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Telemedicine Billing Guidance and Updates

Last updated 10/20/2020

HPSM reimburses for care delivered via telehealth, across all lines of business. We have expanded the telehealth services we cover to support providers responding to the COVID-19 pandemic. These changes, and some answers to frequently asked questions, are outlined in this document including:

1. **Video no longer a requirement for many telehealth codes**
2. **General information on billing and reimbursement**
    a. **Medi-Cal, ACE, and HealthWorx**
    b. **CareAdvantage**
3. **Revision to previous notice regarding codes 99441-99443 and 98966-98968**
4. **Originating site may be patient's home**

Telemedicine billing guidance from DHCS, DMHC and CMS is changing frequently in light of COVID-19. HPSM will follow all state and federal policy changes to improve access to telemedicine, and we will work to keep our website current with this information.

> **Key take-away: When in doubt, we encourage you to utilize telemedicine options to provide care. HPSM is committed to supporting you in the appropriate delivery of services. Please look to DHCS and CMS sources for the most up to date information on policy changes, and answers to detailed billing questions not included here.**

Please monitor your claims submission and remittance advice and notify us if anything does not appear as expected. You can reach our claims department by email, at ClaimsInquiries@hpsm.org. Our Provider Services team is also here for you – you can reach us at PSInquiries@hpsm.org.

1. Video no longer a requirement for many telemedicine codes

1. Previously, DHCS (Medi-Cal) and Medicare required that both telephone and video be used, in order to bill the majority of telehealth codes. To support expanded access during this public health emergency, HPSM is following the DHCS and DMHC guidance on expanded flexibility for telephone only services, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the patient. This is applicable for all lines of business, including CareAdvantage.

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Key take-away: If video is not available to you, and a standard procedure or service can appropriately be delivered using telephone only: please do so and document that video was not available/appropriate.

2. General information on billing and reimbursement

Key takeaway: Medi-Cal and Medicare billing guidance can be complex, and it is changing to support more flexibility for providers. We've provided some links and guidance below but please defer to DHCS and CMS guidance on detailed billing questions.

Medi-Cal, ACE and HealthWorx

For these three lines of business, telehealth can be billed to HPSM using the appropriate DHCS Medi-Cal billing methodology (more detail below). For Common Procedural Terminology (CPT) codes that are *not* specific to telehealth (e.g., CPT codes that pertain to office visits, but that are submitted with a 95 or GQ modifier and place of service code 02 to indicate telehealth delivery): these will be reimbursed at the same rates as in-person rates for these services. Codes that are *specific* to telemedicine (e.g., G2010 and G2012) are reimbursed at DHCS rates for these three lines of business.

Detail: Medi-Cal, ACE, and HealthWorx Billing

For telehealth delivered to Medi-Cal, ACE and HealthWorx members, please follow the billing guidance at this link (and please note that this page contains additional guidance for FQHCs): https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx.

Billing for telehealth for these three lines of business is comprised of:
The appropriate **CPT code** + **1 of the 2 modifiers listed below** + **Place of Service code 02**.

Modifier 95	For services or benefits provided via synchronous, interactive audio and video telecommunications systems, **OR, via audio only if video is not available**, the health care provider bills with modifier 95. If video is not available, this should be documented per DHCS guidance.
Modifier GQ	For services or benefits provided via asynchronous store and forward telecommunications systems, the health care provider bills with modifier GQ.
Place of Service Code "02"	Place of Service code "02" on the claim indicates that services were provided or received through a telecommunications system.

Note: Please refer to https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx for exceptions to coding for FQHCs, RHCs, and IHS-MOA clinics.

In addition to covering CPT codes delivered as telehealth per the above, HPSM has begun covering two new telemedicine codes that are specific to telemedicine: brief virtual check ins. These two codes, G2010 and G2012, are covered for all lines of business. They are reimbursed at DHCS rates (Medi-Cal fee schedule) for Medi-Cal, ACE, and HealthWorx. HPSM will follow DHCS and CMS changes to rates and definitions of these codes.

Mild-to-Moderate Behavioral Health Services:

Behavioral Health providers should follow the Medicare billing methodology detailed below for CareAdvantage, Medi-Cal and HealthWorx members.

CareAdvantage:

For CareAdvantage members, telemedicine services can be billed to HPSM using the appropriate Medicare billing methodology (more detail below). HPSM is allowing the use of this billing methodology for telephone only services when video is not available, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the patient. For CPT codes that are *not* specific to telemedicine (e.g., CPT codes that pertain to office visits, but that are submitted with a place of service code 02 to indicate telehealth delivery): these will be reimbursed at the same rates as in-person rates for these services. Codes that are *specific* to telemedicine (e.g., G2010, G2012, and others – see https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes) are reimbursed at Medicare rates.

Detail: CareAdvantage Cal-MediConnect

For telemedicine delivered to CareAdvantage (dual-eligible) members, please follow CMS guidelines for appropriate billing: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet. In that fact sheet you will note that Medicare covers three different types of telemedicine services (summarized below).

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with:

- Place of Service (POS) equal to what it would have been had the service been furnished in-person
- Modifier 95, indicating that the service rendered was actually performed via telehealth

Some key resources for billers:

- For a list of Medicare telehealth visit codes (the first of the three categories above) please see: https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes.
- Guidance on use of the Place of Service (POS) code 02 can be found in the Medicare manual here: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf. Note that POS 02 will not be required on UB04 claims.
- You can look up Medicare rates by CPT code here: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup

3. Revision to previous notice regarding codes 99441-99443 and 98966-98968

On 3/19/2020, HPSM announced that we were temporarily covering 6 CPT codes for telephone visits, until further notice, that were not covered by DHCS or CMS (listed below). In light of new guidance from DHCS and DMHC that expanded covered codes to telephone-only services, HPSM has retired these 6

codes for Medi-Cal, ACE, and HealthWorx. We encourage you to bill using the approved DHCS and CMS codes and we will continue to update our guidance as we receive new information.

Key take-away: If you bill HPSM for any of the following codes, the claim will be denied due to other covered codes being available. Please use the Medi-Cal and Medicare billing guidance above, instead of these six codes:

- 98966
- 98967
- 98968
- 99441
- 99442
- 99443

CMS has indicated through a draft policy that they will be covering these 6 E&M codes in response to the public health emergency, retro-active to dates of service 03/01/2020. We will update this information again when the final policy has been published.

4. Originating site may be patient's home

Per CMS, members must generally travel to or be located in certain types of originating sites (such as a physician's office, skilled nursing facility or hospital) for a telehealth visit. However, for the duration of the COVID-19 Public Health Emergency HPSM will make payment for telehealth services furnished to beneficiaries in any healthcare facility and in their home. We will follow CMS and DHCS policy on any further changes to these requirements.