



TELEMEDICINE FACT SHEET UPDATED THROUGH END OF PHE OREGON, WASHINGTON

****See End Dates for COVID Telemedicine Coverage by Plan**

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**)

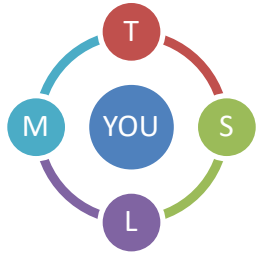
Requires use of a HIPAA compliant telehealth or telemedicine software. Skype and Facetime are **not** HIPAA compliant. **UPDATE: HHS/OCR allowing use of non-HIPAA compliant services during COVID-19 health emergency: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>**

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.

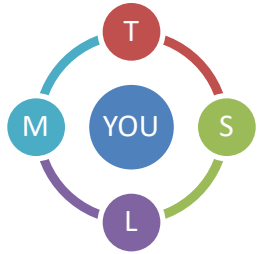
95 Modifier: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system for use with codes in Appendix P of the CPT book (includes E&M codes).

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 THROUGH END OF PHE

INSURANCE	POS	MOD	POLICY/RESTRICTIONS	PARITY
Aetna* END OF PHE <i>Follows CMS</i>	02	GT or 95	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 (CMS advises 95) *Per Policy: POS 02 will be reimbursed at the same rate as an equal office visit. No mention of eff/end date, likely end of PHE.	✓ *
Ambetter of WA COVERED PRIOR TO COVID	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. FOLLOW HOME PLAN RULES CIGNA/HEALTHNET	
Apple Health (WA Medicaid) COVERED PRIOR TO COVID	02	95	Reimburses telemedicine & lists patient home as eligible originating site. Use 95 for non-facility.	Not listed
Care Oregon COVERED PRIOR TO COVID, PARITY THRU END OF PHE	02	95	Follows state Medicaid rules. <i>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.</i>	<i>Parity 3/26/20- END OF PHE</i>
CHP END OF PHE	02	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) UPDATE 07/01/21: POS 11 03/06/20-06/30/21 POS 02 EFF DOS 7/1/21-CURRENT	✓



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Cigna* END OF PHE <i>Follows CMS</i>	11	GT, 95, or 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 Dec 31 st , 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) UPDATE 4/16/20: Advises POS 11 + GT, 95 or GQ are appropriate (CMS advises 95)	✓
DMAP (Medicaid) COVERED PRIOR TO COVID, PARTIY THRU END OF PHE	02	95	Reimburses telemedicine & lists patient home as eligible originating site. 4/7/20: Use 95 for synchronous video.	<i>Parity</i> END OF PHE
First Choice Health END OF PHE <i>Follows CMS</i>	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.	✓
HealthNet* END OF PHE <i>Follows CMS</i>	11	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) UPDATE 4/23/20: Use POS 11+95 for all lines of business.	✓
Humana* END OF PHE <i>Follows CMS</i>	11	GT or 95	UPDATE eff 3/23/20: Medicare plans follow CMS rules. Commercial plans list no restrictions & allow GT or 95 modifier. (CMS advises 95) *Follow CMS use POS 11 during PHE for all lines of business.	✓
Kaiser NW (OR) NOT LISTED	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	✓



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			visits should be billed using the appropriate E/M codes.	
Kaiser of WA END OF PHE <i>Follows CMS</i>	02*	11+ 95	Reimburses telemedicine & lists patient home as eligible originating site. UPDATE 3/24/20: POS 02 UPDATE 10/7/20: *POS 02 or POS 11+95 are both appropriate & neither will impact parity through PHE.	✓
Medicare* TELEMEDICINE WILL CONTINUE TO BE COVERED FOR OFFICE PLACE OF SERVICE. PARITY THROUGH END OF PHE	11*	95	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 UPDATE 4/23/20: When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with: <ul style="list-style-type: none"> Place of Service (POS) equal to what it would have been had the service been furnished in-person (POS 11 office) Modifier 95, indicating that the service rendered was actually performed via telehealth 	✓ POS 02 = Facility rate POS 11 + 95 = Pay Parity during PHE
Moda COVERED PRIOR, PARITY THRU END OF PHE	11	95	Moda advises no E&M CPT restrictions. POS 02, modifier 95 is optional. UPDATE 8/12/20: Follow CMS POS 11+95 during PHE (02 is covered, but not appropriate during PHE)	✓



