Oregon Health Plan
Telemedicine Billing Guidance for CCOs and Providers

April 17, 2020
Cat Livingston, MD, MPH

Oregon Health Authority

Reminder…The situation is evolving

- This OHP guidance is current as of April 17, 2020

- This webinar supersedes telemedicine guidance previously provided on the OHP partners COVID webpage

- For the most up-to-date information visit the OHP Partners COVID Page:
  - https://www.oregon.gov/OHA/HSD/OHP/Pages/COVID-19.aspx

Expanding OHP Telemedicine

Goal: Ensure continued access for physical, oral and behavioral health services for Oregonians

Telehealth/Telemedicine are terms used interchangeably

Telemedicine visits are encouraged for all services that can reasonably approximate an in-person visit, not just those relating to a COVID-19 diagnosis

During the COVID-19 pandemic, the Oregon Health Plan (OHP) is expanding coverage for the delivery of physical, behavioral and oral health services using telemedicine platforms, effective January 1, 2020

Every payer may have different rules, including Places of Service, modifiers, and allowed services

OHP Variation

- OHP Coverage should generally be consistent among Fee-For-Service (FFS) and Coordinated Care Organizations (CCOs)

  – Guided by HERC Guideline Note A5

- Prior Authorization criteria for FFS are not changing except where rules are being updated

- CCOs have been directed to reimburse telemedicine services on par with in-person services

  – Billing rules (place of service, modifiers) may vary by CCO

  – Reimbursement rates will vary

Billing for Telemedicine

Several methods (You have options!)

1. Use ordinary in-person codes with appropriate place of service/modifier for synchronous audio/video (A/V) or telephone (audio) – OR –

2a. Use "telephone" codes – OR –

2b. Use "online" or "online digital" codes for patient portal or similar services – OR –

3. Use virtual check-in codes (phone or A/V)
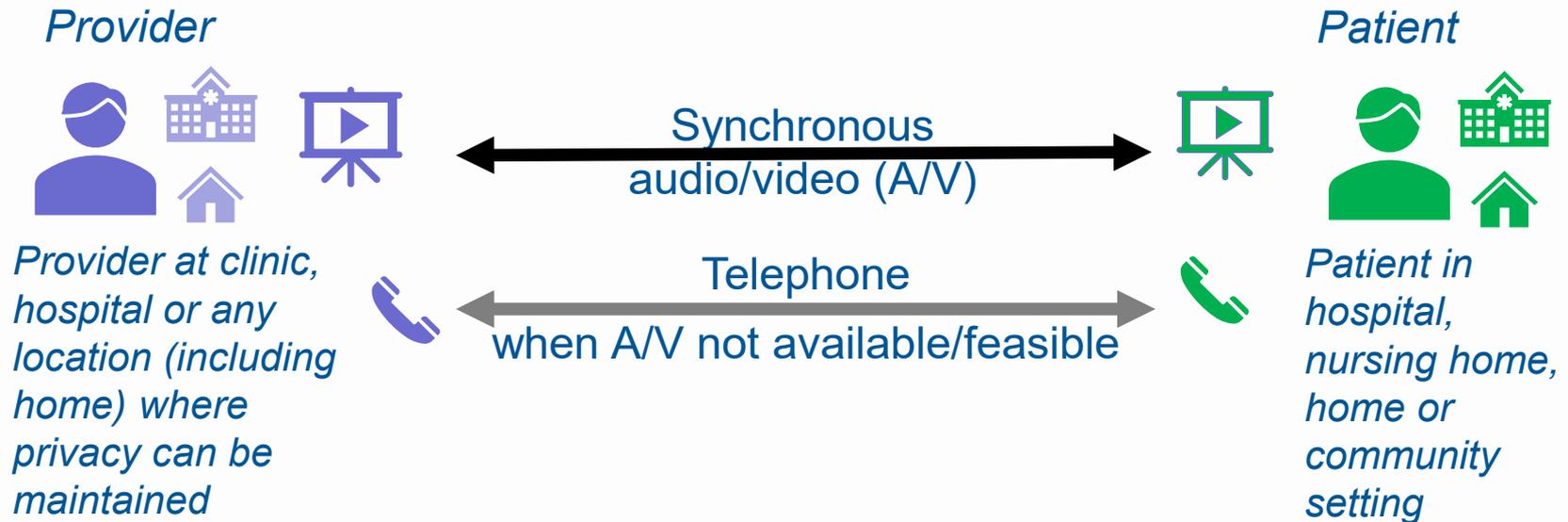
Modifier CR & Condition Code DR

For COVID-19-related services, use:

