

With the most recent CMS release retro-ing all telemedicine services during the public health emergency to use POS 11 + 95 for pay parity; when both modifiers are listed above, default to 95 [Do not use GT mod for MedAdv claims]. Many payers (i.e. Regence) have been updating their policies to be in alignment with CMS. Updates are made as new policies released by payers.

CMS advises all temporary telemedicine guidelines will be in effect until 6/30/20 (plans like Providence with earlier end dates have now extended twice, likely all plans will follow CMS guidance for end dates).

RESOURCES & POLICIES

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

4/23/20 UPDATED CMS COVID Telehealth <https://www.cms.gov/files/document/2020-04-03-special-edition.pdf>

4/23/20 Noridian Medicare COVID Telehealth (following CMS)

<https://med.noridianmedicare.com/web/jeb/article-detail/-/view/10525/covid-19-correctly-billing-telehealth-telecommunication-and-telephone-only-services-during-the-emergency>

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>

<https://www.hca.wa.gov/assets/billers-and-providers/Clinical-policy-and-billing-for-COVID-19-FAQ.pdf>

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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_copy_responsivegrid_accordion_14

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

Cigna Update 4/16/20

<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>

<https://wa-provider.kaiserpermanente.org/resources/covid-19-resources>

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

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

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, 4/1/20, 4/21/20**

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>

Tricare West <https://www.humanamilitary.com/provider/education-and-resources/quick-access/policy-updates-and-alerts/COVID-19-telemedicine-031320>

https://www.tricare-west.com/content/hnfs/home/tw/prov/claims/billing_tips/telemedicine.html

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:

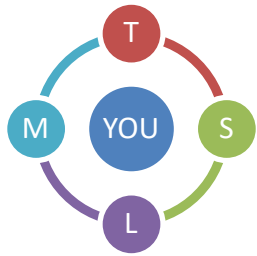
<https://www.congress.gov/116/bills/hr6074/BILLS-116hr6074enr.pdf>

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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

See the CDC updates for COVID-19 ICD-10:

<https://www.cdc.gov/nchs/icd/icd10cm.htm>

DOS 4/1/20-9/30/20 Update <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>