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Molina of WA END OF PHE <i>Follows CMS</i>	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.	✓
Pacificsource COVERED PRIOR, PARITY THRU END OF PHE	11*	95	3/17/20: Telemed allowed with home originating site POS 02, GT mod optional UPDATE: *POS 02 or 11+95 paid parity for commercial & Medicaid. Medicare lines must use 11+95.	✓
Premera/Lifewise of WA COVERED PRIOR, PARITY THRU END OF PHE	02*	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) UPDATE 10/9/20*: <u>DOS 3/1/20-8/31/20: POS 11+95 or GT</u> <u>*DOS 9/1/20-12/31/20 (or end of PHE): POS 02+95 or GT</u>	✓
Providence END OF PHE <i>Follows CMS</i>	11** See Note	95	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 3/30/20-5/31/20 12/31/20 or end of PHE – bill POS 11 + GT or 95 mod (Reimbursed at full rate in-office rate)</u>	✓ Eff 3/30/20- END OF PHE
Regence/Asuris OR & WA COVERED PRIOR, PARITY THRU END OF PHE	02	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.[see update below] UPDATE 4/23/20: Regence (all lines of business) use POS 11 + 95 mod. **UPDATE 7/1/21: <u>DOS 3/6/20-6/30/21– bill POS 11 + 95 modifier</u> <u>DOS 7/1/21 – bill POS 02 + GT modifier</u>	✓
Samaritan END OF PHE <i>Follows CMS</i>	02*	95	Update 3/18/20: Commercial & MedAdv follows CMS rules (02 + no mods). (CMS now advises POS 11+95) Commercial & Medicaid IHN plans follow DMAP rules (02 + 95 for synchronous video)	Not listed



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Tricare of the West* END OF PHE	11*	95	Must be a contracted provider & follow normal referral/auth guidelines. UPDATE: *POS 02 covered at facility rate, POS 11+95 with parity through end of PHE.	✓ Eff 7/21/20- END OF PHE
United Healthcare/UMR* END OF PHE <i>Follows CMS</i>	02	NONE	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 UPDATE 1/1/21: Use POS 02, no modifiers	Not listed, but follows CMS

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

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

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.

10/9/20 CMS advises all temporary telemedicine guidelines will be in effect until ~~6/30/20~~ 12/31/20 (plans like Providence with earlier end dates have now extended twice, likely all plans will follow CMS guidance for end dates).

6/29/21 All plans have noted that expanded telehealth will remain in place for “as long as necessary for the delivery of such services in keeping with safe social distancing guidelines”. Telemedicine may change after the public health emergency (currently extended to 07/19/21, but likely will remain through end of 2021), but are unsure to what extent.

RESOURCES & POLICIES

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

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>

First Choice: <https://www.fchn.com/learn/providers>

Health Net Update 3/26/20 https://www.healthnet.com/portal/provider/content/iwc/provider/unprotected/working_with_HN/content/important_updates.action // https://www.healthnet.com/content/healthnet/en_us/covid-19-updates/providers.html

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>

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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>

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

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

As a result of the ongoing COVID-19 public health emergency, the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS) is implementing additional codes into the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting to include:

- Encounter for screening for COVID-19 (Z11.52)
- Contact with and (suspected) exposure to COVID-19 (Z20.822)
- Personal history of COVID-19 (Z86.16)
- Multisystem inflammatory syndrome (MIS) (M35.81)
- Other specified systemic involvement of connective tissue (M35.89) • Pneumonia due to coronavirus disease 2019 (J12.82)