– Modifier CR for professional claims (in addition to other appropriate modifiers)

– Condition code DR for institutional claims

Use CR/DR:

– If reason for telemedicine visit is for prevention of COVID-19 exposure (provider or patient)

– For any assessment/treatment of COVID-19 (suspected or actual)

Method 1: In-Person Codes (A/V)

Provider
Patient

Synchronous audio/video (A/V)

Telephone when A/V not available/feasible

Provider at clinic, hospital or any location (including home) where privacy can be maintained

Patient in hospital, nursing home, home or community setting

Physical Health: Bill in-person code(s) using Place of Service 02 and modifier 95 (no modifier for telephone)

Behavioral Health: Bill in-person code(s) using Place of Service 02 and modifier GT (no modifier for telephone) – for codes listed with modifier GT in the revised Behavioral Fee Schedule (OHA recently added additional codes for use with modifier GT)

Oral Health: See Slide 13 for tele-dentistry billing guidance

Facility: Q3014 if patient in a healthcare setting, facility can bill this fee

OHP rates same as in-person

Oregon Health Authority

Which in-person codes can I provide using Method 1?

Any CPT or HCPCS code that is ordinarily covered AND for which the provider believes the clinical value reasonably approximates the clinical value of an in-person service can be billed in this manner

Examples of CPT codes which may be covered include office visits, physical and occupational therapies, preventive medicine, psychotherapy, etc.

Example: CPT codes 99201-99205, 99211-99215, 99495-99496 - Ordinary office visits via synchronous audio/video (telephone acceptable during COVID-19 emergency if A/V not available or feasible)

See CMS's Telehealth Codes for a list of procedure codes covered by Medicare - OHP will cover additional codes meeting criteria described in HERC Guideline Note A5 as revised April 3, 2020

Covered codes are NOT limited to the codes in the lists above!

Method 2a: Use "Telephone" Codes

Patient

Provider

Telephone (i.e., audio)

Patient in hospital, nursing home, home or community setting

Provider at clinic, hospital or any location (including home) where privacy can be maintained

- **Evaluation/Management (E/M):** Use codes 99441-99443
- **Assessment/Management (A/M):** Use codes 98966-98968 for providers who cannot bill E/M
- Coverage does not include telephone calls without medical decision making, chart reviews, electronic mail messages, images transmitted via facsimile machines or electronic mail, prescription renewal, scheduling test, reporting normal test results or requesting a referral
- Requires patient initiation (providers can make patients aware of offering and place the call)
- Cannot be related to a recent (<7 days) or upcoming (within 24 hours) visit. May only be used once per 7 days.
- Use these for new and established patients; Codes specify "existing patient" but OHP will not audit to ensure this requirement is met during the COVID-19 emergency
- Use modifier CR, Place of Service 02 if COVID-19 related

