

Updated: 09/10/20

Per CMS guidelines ( <a href="https://www.cms.gov/files/document/covid-hospitals.pdf">https://www.cms.gov/files/document/covid-hospitals.pdf</a> 1 <sup>st</sup> bullet point) – “During the COVID-19 PHE, if the beneficiary’s home or temporary expansion site is considered to be a provider-based department of the hospital, and the beneficiary is registered as an outpatient of the hospital for purposes of receiving telehealth services billed by the physician or practitioner, the hospital may bill under the Physician Fee Schedule (“PFS”) for the originating site facility fee associated with the telehealth service.”			
<b>Under these circumstances will your health plan follow the CMS Guideline and allow the hospital to bill under the PFS for the originating site facility fee associated with the telehealth service as well as for the professional fee?</b>			
<b>Answer to Question</b>			
<b>Aetna</b>	Not Answered		
<b>Amerigroup - DSNP</b>	Yes 05/29/20	Will pay Medicare allowable and if the member is enrolled in the State’s Medicaid program, the cost-share (example 20% coinsurance) would be paid under Medicaid.	
<b>CHPW – Medicare Advantage</b>	Yes 06/23/30	CHPW pays the originating site facility fee (as well as the professional fee) when the member is in the facility but being treated via telehealth (e.g., the provider is outside of the room)	
<b>Cigna</b>	Not Answered		
<b>Coordinated Care - Commercial</b>	Yes 05/28/20		
<b>First Choice (TPA and PPO)</b>	Yes 06/09/20		
<b>HCA Apple Health</b>	Yes 06/23/20	An Outpatient Hospital facility can bill for the originating site facility fee when the facility is providing administrative and clinical support services for a client in their home via telemedicine from a provider associated with that facility/clinic. To receive payment for the originating site facility fee when the client is at home, providers must bill only the Q3014	Refer to FAQs ( <a href="https://www.hca.wa.gov/assets/billers-and-providers/Clinical-policy-and-billing-for-COVID-19-FAQ.pdf">https://www.hca.wa.gov/assets/billers-and-providers/Clinical-policy-and-billing-for-COVID-19-FAQ.pdf</a> ) for updates on this issue as required to respond to changes in the delivery of care under this pandemic

Per CMS guidelines (<https://www.cms.gov/files/document/covid-hospitals.pdf> 1<sup>st</sup> bullet point) – “During the COVID-19 PHE, if the beneficiary’s home or temporary expansion site is considered to be a provider-based department of the hospital, and the beneficiary is registered as an outpatient of the hospital for purposes of receiving telehealth services billed by the physician or practitioner, the hospital may bill under the Physician Fee Schedule (“PFS”) for the originating site facility fee associated with the telehealth service.”

**Under these circumstances will your health plan follow the CMS Guideline and allow the hospital to bill under the PFS for the originating site facility fee associated with the telehealth service as well as for the professional fee?**

**Answer to Question**

		with the CR modifier. Do not bill the G0463 for the same date of service. See the COVID- 19 fee schedule.	
<b>Medicaid FFS</b>	Yes 06/23/20	Refer to HCA – Apple Heath Response	
<b>Amerigroup</b>	Yes 06/23/20	Refer to HCA – Apple Heath Response	
<b>CHPW</b>	Yes 06/23/20	Refer to HCA – Apple Heath Response	
<b>Coordinated Care</b>	Yes 06/23/20	Refer to HCA – Apple Heath Response	
<b>Molina</b>	Yes 06/23/20	Refer to HCA – Apple Heath Response	
<b>UHC Community Plan</b>	Yes 06/23/20	Refer to HCA – Apple Heath Response	
<b>KP-NW</b>			
<b>KP-WA</b>			
<b>Labor &amp; Industries</b>	Depends 05/27/20	<p><b>Yes</b>, if the hospital</p> <ul style="list-style-type: none"> <li>is not an Outpatient Prospective Payment System (OPPS) hospital and is not a Critical Access Hospital (CAH).</li> <li>is a children’s, military, veterans, or specialty hospital (they are paid 100% of charges so they could list the professional fee schedule amount)</li> </ul> <p><b>No</b>, if the hospital</p> <ul style="list-style-type: none"> <li>is an OPPS hospital</li> </ul>	

Per CMS guidelines (<https://www.cms.gov/files/document/covid-hospitals.pdf> 1<sup>st</sup> bullet point) – “During the COVID-19 PHE, if the beneficiary’s home or temporary expansion site is considered to be a provider-based department of the hospital, and the beneficiary is registered as an outpatient of the hospital for purposes of receiving telehealth services billed by the physician or practitioner, the hospital may bill under the Physician Fee Schedule (“PFS”) for the originating site facility fee associated with the telehealth service.”

**Under these circumstances will your health plan follow the CMS Guideline and allow the hospital to bill under the PFS for the originating site facility fee associated with the telehealth service as well as for the professional fee?**

**Answer to Question**

Answer to Question			
		<ul style="list-style-type: none"> <li>is a CAH hospital (L&amp;I, has its own payment methodology)</li> </ul>	
<b>Molina - Marketplace</b>	Yes 06/11/20		
<b>Pacific Source</b>	Yes 05/26/20		
<b>Premera</b>	Yes 05/26/20		
<b>Providence</b>	Not Answered		
<b>Regence</b>	Yes 5/29/2020	Regence allows the provider to bill the professional service and get paid at the lower facility rate (excluding hospital-based overhead) and also bill Q3014 – telehealth facility fee – for the fee associated with the telehealth service itself.	
<b>UHC - Commercial</b>	Yes 05/26/20	UHC interprets this item as allowing providers to bill the professional service and get paid at the lower facility rate (excluding hospital-based overhead), but also bill Q3014 (Telehealth facility fee) for the fee associated with the telehealth service itself.	