

## TELEMEDICINE FACT SHEET Updated 3/31/20 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. Meaning there is no disparity of pay for telemedicine office visits vs. face-to-face visits.

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 POLICIES & BILLING**

INSURANCE	POS	MOD	POLICY/RESTRICTIONS
<b>Aetna*</b>	02	GT or 95	Policy excerpt 2019 stating “updated telemedicine” eff 1/1/20, however, Aetna of TX is the only listed policy which states to use 02/GT modifier. Everything else directs patients to use TeleDoc service for telehealth visits. <b>UPDATE 3/17/20: Email release opening Aetna Medicare to follow the new CMS waivers allowing telemedicine, looks like commercial lines of business allowing as well.</b>
<b>Ambetter of WA</b>	02	GT or 95	No current posted policies, but Ambetter Medicaid should follow state Medicaid rules: Apple Health Medicaid reimburses telemedicine & lists patient home as eligible originating site.
<b>American Specialty Health (ASH)</b>			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 Client Summaries for Cigna or HealthNet.
<b>Apple Health (WA Medicaid)</b>	02	GT or 95	Reimburses telemedicine & lists patient home as eligible originating site.
<b>Care Oregon</b>	02	GT	Follows state Medicaid rules, home originating site is allowed.
<b>Cigna*</b>	11	GQ	No current posted policies or advisements. Directs patients to use internal Cigna Telehealth connection programs (MDlive & American Well). <b>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)</b>
<b>DMAP (Medicaid)</b>	02	GT	Reimburses telemedicine & lists patient home as eligible originating site.
<b>First Choice Health</b>	02	GT	No current posted policies or advisements (this is a TPA-coverage based on indiv plans) <b>UPDATE 3/24/20: Per rep, First Choice direct plans are covering Telehealth until further notice. Indv TPA plans still follow home plan rules.</b>



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<b>HealthNet*</b>	02	GT	No current posted policies or advisements but usually follows CMS rules. Directs patients to use TeleDoc service for telehealth. UPDATE 3/26/20: All lines of business telehealth allowed; following CMS rules. No specific advisement on modifier/POS but should follow CMS guidelines.
<b>Humana*</b>	02	GT	Humana Medicare plans follow CMS rules (home originating site not allowed). Commercial plans list no restrictions & allow GT or 95 modifier.
<b>Kaiser NW (OR) &amp; CHP</b>	02	GT	<p>Patients are advised to use Kaiser contracted providers for virtual visits.</p> <p><b>UPDATE 3/19/20: Kaiser NW</b> extended telemedicine to include external MD (ND excluded) providers following CMS rules.</p> <p><b>UPDATE 3/30/20 ND Providers Kaiser NW:</b> 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.</p> <p><b>UPDATE 3/20/20: CHP plan</b> allowing telemedicine for Naturopathic providers for E&amp;M 99201-99215, advises POS 11, no modifiers.</p>
<b>Kaiser of WA</b>	11	95	Reimburses telemedicine & lists patient home as eligible originating site. POS is not mentioned in policy, but generally we use “11” when it is not specifically stated & when the 95 modifier is included in policy.
<b>Medicare*</b>	02	GT	<p>Virtual Check-ins are covered G2012. Store &amp; forward G2010. All other telemedicine requires CMS approved originating site (i.e. pt site cannot be their home/domiciliary) &amp; must be provided to established patients only.</p> <p>UPDATE 3/6/20: <a href="#">Coronavirus Preparedness and Response Supplemental Appropriation Act, 2020</a> allows for waivers of certain telemedicine guidelines:</p> <ul style="list-style-type: none"> <li>Waive temporarily the patient geographic and originating site restrictions</li> </ul>



