

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency

COVID-19 Telehealth

April 29, 2020



Agenda

Welcome

Housekeeping

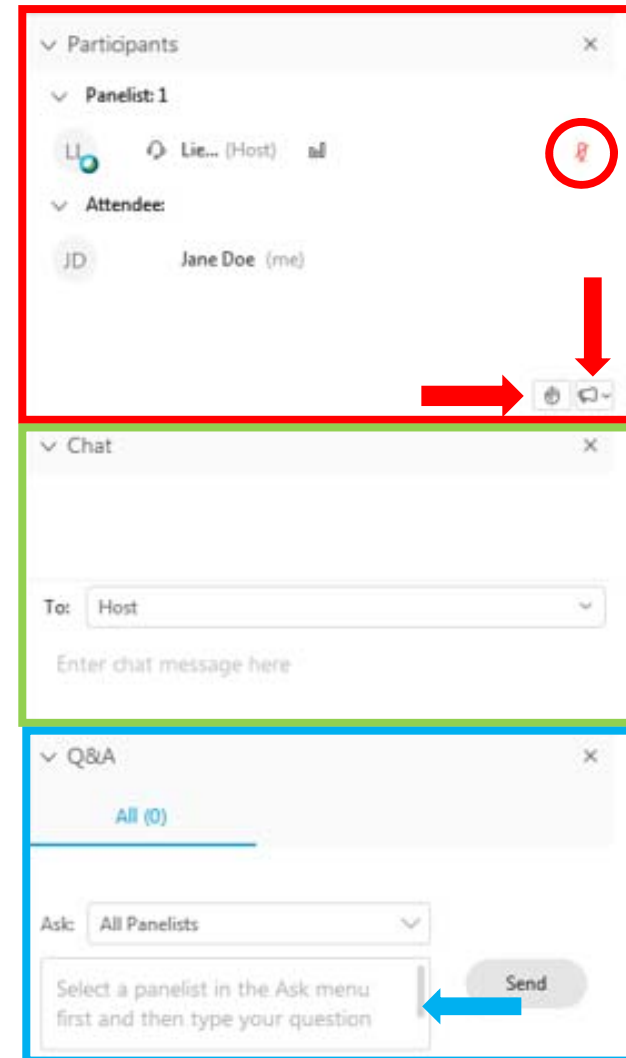
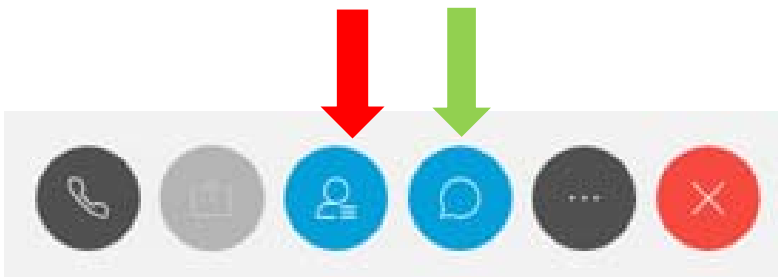
COVID-19 Telehealth: Dr. Robert Moore

