

Payment parity implementation for two-way audio-video visits



Dear valued provider partner,

First, we would like to thank you for your continued work to adapt your practices to provide care to our members during the COVID-19 public health emergency (PHE). We know that one big change to your operations in helping limit the spread of the virus is the increased use of telemedicine.

What is telemedicine?

We define both telemedicine and telehealth as, “The use of telephonic or electronic communications of medical information from one site to another regarding a member’s health status.” Telemedicine modalities include the use of telephone, online services/e-visits (asynchronous) and two-way audio-video — a.k.a. video — communications (synchronous).

Telemedicine has been a covered benefit for our members for some time now, but as with any new technology there are barriers to implement and adopt such practices. One barrier is the reimbursement difference between in-person and two-way audio-video visits. In response to the PHE, CMS and OHA are requiring plans to reimburse providers at the same rate for services delivered via two-way audio-visual visits as they would for services delivered in-person. This is called “payment parity.”

CareOregon is seeking to implement a solution to achieve payment parity that is sustainable and creates the least difficulty to our network provider partners. We have identified the best option to meet this requirement and are working to operationalize the needed system changes. As you are aware and can appreciate, claims system updates can take time and resources.

NOTE: Please continue to bill as previously instructed in the telemedicine guidance documents located on our [COVID-19 Provider Information](#) webpage:

Place of Service (POS):

For physical health claims	For behavioral health claims
<p>Members with primary Medicaid coverage:</p> <ul style="list-style-type: none">• Use POS 02 for visits delivered via synchronous two-way audio-video communication.• Use the POS where the rendering provider is located for visits delivered over the telephone or via e-visit/online communication. <p>Members with primary Medicare coverage (including those with secondary Medicaid):</p> <ul style="list-style-type: none">• Per CMS, during the PHE use the POS where the rendering provider is located for all telemedicine visits delivered via two-way audio-video, telephone or e-visit/online communication.	<p>Members with primary Medicare coverage (including those with secondary Medicaid):</p> <ul style="list-style-type: none">• Use the POS where the rendering provider is located for all telemedicine visits delivered via two-way audio-video, telephone or e-visit/online communication.
For a list of required modifiers, please refer to the telemedicine guidance documents located on our COVID-19 Provider Information webpage.	

Our goal is to have our claims processing systems updated by the end of June 2020. All impacted claims submitted prior to the end of June 2020 will automatically be adjusted by the end of July 2020. Impacted claims submitted after our systems are updated will be processed accordingly. If you have any questions concerning this communication, please do not hesitate to reach out to our [Provider Relations Specialists](#).

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Frequently asked questions

What claims are impacted by this change?

All claims, regardless of members coverage — with a date of service between January 1, 2020 until the end of the PHE — with a POS of 02.

How should I submit telemedicine claims now, to achieve this payment parity?

Continue to submit claims with the appropriate POS and modifiers for the member's coverage and type of service outlined above (and in the telemedicine guidance documents located on our [COVID-19 Provider Information](#) webpage). Once our update is complete, our claims system will identify claims with POS 02 and reprocess them automatically at the new rate.

Do I have to resubmit past telemedicine claims to achieve payment parity?

Please do not resubmit claims if there are no changes to the Place of Service code, procedure codes, modifiers or any other claim fields on the original claim. As your health plan partner, we planned our system update in a way that limits the amount of rework and corrected claims. Once our update is complete, our claims system will identify claims with POS 02 and adjust them at the new rate. If you do not see these adjustments by mid-August, please reach out to your Provider Relations Specialist.

Is there a scenario in which I should resubmit a claim?

We ask that you only submit a corrected claim if there are changes to any of the claim fields (e.g., adding or editing procedure codes, Place of Service, modifiers, etc.). Please do not submit a corrected claim to achieve payment parity.

How long will CareOregon pay claims with POS 02 at parity to in-person visits?

At this time, we do not know if payment parity will continue after the PHE. CareOregon will continue to monitor and follow CMS and OHA requirements and guidelines related to telemedicine coverage as it evolves.