

Telemedicine and COVID-19 Policy

OVERVIEW

This policy describes the Alliance Coal Health Plan's processing and reimbursement for telemedicine services in response to the COVID-19 pandemic. This policy is in effect during the Covid-19 public health emergency. Reimbursement for telemedicine services provided as outlined below will remain consistent with the Plan's Summary Plan Description (SPD) for such services typically performed face-to-face.

The Plan is following the CDC and federal direction in promoting the use of telehealth/telemedicine when possible to maintain access to care.

The terms telehealth and telemedicine generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. The Plan defines telehealth or telemedicine services as a communication between patient and provider via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image.

TELEMEDICINE LEVELS OF SERVICE

The following codes may be used to bill for telemedicine services:

TELEHEALTH

Alliance Coal Health Plan members and their providers may use telecommunication technology for office, hospital visits and other services that generally occur in-person.

- 99201 – 99215 (Medical E&M Codes)
- 90791, 90792, 90832, 90834, 90837 (Behavioral Health Consultations)

VIRTUAL CHECK-IN

Brief communication technology-based service by a physician or other qualified health care professional who can report evaluation and management (E&M) services, provided to an established patient, not originating from a related 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; 5-10 minutes of medical discussion.

- G2012

E-VISITS

Communication between an established patient and their provider as a result of a patient/member generated initial inquiry where communications can occur over a 7-day period.

- 99421 – 99423, 99441 - 99443 *(Practitioners who may bill Medicare independently for E&M visits – i.e. physicians, PA's, nurse practitioners)*
- G2061 – G2063, 98966 - 98968 *(Practitioners who may not bill Medicare independently for E&M visits – i.e. physical/occupational/speech therapists, clinical psychologists)*

BILLING FOR TELEMEDICINE ENCOUNTERS

HCEA 1500

Bill the appropriate CPT code for the visit and use a Place of Service (POS) code 02 and primary modifier 95 to designate that it was a telemedicine visit.

UB-04

Bill the appropriate CPT code for the visit and use a modifier -95 as the primary (first position) modifier.