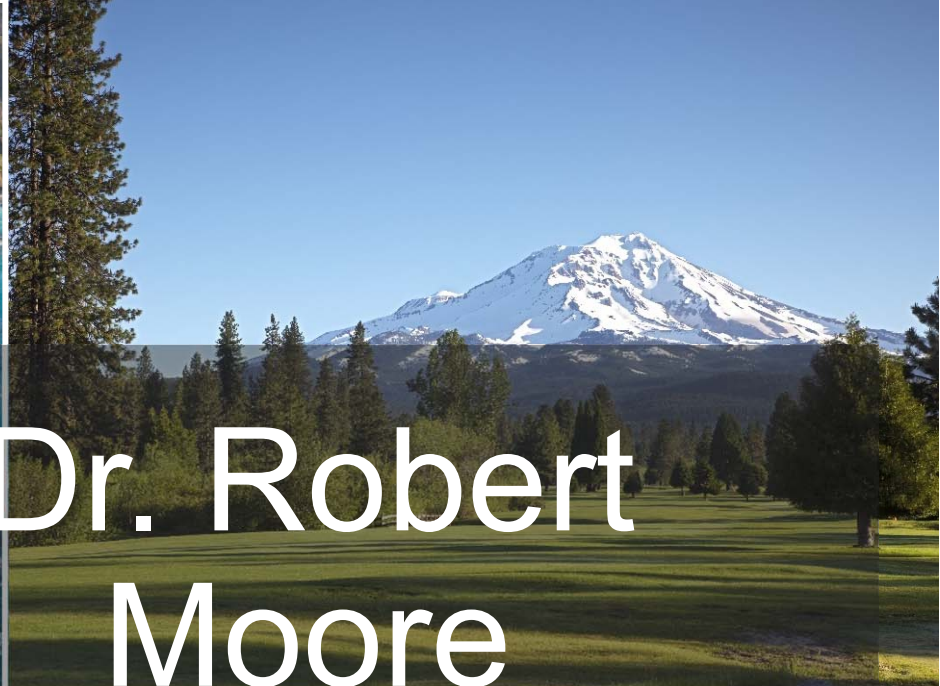
Contact Information

Questions

Housekeeping

- This webinar will be recorded.
- All attendees have been muted to eliminate any possible noise interference/distraction.
- If you have a question or would like to share your comments during the webinar, **please type your question in the “Q&A” box.**
- Additional documents will be emailed to all attendees after the webinar.





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Dr. Robert
Moore
Chief Medical Officer



Why to Use Virtual Visits

- To reduce the risk of transmission of COVID-19: minimizing close personal contact and potential exposure to virus in the air or on surfaces in the health care setting.
- For patients fearful of face to face visits, to allow *some* medical care/evaluation to occur
- To decrease use of personal protective equipment, especially face masks.



When May Virtual Visits be Used?

- For care that would take the place of acute office visits: 99212-99214, 99202-99204
- For Comprehensive Perinatal Services Program services, including lactation consultation
- Visits by Registered Dietician
- Mental Health visits
- Physical Therapy, Occupational Therapy, Speech Therapy assessment and educational visits: G2061, G2062, G2063
- See PHC Telehealth policy for inpatient services



Well-Child Visits

- NCQA requires physical exam to be a part of well-child visit but allows well-child visit to be divided into components
- AAP, DHCS and CDPH all focusing in importance of in-person exam for children under age 2.
- Well child visits for children aged 3-21 have been removed from PCP QIP.
- If a portion of a well-child visit is done virtually, use 992xx with modifier 95.
- For a portion of a well-child visit that includes the physical exam (or for complete well-child visits) use preventive visit codes: 99381-5 (new) or 99391-5 (established).



Obstetrical Visits (Prenatal)

- Prenatal Care

- Prenatal Care visits (Z1032.ZL, Z1034, Z1036) must include evaluation of fundal height and auscultation of fetal heart tones, and therefore must be done in-person
- Virtual visits done on pregnant women between in-person prenatal care visits should use E&M codes: 99212-99214 modifier 95



Obstetrical Visits (Post-Partum)

- **Post-Partum Visits (Z1038 or 59430)**
 - ACOG and DHCS recommend two post-partum visits
 - One before 21 days after delivery
 - One between 21 and 84 days after delivery
 - NCQA requires just one, in-person visit from 7 to 84 days after delivery.
 - PHC will allow one of the post-partum visits to be virtual, instead of in-person, but the other, in-person visit should be sometime between 7 and 84 days after delivery.



New PHC Members: Initial Assessments

- We expect an influx of new PHC members in the months to come
- While an in-person physical exam is typically required, DHCS has given flexibility on this requirement during COVID
- Be sure to include the age appropriate Staying Healthy Assessment, as well as other appropriate routine screening (for depression, for example)
- If done virtually, use 99213-5 or 99203-5 with the 95 modifier.



Frequently Asked Questions

- For a virtual visit, when is G0071 or G2012 used instead of 99212.95 for brief telephone visits?
 - 99212.95: Established patients,
 - minimum of 5 minutes,
 - clinical decision-making documented in record
 - G0071: FQHC, Rural Health Centers use this if either
 - Less than 5 minute visit
 - Lack of clinical-decision making as part of visit
 - G2012: Other providers, including tribal health if either
 - Less than 5 minute visit
 - Lack of clinical-decision making as part of visit