Oregon **Health** Authority

Method 2b: Use "Online" Codes

Patient   Provider

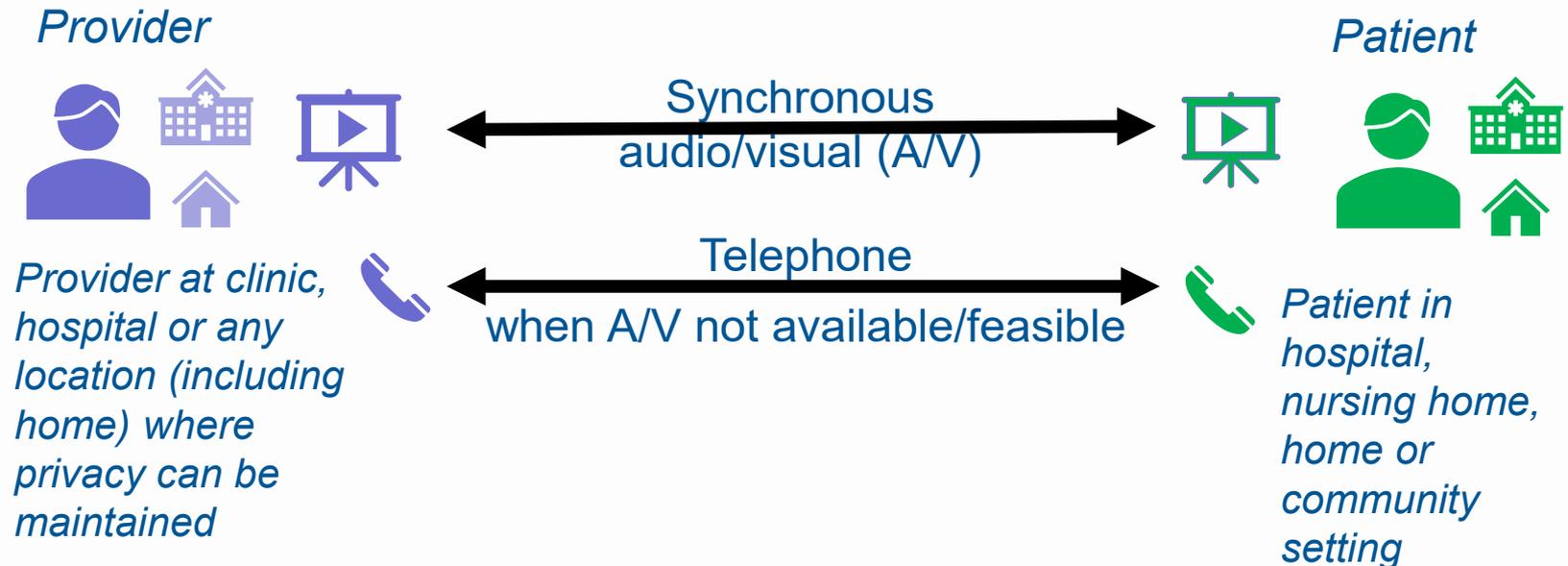Online digital
(e.g., patient portal)

- **Physician E/M:** Use codes 99421-99423; **Nonphysician E/M:** 98970-98972
- **A/M:** Use codes G0270-G0272 for providers who cannot bill E/M
- Coverage does not include communications without medical decision making, chart reviews, electronic mail messages, images transmitted via facsimile machines or electronic mail, prescription renewal, scheduling test, reporting normal test results or requesting a referral
- Requires patient initiation (providers can make patients aware of offering and place the call)
- Cannot be related to a recent (<7 days) or upcoming (within 24 hours) visit. Report time spent rendering online services cumulatively over 7 days, with a single billing occurring once per 7 days
- Use these for new and established patients; Codes specify "existing patient" but OHP will not audit to ensure this requirement is met during the COVID-19 emergency
- Use modifier CR, Place of Service 02 if COVID-19 related

