Telemedicine Billing Guidelines and Updates

Last updated 3/19/2020

HPSM reimburses for care delivered via telehealth per DHCS guidelines for the Medi-Cal line of business, and per CMS guidelines for the CareAdvantage Cal MediConnect (dual eligible) line of business. See below for details. Additionally, HPSM has begun covering two new telemedicine codes, including code G2012 which applies to telehealth delivered without video, for all lines of business.

Definition: “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient’s health care.

What’s new? The following codes are now covered for Medi-Cal, CareAdvantage Cal-MediConnect, HealthWorx and ACE:

- **G2010**: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment. Remote evaluation of recorded video and/or images submitted by an established patient.

- **G2012**: Brief communication technology-based service (e.g., virtual check-in), by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

What other telemedicine codes does HPSM reimburse for?

- **Medi-Cal**: HPSM follows the DHCS Medi-Cal Telehealth policy. Billing is comprised of the appropriate CPT code + 1 of the 2 modifiers listed below + place of service code 02. Please refer to the DHCS policy above for exceptions to coding for FQHCs, RHCs and IHS-MOA clinics.

  - **Modifier 95**: For services or benefits provided via synchronous, interactive audio and telecommunications systems, the health care provider bills with modifier 95.
  - **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.

- **Medicare (CareAdvantage)**: Follow the CMS guidelines for all qualifying telemedicine services for Medicare patients.
Telemedicine billing guidance from DHCS and CMS is changing in light of COVID-19 readiness. HPSM will work to update our website with our most current policies to align with these changes. Please monitor your claims submission and remittance advice and notify us if anything does not appear as expected for reimbursement for these services. Please reach out to the HPSM Provider Services department with any questions.