Telehealth Reminders

- Any clinician eligible to bill for office visits may conduct a telephone or video visit with a patient in lieu of an office visit using a HIPAA-compliant platform.
- Use existing face-to-face codes when billing PHC for video/telephonic visits.
- CPT or HCPCS code(s) must be billed using valid place of service and/or billing type codes:
 - A valid Place of Service code must be billed when using CMS-1500 form or electronic equivalent
 - A valid Bill Type code must be billed when using a UB-04 form or electronic equivalent
- Modifiers
 - 95 for synchronous or interactive audio and telecommunications system
 - GT for asynchronous store and forward telecommunications system



Resources

- **DHCS APL on COVID-19 Telehealth**
<https://www.dhcs.ca.gov/Documents/COVID-19/APL-20-004-Emergency-Guidance-1135-Waiver.pdf>
- <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-009COVID-19.pdf>
- **Telehealth Other Virtual Telephonic Communications – Updated March 24, 2020**
https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf
- **CMS COVID-19 FAQs for State Medicaid and CHIP Agencies**
<https://www.medicare.gov/state-resource-center/downloads/covid-19-faqs.pdf>
- **PHC Telehealth Services MCUP3113:**
<http://www.partnershiphp.org/Providers/Policies/Documents/Utilization%20Management/MCUP3113.docx>
- **Department of Health Care Services COVID-19 Medi-Cal Services and Telehealth Notice:**
http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30375.asp
- **For additional guidance on Telehealth applications please visit the Health and Human Services webpage at** <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- **COVID-19 Lab Tests**
http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339.asp
- **Presumptive Eligibility Aid Code Due to COVID-19**
http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_27.asp



Clinician Resources: Virtual Physical Exam

- **Overviews of Best Practices:**

<https://www.youtube.com/watch?v=8bMFL56Zflc>

<https://www.youtube.com/watch?v=4hRObfNyDvc>

<https://www.youtube.com/watch?v=LCvLwnJjmTo>

<https://stanford.cloud-cme.com/default.aspx?P=0&EID=35561>

- **Palpation assessment** https://www.youtube.com/watch?v=u_bGGQ4LBlw

- **Observation assessment** <https://www.youtube.com/watch?v=Bi15jXWJ8ak>

- **Types of Physical Exam**

- Abdominal exam <https://www.youtube.com/watch?v=tAbyYFtSM5o>

- Neurologic exam <https://www.youtube.com/watch?v=m4ntpFyZlv8>

- Musculoskeletal exam <https://www.youtube.com/watch?v=Jse2pHMilMI>

- Orthopedic exams

- Knee <https://www.youtube.com/watch?v=nztYYYvJdnc>

- Hip and Groin <https://www.youtube.com/watch?v=QA0UOjSE3bl>

- Hip and Groin Examination Example <https://www.youtube.com/watch?v=L9rGeli6G10>

- Shoulder Series: Flexion https://www.youtube.com/watch?v=MuoRdf_bo7A , adduction https://www.youtube.com/watch?v=1Pm0bBuv_9I , abduction <https://www.youtube.com/watch?v=0mY5T8PZX3Y>

- Shoulder Exam (for patients before visits) https://www.youtube.com/watch?v=ah8vY_C-e0Q

- Neck series: range of motion <https://www.youtube.com/watch?v=stiv9yIXPu0> , nerve root compression testing <https://www.youtube.com/watch?v=xR3SKLvTUls>



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Frequently Asked Questions

COVID19 Telehealth

May 6, 2020

Telehealth is an effective way for providers to continue delivering health care and public health services to members. We have provided answers to the most frequently asked questions.

Who can provide telehealth services?

Licensed provider and non-licensed staff may provide services via telehealth, as long as the service is within their scope of practice.

Are there restrictions on what type of modality should be used to provide care via telehealth?

PHC is not imposing specific requirements for technologies used to deliver services via telephone or telehealth. Please remember that some services are not appropriate for phone only. When clinically appropriate, providers are encouraged to use appropriate technologies to communicate with individuals and should, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services. We also encourage providers to use HIPAA-complaint telehealth platforms whenever available.

Should providers ensure privacy when using telehealth?

Yes, providers should always ensure privacy when using telehealth. Providers are encouraged to use appropriate HIPAA compliant telehealth platforms to communicate with individuals and to inform members of any relevant considerations. Laws related to confidentiality and professional responsibility remain in effect.

