

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 Individual Exchange 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 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 Individual Exchange’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange 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 Individual Exchange 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 Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.

UnitedHealthcare Individual Exchange 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 UnitedHealthcare Individual Exchange products.

This reimbursement policy applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient hospital claims, including, but not limited to, non-network authorized, and percent of charge contract facilities.

Applicable States:

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York.

Policy

Overview

The policy describes how UnitedHealthcare reimburses UB-04 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)
- 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 must be reported using HCPCS code Q3014 (telehealth originating site facility fee) on either a professional (CMS 1500) or facility (UB-04) claim. For professional claim reporting guidelines, please refer to the Telehealth/Virtual Health Policy, Professional.

For facility claim submission of Originating Site services, code Q3014 must be reported 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.
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Questions and Answers

1	<p>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)?</p> <p>A: For Telehealth services rendered in response to the COVID-19 NPHE, health care professionals should visit UnitedHealthcare’s COVID-19 information page on UHCprovider.com/covid19 > Telehealth Services for additional resources.</p>
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Resources

<p>Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services</p> <p>Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets</p>
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History

9/8/2023	Policy Version Change Logo Updated
1/1/2023	Policy implemented by UnitedHealthcare Individual Exchange
9/21/2022	Policy approved by Reimbursement Policy Oversight Committee