April 27, 2020

Dear Valued Provider,

We know you have many questions regarding telehealth services available to UPMC Health Plan members during the COVID-19 public health emergency (PHE). Temporary changes to our coverage policies are captured in Appendix A: COVID-19 Special Coverage and Payment Policy and Provider FAQ, which is updated regularly and available on the provider portal. Given the unique and critical role that you play in serving our members and communities we would now like to share questions we have received from the Federally Qualified Health Center, Look-A-Like, and Rural Health Clinic community with responses that are valid as of April 22, 2020.

1. How is UPMC configured to reimburse for telehealth services for FQHCs, RHCs, and FQHC LALs during this public health emergency?

For Medicaid, CHIP, and CHC
Services rendered through telehealth by UPMC for You, UPMC for Kids, and UPMC Community HealthChoices Medical Assistance participating providers will be paid at the same rate as if they were rendered in person using standard office visit codes (i.e., HCPCS code T1015).

The telehealth service must be rendered in conformance with the full description of the procedure code, in a clinically appropriate manner, and to the extent that it would have been rendered if the visit had occurred in person. No additional payment will be made for the technology used to render telehealth services. Consistent with Pennsylvania DHS guidance, UPMC Health Plan will allow for the use of telephone-only services where video technology is not available.

For Medicare or SNP
As of March 27, 2020, The CARES Act authorized Medicare reimbursement for health centers and rural health clinics as distant sites for the duration of the emergency. Our system is configured to align with the guidance issued in New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE); MLN Matters Number: SE20016. Additional covered telehealth services are listed in Medical Policy.148

For any FQHC on a Medicare PPS fee schedule, UPMC for Life or UPMC for Life Dual will align with CMS and accept code G2025 for telehealth services starting on July 1, 2020.

For Commercial
Services rendered through telehealth by Commercial participating providers will be reimbursed based on the codes and any related requirements referenced in Appendix A and Medical Policy.148.
2. Should FQHCs, RHCs, and FQHC LALs use Place of Service 02 or modifiers for services rendered through telehealth?

In order to maintain clear and consistent records of all telehealth services, please use Place of Service (POS) 02 on a CMS-1500 claim form, Revenue Code 0780 on UB-04 Claim Form, or modifier “95” when submitting these claims to UPMC Health Plan. This will help ensure that claims for telehealth services are routed and processed under our PHE coverage policy with $0 cost-sharing for your patients. We will not deny claims based on use of a code other than POS 02, but use of other codes may necessitate additional processing or adjustment to pay these claims under the appropriate telehealth benefit. For this reason, we are asking that all providers use Place of Service 02 to ensure appropriate coverage and $0 cost-sharing for the patient. The use of modifier “95” is also accepted.

3. Does UPMC reimburse for the Virtual Check-In at FQHCs, RHCs, and FQHC LALs?

Yes, coverage for a brief (5-10 min) remote interaction, typically via telephone between a provider and their existing patient through HCPCS code G2012 is currently allowed in Medicare and has been added for Commercial, Medicaid, and CHIP products. Our coverage policy for this service in all products reflects additional flexibilities under CMS guidance, permitting use of this code for both existing and new patients during the PHE.

For any FQHC on a Medicare PPS fee schedule, UPMC will accept HCPCS code G0071 for virtual check in.

In reviewing this information, please know that it is always our goal to ensure that you are supported in delivering necessary care to our shared members and patients. We have adopted substantial flexibilities in our telehealth reimbursement policy for the duration of the PHE and hope that these help you efficiently provide and bill for services without any undue difficulty during this challenging time. To the extent you believe that our coverage guidance described here represents an unnecessary barrier or restriction on your delivery of services, via telehealth or otherwise, I encourage you to contact me or another Physician Account Executive so that we can review, address, and incorporate your concerns into any future communications on this subject.

Thank you, and, as always, I refer you to our website for the most up-to-date information at https://www.upmchealthplan.com/providers/.

Sincerely,

Kimberly Zynn
Vice President, National Network Development and Strategic Expansion
UPMC Health Plan