Method 2 Coding Chart

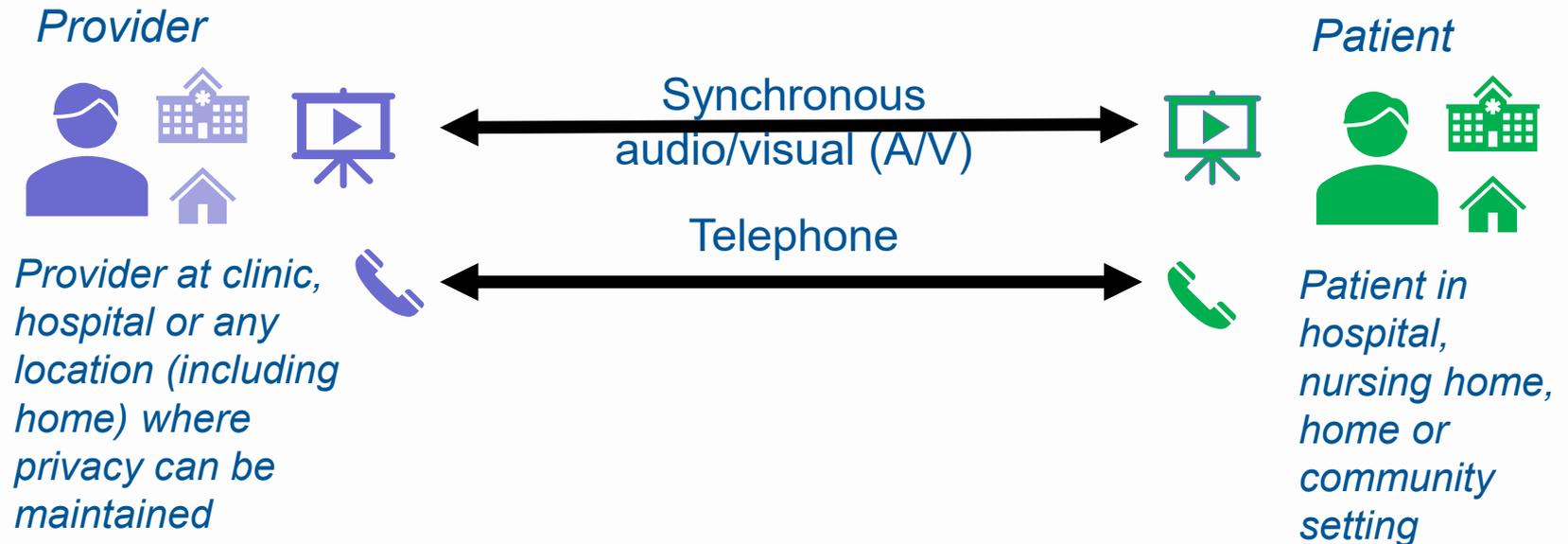| Code	Type of service	Examples of types of providers
99441-99443	Telephone evaluation and management	Physician, nurse practitioner, acupuncturist, physician assistant
98966-98968	Telephone assessment and management	Any type not able to bill evaluation and management services (e.g., RN, physical therapist, speech therapist, counselor, social worker)
99421-99423	Online digital evaluation and management (e.g. asynchronous messages using a patient portal)	Qualified physician (e.g., MD, DO, naturopathic doctor)
98970-98972	Online digital evaluation and management (e.g. asynchronous messages using a patient portal)	Qualified nonphysician (e.g., nurse practitioner, physician assistant, acupuncturist)
G2061-G2063	Online digital assessment and management (e.g. asynchronous messages using a patient portal)	Any type not able to bill evaluation and management services (e.g. physical therapist, speech therapist, counselor, social worker)

Oregon Health Authority

Method 3: Quick Check-In Code G2012

Provider

Patient

Synchronous audio/visual (A/V)

Telephone when A/V not available/feasible

Provider at clinic, hospital or any location (including home) where privacy can be maintained

Patient in hospital, nursing home, home or community setting

Criteria

- 5-10 minute check-in via telephone or audio or A/V
- Use this for new and established patients—OHP will not audit to ensure this requirement is met during the COVID-19 public health emergency (PHE)
- Not related to a recent (<7 days) or upcoming (<24 hours) visit
- Modifier CR if service is related to COVID-19 PHE
- May determine the need for an in-person or telemedicine service
- Place of Service 02

Oregon Health Authority

Billing for Teledentistry

Provider

Patient

Synchronous audio/visual (A/V)

Telephone

Provider at clinic, hospital or any location (including home) where privacy can be maintained

Patient in hospital, nursing home, home or community setting

When billing for teledentistry services:

- Telephone or synchronous audio/visual: Practitioners may provide and bill for teledentistry services using code D9995 for either delivery method

- No modifier is required, as modifiers are not used on dental claims

Oregon **Health** Authority

For any visit, ensure compliance with:

- Obtaining consent/approval:

    Verbal consent to receive services is acceptable during COVID-19 emergency

    Clearly document in the patient record

- Advisable to also mail consent documents with a SASE or obtain written consent using patient portals (electronic signature OK)

- Release of information

- For 42 CFR Part 2 (substance use disorder), see SAMHSA Guidance

- General HIPAA privacy rules still apply

- Use HIPAA-compliant platforms if at all possible…however,

    - HHS recently stated providers "may use" Zoom, FaceTime, iMessage, Skype, Google Hangouts, Facebook Messenger during the PHE and may not face enforcement (keep checking HHS guidance on HIPAA)

