# UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy UB04

Policy Number 2025R5031A

# **Telehealth Policy, Facility**

#### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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## **Application**

This reimbursement policy applies to services reported using the UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient facility claims, including, but not limited to, non-network authorized, and percent of charge contract facilities.

# **United Healthcare Commercial**

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

# UnitedHealthcare Individual Exchange

This Reimbursement Policy applies to all Individual Exchange benefit plans.

# **Policy**

#### Overview

The policy describes how UnitedHealthcare reimburses UB04 claims for Telehealth Originating Site code Q3014 and the appropriate use of type of bill (TOB) codes.

#### **Reimbursement Guidelines**

## **Originating Site Requirements**

The Originating Site is the physical location of the member receiving Telehealth services by the rendering healthcare professional, who is located at a Distant Site.

UnitedHealthcare recognizes the following Centers for Medicare and Medicaid (CMS) designated Originating Sites, which are considered eligible for furnishing Telehealth services to a patient located in an Originating Site:

- The office of a physician or practitioner
- A hospital (inpatient or outpatient)

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- A critical access hospital (CAH)
- A rural health clinic (RHC)
- A federally qualified health center (FQHC)
- A hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE:
   Independent renal dialysis facilities are not eligible Originating Sites
- A skilled nursing facility (SNF)
- A community mental health center (CMHC)
- Mobile stroke unit

Claims for Originating Site services may be reported using HCPCS code Q3014 (Telehealth Originating Site facility fee) on either a professional (CMS-1500) or a facility (UB-04) claim when a Telepresenter is present at an Originating Site location other than the patient's home. Q3014 is not reimbursable when the Distant Site claim is reported with a POS 10 indicating the patient is located at home and not receiving any Originating Site services from a Telepresenter.

For professional claim reporting guidelines, please refer to the Telehealth/Virtual Health Policy, Professional.

For facility claim submission of Originating Site services, code Q3014 is accepted on one of the following bill types: 12X, 13X, 22X, 23X, 71X, 72X, 73X, 76X, 77X or 85X.

Definitions	
Distant Site	The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.
Originating Site	The location of a patient at the time the service being furnished via a telecommunications system occurs.
Telehealth	Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.
Telepresenter	The healthcare practitioner present with patient at an Originating Site.

## **Questions and Answers**

**Q:** How should care professionals submit claims for Telehealth services that are only eligible through the end of the COVID-19 national public health emergency (NPHE)?

**A**: For Telehealth services rendered in response to the COVID-19 NPHE, health care professionals should visit UnitedHealthcare's COVID-19 information page on <a href="https://www.uhccovid19">UHCprovider.com/covid19</a> > Telehealth Services for additional resources.

## Resources

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

## **History**

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Policy Number 2025R5031A

5/25/2025	Anniversary Review and Version Change
5/1/2024	Policy Version Change Reimbursement Guidelines section revised Definitions section revised
4/1/2024	<ul> <li>Template Update</li> <li>Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans.</li> <li>Updated Application section to indicate this Reimbursement Policy applies to:         <ul> <li>All UnitedHealthcare Commercial benefit plans</li> <li>All Individual Exchange benefit plans</li> </ul> </li> </ul>
9/8/2023	Policy Version Change Logo updated
1/1/2023	Policy implemented by UnitedHealthcare Employer & Individual
9/21/2022	Policy approved by Reimbursement Policy Oversight Committee