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			<ul style="list-style-type: none"> <li>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)</li> </ul> <p>However, CMS has yet to release an updated provision regarding the implementation of these waivers as related to telemedicine. Most recent release 3/16/20 makes no mention of waivers for telemedicine:  <a href="https://www.cms.gov/files/document/se20011.pdf">https://www.cms.gov/files/document/se20011.pdf</a>  <b>UPDATE 3/17/20: CMS confirms the above waivers go into effect 3/6/20 through end of state of emergency:</b>  <a href="https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak">https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak</a></p>
<b>Moda</b>	02	GT or 95	Moda advises no E&M CPT restrictions & use of either 95 or GT is appropriate.
<b>Molina of WA</b>	02	GT or 95	No current posted policies, but they should follow state Medicaid rules: Apple Health Medicaid reimburses telemedicine & lists patient home as eligible originating site. Molina Medicare follows CMS rules.
<b>Pacificsource</b>	02	GT	No restrictions on current posting 3/16/20. Confirmed by rep 3/17/20: telemed allowed with home originating site 02/GT combo.
<b>Premera/Lifewise of WA</b>	02	GT or 95	Follows Apple Health rules; allows home originating site, either modifier is appropriate.
<b>Providence</b>	02	NONE	This is direct from Providence Health Provider Representative: Follows CMS rules, requires certified originating site for standard telemed (not "home"). Only allows home originating site: Homes of beneficiaries with ESRD getting home dialysis. Providence is advising patients to use their "Express Care Virtual" for telemedicine visits. <b>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.</b>



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			Two-way video visits*: home originating site is allowed, <b>but must request separate contract addition via provider services &amp; requires site visit to review telemed software prior to seeing patients.</b> Two-way videos are limited to: CPT codes 99201, 99202, 99212, and 99213 used to report two-way video services by providers who may report E&M codes. Use POS 99 + GT modifier for two-way video. *Separate contract not necessary during COVID emergency; see telemedicine ruling above.
<b>Regence/Asuris OR &amp; WA</b>	11	GT	Regence commercial has covered telemedicine longer than almost any other commercial plan. According to policy: With POS 02/GT combo: E&M codes 99204, 99205, 99211 & 99215 are <u>not</u> reimbursable for virtual care. However, we have had reimbursement with the POS 11/95 mod combo on all E&M codes, although there is no official Regence posting with differing guidelines for the 95 mod. Regence MedAdv follows CMS rules for telemedicine (no home originating site allowed). <b>UPDATE 3/31/20: Regence advises using POS 11 + GT modifier, no CPT restrictions during COVID emergency.</b>
<b>Samaritan</b>	02	GT	Commercial & MedAdv policy states they follow CMS rules <u>AND</u> OHA rules for commercial & Medicare plans (CMS designated originating site). However, OHA rules allow for telemedicine home originating site; policy is unclear if home is allowed, only states: “distant site provider certifies that the patient was present at an eligible originating site when the service was furnished.” Medicaid line of business follows OR DMAP rules (home is permitted). <b>UPDATE 3/18/20: No official update to policy but follows CMS rules so this should include the new waiver amendments allowing telemedicine from home.</b>
<b>Tricare of the West*</b>	02	GT	Follows all CMS rules, however, lists patient home as a valid originating site. Must be a contracted provider & follow normal referral/auth guidelines.



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<b>United Healthcare/UMR*</b>	02 or 11	GT or 95	Follows CMS rules for Medicare, however, note that we have seen some payments by UHC commercial plans using 95 mod/11 place of service. But listed policy does not mention 95 billing. <b>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. Policy lists 02 recognized but not required &amp; either GT or 95. MedAdv lines of business use GT only.</b>
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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/TelehealthSrvcsfctsht.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>

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

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>

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

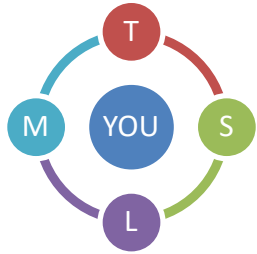
Health Net Update 3/26/20 [https://www.healthnet.com/portal/provider/content/iwc/provider/unprotected/working\\_with\\_HN/content/important\\_updates.action](https://www.healthnet.com/portal/provider/content/iwc/provider/unprotected/working_with_HN/content/important_updates.action)

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>

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



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Premera <https://www.premera.com/wa/provider/news/reminders-updates/billing-telehealth-services/>  
 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=E4BC4000BA052AF5937C8AA7591035EC86AD6>

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](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