

Telehealth/Telemedicine Guide

Last revised: Oct 1, 2024



Purpose

The purpose of this guide is to establish proper use of telehealth/telemedicine codes under Current Procedural Terminology coding guidelines.

The rules, regulations and coding guidelines for Telehealth and Telemedicine were amended due to the Public Health Emergency (PHE). As the public health crisis has ended, per CPT guidelines, the rules in this policy will be effective through 12/31/2025.

During the PHE, CMS increased reimbursement for telehealth services outside the hospital setting, such as in a patient's home, essentially allowing providers to receive the same payment for a telehealth service as they would for an in-person service. Audio only payments for 99441-99443, will continue to be equal to 99212-99214 respectively until the end of 2024.

Not all services are eligible for reimbursement when rendered via telehealth. Some services are reimbursable when rendered via telephone (audio) only, and other services require audio and video communications. For a list of eligible service codes, please reference the CMS.gov list of telehealth services and the Oregon Health Authority Prioritized List Ancillary Guideline A5.

Policy/Guidelines

Telephone (Audio Only) encounters

CareOregon is establishing a policy to follow updated Telehealth and Telemedicine guidelines.

Note: Medicare will continue to pay for audio-only telephone services billed with CPT® codes 99441-99443 through Dec. 31, 2024.

Telephone evaluation and management service provided to an established patient, parent, or guardian not originating from a related Evaluation and Management (E/M) service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; # minutes of medical discussion

Requirements for a Telephone (Audio Only) evaluation and Management encounter:

- The patient must be established (have seen a provider within the past 3 years)
- The patient must initiate the service
- At least 8 days must have elapsed since the last visit (in office or on the phone)
- If the call results in emergency follow up in the office, then the call is not billable.
- Documentation must include:
 - history and reason for the visit
 - assessment of the patient's condition
 - a level medical decision making supporting the need for the call
 - The exact length of the call (I spent *** minutes on the phone with the patient.)

Duration of the call	Physician or other qualified health care professional who may report evaluation and management services	Qualified nonphysician health care professional
5-10 Minutes	99441	98966
11-20 Minutes	99442	98967
21-30 Minutes	99443	98968

When services other than evaluation and management services are performed via audio only communications (on the phone), the procedure code should be selected as though the service was provided face-to-face, and one of the following modifiers for Telephone only encounters should be appended to the line.

Modifier 93 Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system

Modifier FQ Service furnished using audio-only communication technology. This modifier should only be used by RHCs and FQHCs. Report modifier for mental health visits using audio-only technology

Telehealth (Audio and Video) Encounters

Telehealth Visits for Oregon Residents have the following requirements:

- Real-time, interactive audio and video telecommunication system is used
Note: If the video cuts out at any point during the visit, the visit should be billed as a telephone encounter.
- The provider can be located anywhere
- The patient can be located anywhere (the state in which the patient is located may require additional credentialing of the provider)
- The service is medically necessary
- The service is safe and effective through video conferencing
- All telehealth platforms must be HIPAA compliant starting the day after the end of the PHE (May 12, 2023). Smart phone video options such as FaceTime and Skype will no longer be an option for telehealth after the PHE ends, per the Office of Civil Rights.

When billing for a remote encounter that included real-time audio and video communications, choose the CPT/HCPCS code that would be used if the patient and provider had been in the same room for the services. The service should then be billed with a telehealth modifier.

Modifier 95 Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system will continue to be accepted for audio and video services for Medicare telehealth through 2024.

As of 01/01/2017, modifier 95 has replaced modifier GT (Via interactive audio and video telecommunication systems) as the preferred modifier to indicate that a service is performed via video conference. The GT modifier should only be used on institutional claims billed by CAH Method II providers.

Modifier G0 (G+zero) Used to identify telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke.

Modifier GQ Alaska and Hawaii only - asynchronous telecommunication system

Place of service for telehealth claims

The place of service (POS) codes will continue to be used based on where the patient would have been seen had they been seen in person. Starting January 1, 2024, CMS has advised the use of the following POS codes for telehealth services.

If a telehealth place of service selected on the claim, a telehealth modifier will be required on all claims except dental telehealth services. CareOregon has put in place system edits that will deny services if place of service 02 or 10 are used on non-dental claims without one of the telehealth modifiers (93, 95, FQ, G0, GQ, GT).

