

Telehealth Services

Frequently Asked Questions (FAQ)

Do you need an IT solution for telehealth services?

- As many of you are experiencing, the COVID-19 crisis has impacted how care is being delivered to your patients. Many providers are looking to provide telehealth services to ensure the best possible care is delivered during the current pandemic. This is generally done through an audio/video communication technology. In many cases, a clinic’s EMR vendor will help guide practices with telehealth solutions.

Douglas County's provider community and Umpqua Health are an integral partnership in offering a comprehensive and strong healthcare system for Douglas County. We believe working together will provide the best patient care and outcomes for our Douglas County patients. Every provider in our network should know we are here to assist you and your teams with telehealth solutions. If you do not have a Telehealth solution already in place, UHA is available to help you expedite a telehealth solution(s) to meet the needs of your patients.

What is telehealth?

- Telemedicine or telehealth services are health care services rendered to patients using electronic communications. There is asynchronous communication which involves tools such as secure email or telehealth software solutions and synchronous communication involving “real-time” two-way interaction between the patient and provider, using interactive online audio and video.

In some cases, both communication methods are ideal for delivering exceptional patient care. Assessing patient data that is electronically transferred or faxed from a referring provider for diagnosis, treatment, and planning recommendations is a form of asynchronous telemedicine. Reviewing a treatment plan over a WebEx call with your patient is one example of synchronous telemedicine.

What types of visits can be done as telehealth?

Type of service	Description
Telehealth – synchronous video and audio	Visit with provider in which patient and provider interact by audio and video in real time, ideally through a HIPAA-compliant system.
E-visits-	Asynchronous electronic visits, such as through EPIC MyChart or other patient portals.
Telephone only visits	Telephonic visit, physician and nonphysician codes
Quick virtual check in By phone or audio/video connection	5-10 minutes
Clinician to Clinician	Interprofessional consultation

- During the national public health emergency, the Office for Civil Rights (OCR) will not impose penalties on providers using telehealth in the event of noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA). This allows providers to use communication platforms that are not HIPAA compliant, such as Skype or FaceTime. Providers using telehealth that may not normally be compliant should familiarize themselves with the OCR guidance and engage in practices that continue to safeguard patient information. The State of Oregon is allowing non-HIPAA-compliant platforms.

Where to find the codes can be used to bill telehealth services?

- For your convenience, Umpqua Health Alliance (UHA) has compiled a list of CPT or HCPCS codes that can be used to bill, please see appendix A attached.
- Physical health providers can find information on what codes to bill by clicking [here](#).
- Mental health and substance abuse providers can find information on what codes to bill by clicking [here](#).

How to bill for telehealth?

- Submit your claims with the most appropriate CPT or HCPCS code.
 - Use modifier GQ if you performed telehealth services “through an asynchronous telecommunications system”.
 - Asynchronous provides access to data after it has been collected, and involves communication tools such as secure email or telehealth software solutions.
 - Modifier GQ is valid to use when billing POS 02-Telehealth.
 - Use modifier GT if you performed telehealth services “via interactive audio and video telecommunication system”.
 - Synchronous is the “real time” two-way interaction between the patient and provider, using interactive audio and video.
 - Modifier GT is required on some codes found in Oregon Health Authorities [Behavioral Health fee schedule](#) and only those codes are billable with POS 02-Telehealth.

What Place of Service (POS) is correct for telehealth?

- There are two different types of claim forms that can be submitted to UHA for telehealth services.
 - For professional claims billed on the CMS 1500, use Place of Service (POS) 02-Telehealth, to indicate you furnished the billed service as a professional telehealth service from a distant site. Reminder, POS 02 and modifier GT are not billable together unless the code is in OHA’s Behavioral Health fee schedule.
 - For facility claims billed on the UB-04, bill the POS that defines the location of the facility.

How much is UHA going to reimburse for telehealth services?

- For providers who have a contract with UHA:
 - Reimbursement for a code/service is paid at a provider current contracted rate.
 - Telehealth service codes are paid at the same rate as the in-office equivalent.
- For providers who are non-participating with UHA:
 - Reimbursement for a code is based off the OHA fee schedule found by clicking [here](#).

Are there alternative codes you can bill instead of telehealth?

- Yes. There are codes that are only done telephonically or on-line.
- Telephone services (CPT codes 99441-99443, 98966-98968) are now eligible for payment when the service is:
 - Provided by a qualified nonphysician health care professional (98966-98968) or physician or other professional qualified to perform evaluation and management services (99441-99443) to a patient, parent, or guardian.
 - Not related to an assessment and management service provided within the previous 7 days.
 - Not related to an assessment and management service or procedure scheduled to occur within the next 24 hours or soonest available appointment.
- E-visits are an option for established patients who initiate the visit (99421-99423, G2061-G2063, 98970-98972).
- Quick virtual check-ins for established patients by phone or audio/video connection (G2012) are covered.

Helpful billing examples:

- Primary care visit done “via interactive audio and video telecommunication system”:
 - CPT code 99213, no modifier, POS 02-telehealth
- Specialist doing a consult at a hospital through an asynchronous telecommunications system”:
 - CPT code 99233, modifier GQ, POS
- Outpatient behavioral health visits done “via interactive audio and video telecommunication system”:
 - CPT code 90791, modifier GT, POS 02-telehealth
- Dialysis facility serving as an originating site for telehealth:
 - CPT code Q3014, no modifier, POS 65- End-Stage Renal Disease Treatment Facility

Additional billing tips for COVID-19 claims:

- OHA has requested that all providers who submit professional (CMS-1500 or 837P) or institutional (UB-04 or 837I) claims add the following codes for each service related to COVID-19 prevention, identification, diagnosis or treatment:
 - Enter modifier CR (Catastrophe/Disaster) for professional claims
 - Enter condition code DR (Disaster-Related) for institutional claims
- More information about this request is available by clicking [here](#).

Who to contact for more information or support?

- Umpqua Health will continue to monitor and solicit feedback from its providers on how we can support our provider community. Should you have any questions regarding telehealth services or billing support, please do not hesitate to contact our Provider Relations Department at UHNProviderServices@umpquahealth.com. You and any of your staff can sign up to receive the most updated information by visiting [this link](#).

For IT Solutions and Support, please contact: Gilbert Florescu gflorescu@umpquahealth.com