- Use same level of documentation as in-person visit (e.g., SOAP charting)
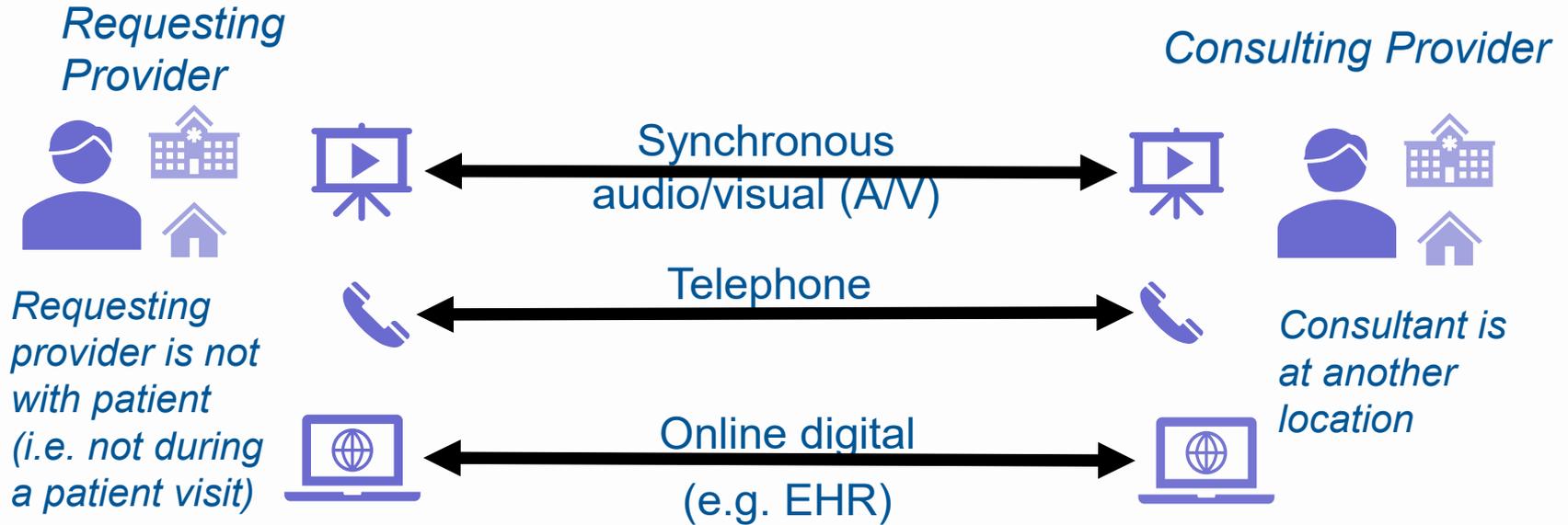
Oregon Health Authority

Compliance with Spoken and Sign Language Interpretation Requirements

Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act, and the corresponding Code of Federal Regulation (CFR) 45 CFR Part 92 (Section 1557) all require meaningful access to services

Remove barriers to meaningful access and ensure that telemedicine modalities preserve the quality of interpretation services by:

- Using qualified and certified health care interpreters
- Adhering to the standard practices for choosing and working with telephonic interpreters
- Verifying that the quality for all video remote interpretation services comply with ASL VRI requirements

Provider-to-Provider Consultations

Requesting Provider

Consulting Provider

Synchronous audio/visual (A/V)

Telephone

Online digital (e.g. EHR)

Requesting provider is not with patient (i.e. not during a patient visit)

Consultant is at another location

- **Consulting Providers:** CPT 99451, 99446-99449
- **Requesting Providers:** CPT 99452
- Limited information provided by one clinician to another that does not contribute to collaboration (e.g., interpretation of an electroencephalogram, report on an x-ray or scan, or reporting the results of a diagnostic test) is not considered a consultation
- Comply with specified criteria outlined in HERC Guideline Note A5
- Use modifier CR for COVID-19 related consultations

Oregon Health Authority

Health Plan Differences

- Every payer may have different rules
  - Places of Service
  - Modifiers
  - Allowed services

- OHP offers broader telemedicine coverage than Medicare; commercial plans follow their own rules. Examples include:
  - Medicare does not cover telephone services except using the "telephone" codes
  - Medicare has a specific list of telemedicine codes

Resources
- See the OHP Member Information page
- CMS Blanket Waivers and Clinician Flexibilities during COVID-19

Oregon Health Authority

Questions & Discussion