

Department of Origin: Coding Department	Approved by: Coding Supervisor	Date Approved: 3/23/2020
Department(s) Affected: Claims, Coding, Customer Service, Integrated Healthcare Services	Effective Date: 2/1/2020	
Coding Policy Document: COVID-19: Telehealth Policy	Replaces Effective Policy Dated:	
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PRODUCT APPLICATION:

- PreferredOne Community Health Plan (PCHP) Large Group
- PreferredOne Community Health Plan (PCHP) Small Group
- PreferredOne Administrative Services, Inc. (PAS) ERISA
- PreferredOne Administrative Services, Inc. (PAS) Non-ERISA
- PreferredOne Insurance Company (PIC) Individual
- PreferredOne Insurance Company (PIC) Large Group
- PreferredOne Insurance Company (PIC) Small Group

SCOPE:

Account Management, Coding, Customer Service, Legal, Medical Management, Finance, Claims, Underwriting, Network Management

PURPOSE:

In response to the COVID-19 public health emergency, PreferredOne is expanding its telehealth policy effective immediately. PreferredOne's telehealth policy will be adjusted as national and local updates from the Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS) and other outlets is monitored closely.

Effective February 1, 2020 and for the duration of the COVID-19 Public Health Emergency, PreferredOne will:

- Waive geographic restrictions, meaning patients can receive telehealth services in non-rural areas;
- Waive originating site restrictions, meaning patients can receive telehealth services in their home;
- Allow use of telephones that have audio and/or video capabilities;
- Allow reimbursement for any telehealth covered code, even if unrelated to COVID-19 diagnosis, screening, or treatment; and
- Not enforce the established relationship requirement that a patient see a provider within the last three years.

POLICY:

Member's health plan document will determine coverage if there are differences between this policy and the plan document.

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PreferredOne will recommend reimbursement for telehealth services when provided by any telecommunications system. The patient or guardian must be present and participating in the telehealth visit. Exception will be made for interprofessional peer to peer consults.

All appropriate documentation guidelines must be followed and included in the visit note.

The service should be reasonable and necessary, medically appropriate, and provided within the accepted standards of medical practice.

Providers must be licensed to provide the services for which they are billing, and all services are subject to post payment or prepayment verification.

Any Participating Provider (consulting provider) may provide any allowed telehealth services in place of a traditional face to face visit occurring in any setting.

PROCEDURE:

Once the above criteria are met, all of the following components should be on the claim in order to be considered for reimbursement:

- a. All applicable CPT and HCPCS code
- b. Originating site code Q3014 (Telehealth originating site facility fee), when applicable, on the appropriate claim form type, 837P (professional or CMS-1500) or 837I (institutional or UB04).
- c. Place of Service (POS) **02** (The location where health services and health related services are provided or received, through a telecommunication system), for the distant provider.
- d. Place of Service (POS) that represents the originating site, i.e., clinic, outpatient hospital, when code Q3014 is reported on claim form type 837P.
- e. An appropriate modifier:
 - i. For the 837P or 837I claim form type: **modifier 95**

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- ii. For reporting of **Q3014** on the 837I, 837P for the originating site.
- iii. For the 837P or 837I claim form type: **modifier GQ** (Via asynchronous telecommunications system) when asynchronous services have been rendered by both the originating site and the distant provider.

DEFINITIONS:

1. Distant Site – a site, e.g., hospital, office/clinic, skilled nursing facility where the licensed health care provider is located at the time the service is provided.
2. Originating Site – including but not limited to, a health care facility at which a patient is located at the time health care services are provided by means of telemedicine.
3. Store-and-forward technology – transmission of a patient’s medical information from an originating site to a health care provider at a distant site without the patient being present, or the delivery of telemedicine that does not occur in real-time via synchronous transmissions.
4. Asynchronous Transmission - form of telemedicine that is not real-time and in which the distant site provider can review the communications from the originating site, without the patient being present.
5. Synchronous Transmission – real-time two-way, interactive audio and visual communications, including the application of secure video conferencing, with the patient present and participating in the decisions regarding their health care.
6. Telemedicine - delivery of clinical medicine via real-time telecommunications such as telephone, the internet, or other communications networks or devices that do not involve in person direct patient contact.
7. Telehealth - broader than telemedicine and takes in all health care services that are provided via live, interactive audio and visual transmissions of a physician-patient encounter. These health care services include non-clinical services, such as provider training, administrative meetings and continuing

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medical education, in addition to clinical services. Telehealth may be provided via real-time telecommunications or transmitted by store-and-forward technology.

Resources:

Minnesota Telemedicine Act, sections 62A.67 – 62A.672
Minnesota Administrative Uniformity Committee (MN AUC),
Medical Code Technical Advisory Group (MCT) minutes
Center for Medicaid and Medicare Services (CMS)