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2003–2006

NCQA's New Health Plan Accreditation Program applies to health plans that are less than two years old. The program is distinct from NCQA's Managed Care Organization (MCO) Accreditation Program. NCQA accreditation evaluates how well a new health plan manages all parts of its delivery system (physicians, hospitals, other providers, and administrative services) to continuously improve health care for its members.

## UPHP Customer Service • 1-800-835-2556

### CLAIM NOTES

#### ► Billing Address for Paper Claims

UPHP's billing address for paper claims has changed. All paper claims must be mailed to: Upper Peninsula Health Plan, P.O. Box 4139, Scranton, PA 18505.

#### ► Telemedicine Billing Guidelines Facilities

- UPHP pays the *originating site's* facility fee at a fixed rate of \$20. The originating site is the location of the patient—where the transmission starts. The *distant site* is the location of the physician; its facility fee is *not* a covered benefit. Medicare's reimbursement rate is \$21.60; however, the actual payment is a percentage of that rate, so the payment is less. This rate is reviewed annually.
- Facilities must bill Revenue Code 510 with HCPCS Code Q3014 and will be paid by the HCPCS code.
- The *Type of Service* code is 9 (Other Items or Services).
- Revenue Code 780 (Telemedicine–General) and Revenue Code 789 (Telemedicine–Other Telemedicine) are not covered and not payable.
- Facilities *must* bill for this service on a separate claim when it is provided during an inpatient

stay—to avoid having the charge combined in the DRG payment.

- Facilities *may* bill for this service in addition to RV450 and RV360 on the same date of service and on the same claim.

#### Practitioners

- Practitioners bill on the standard HCFA-1500, with the CPT code appropriate for the level of service provided *and* the modifier GT (via an interactive audio and video telecommunications system). Covered services are consultations, office visits, psychotherapy, and pharmacological management.
- The location code remains as is (office, inpatient, etc).
- Services are paid at the Michigan Medicaid Fee Schedule rates current when the service is provided.
- The HCPCS Code T1014 (Telehealth Transmission, Per Minute; professional services bill separately) is not valid.
- The modifier GQ (Store and Forward Substitute) is not a covered service. It is used when the distant site is in Alaska or Hawaii. Such a situation is a benefit exception, requiring a determination of medical necessity and handling via the usual channels.