Place of service 02 Telehealth Provided Other than in Patient's Home

Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

All physical and behavioral telemedicine and telehealth and oral teledentistry telehealth services except School Based Health Services (SBHS) shall include Place of Service code 02 when the client or member is located in a location other than their home. When the client or member is located in their home, the claim shall include Place of Service code 10.

Place of service 10 Telehealth Provided in Patient's Home

Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Starting January 1, 2024, CareOregon will follow CMS and pay for telehealth services provided to patients in their homes at the non-facility PFS rate.

Definitions

Telehealth	<p>The term “telehealth” refers to the use of digital technology to deliver and improve healthcare. It includes the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.</p> <p>Examples of Telehealth Using Telecommunications</p> <ul style="list-style-type: none">• Providers meeting online to discuss a patient’s medical condition.• Telepathology: Use of telecommunications technology to facilitate the transfer of image-rich pathology data between remote locations for diagnosis, education and research• Telepsychology: Use of communication technologies in provision of psychological services
Telemedicine	<p>The term “telemedicine” refers to when a patient gets a specific service from a healthcare provider online. Telemedicine is a type of telehealth and is often used when referring to traditional clinical diagnosis and monitoring that is delivered by technology. Some consider it a subset of telehealth, but the two are used interchangeably.</p> <ul style="list-style-type: none">• Not face to face, analyzing readings <p>Examples of Telemedicine</p> <ul style="list-style-type: none">• Virtual visits via secure video conferencing• Telecardiology: Transmission/interpretation of patients electrical activity results, such as ECG and other diagnostic studies like echocardiograms, cardiac CT, Cardiac MRI scan, etc.• Teleradiology: Transmission of radiological patient images, such as x-rays, CT’s, and MRI’s, from one location to another for sharing studies with other radiologists and physicians.
Originating site	<p>An originating site is the location where a patient gets physician or practitioner medical services through telehealth. Before the COVID-19 PHE, patients needed to get telehealth at an originating site located in a certain geographic location.</p> <p>Through December 31, 2024, all patients can get telehealth wherever they’re located. They don’t need to be at an originating site, and there aren’t any geographic restrictions.</p> <p>After December 31, 2024, CareOregon Advantage plans:</p> <ul style="list-style-type: none">• For non-behavioral or mental telehealth, there may be originating site requirements and geographic location restrictions• For behavioral or mental telehealth, all patients can continue to get telehealth wherever they’re located, with no originating site requirements or geographic location restrictions <p>Additional Legislation: https://secure.sos.state.or.us/oard/view.action?ruleNumber=409-045-0120</p>

Distant site	A distant site is the location where a physician or practitioner provides telehealth. Before the COVID-19 PHE, only certain types of distant site providers could provide and get paid for telehealth. Through December 31, 2024, all providers who are eligible to bill Medicare for professional services can provide distant site telehealth. Additional Legislation: https://secure.sos.state.or.us/oard/view.action?ruleNumber=409-045-0125
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References

[Oregon Administrative rule 410-133-0070](#)

[Oregon Health Plan coverage of telehealth/telemedicine services](#)

[Telehealth | CMS](#)

[Pub 100-04 Medicare Claims Processing - Transmittal 11708](#)

[Post-PHE: Medicare, Telehealth and More by AAPC PowerPoint Presentation](#)

[Oregon Health Authority: COVID-19 Guidance for CCOs and Oregon Health Plan Providers](#)

These guidelines have been developed to accompany and complement the official conventions and instructions provided within the American Medical Association's Current Procedural Terminology (CPT) itself. Additions and deletions conform it to the most recent publications of CPT and HCPCS Level II and to changes in CareOregon and its affiliates coverage policy and payment status, and as such these guidelines are current as of 01/01/2023. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. CareOregon and its affiliates make no claim, promise or guarantee of any kind about the accuracy, completeness or adequacy of the content for a specific claim, situation or provider office application, and expressly disclaim liability for errors and omissions in such content. As CPT codes change annually, you should reference the current version of published coding guidelines and/or recommendations from nationally recognized coding organizations for the most detailed and up-to-date information.