The Department of Health and Human Services' Office for Civil Rights (OCR) announced it would temporarily not impose penalties for noncompliance with HIPAA regulations against providers leveraging non-public facing telehealth platforms that may not comply with the privacy rule during the COVID-19 pandemic.

Will Partnership continue to cover Telehealth post COVID-19?

Partnership will continue to temporarily cover Telehealth during the COVID-19 Pandemic. We continue to closely monitor the evolving situation and will issue further information as we receive it from the Department of Health Care Services (DHCS).

Do PHC members need to consent to telehealth services?

Yes, prior to delivering health care services via telehealth, the health care provider at the originating site must verbally inform the patient that telehealth may be used, and obtain verbal consent from the patient. The verbal consent must be documented in the patient's medical record.

Frequently Asked Questions

COVID19 Telehealth

Are brief telephone visits only for established patients and are they billable during COVID-19 only?

Brief telephone visits are only for established patients during COVID-19 using applicable G2010 or G2012 codes for brief virtual communication. New Patients receiving a virtual/telephonic visit in lieu of a face-to-face office visit only during COVID-19 must be treated in the same manner as if the visit was conducted in person and billed using the appropriate 992xx CPT code, 95 modifier and POS 02.

- HCPCS code 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 hours, not originating from a related evaluation and management (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. Medi-Cal Fee-For-Service (FFS) Rate: \$10.87
- HCPCS code 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. G2012 can be billed when the virtual communication occurred via a telephone call. Medi-Cal FFS Rate: \$12.48

Are there any exclusions to the telehealth benefit? Can I use text or email to provide telehealth care to my patients?

Telehealth does not include email, text (SMS), and written communication between providers or between patients and providers.

When do these telehealth guidelines go into effect and when do they end?

These temporary waivers are retroactive to March 6, 2020. The waiver period will end when the national emergency order is lifted (in whole or in part).

What if my patient doesn't have access to a phone or computer?

We encourage providers to work with their members to ensure that they know how to access services in the event of an emergency and to communicate with our members about other options that may be available during this crisis. For example, if a member does not have a phone or computer, then we ask that assistance arranging for that member to continue to receive services.

Are sessions the same length of time if done via telehealth?

There is no difference in the length of telehealth sessions compared to in-person sessions.

If patient is not assign to a PCP will PHC waive the RAF process from PCP and convert the patient as a special member?

We are not categorically making changes in our system of assigning and re-assigning patients or making all special members. On a case-by-case basis, we will look at making changes for individual patients, as we are contacted, mainly through member services.

Frequently Asked Questions

COVID19 Telehealth

Since many consults are done via telehealth, will the lack of updated forms for the Staying Healthy Assessments (SHAs) affect provider's HEDIS chart review and site reviews?

Updated SHAs are needed for adults every few years. If no SHA is found in the medical record, this would be considered a site review finding.

Is telehealth billing limited to HCFA 1500 or can services be billed on a UB?

No, it is not limited to HCFA 1500. You may bill using the UB-04 but make sure to use a valid Bill Type code.

Are the GT or 95 modifiers required for billing telehealth?

Yes, bill using the GT or 95 modifier.

What are the guidelines regarding diagnosis codes for COVID 19?

These codes should be used for confirmed or suspected COVID-19, if that is the cause of the visit or related to the reason for the visit.

Can Medi-Cal covered CPSP services be provided via a virtual/telephonic communication modality?

In order for a CPSP service via virtual/telephonic communication to be billed and reimbursed at PPS/AIR, it would have to be rendered by a billable provider, meet all requirements of the corresponding CPSP-covered HCPCS codes that would correspond to the visit being done in-person, and satisfy all of the identified conditions outlined in the above Section III guidance. If the CPSP visit does not satisfy the conditions for a face-to-face visit, FQHC, RHC, Tribal 638 Clinics can be reimbursed using HCPCS code G0071 for FFS patients.

Are Zcodes still being used for CPSP telephonic visits?

Yes, we will accept the CPSP Z codes with the 95 modifier for virtual visits (except for the prenatal and one post-partum clinician visit as noted in the webinar.)

How do we bill Medicare, PHP secondary claims since the codes required are different and the remit will not match?

Most of the Medicare telehealth codes are the similar or equal to the PHC codes. Please bill Medicare per their current billing guidelines for telehealth.

Does Medi-Cal allow FQHCs, RHCs, and Tribal 638 Clinics to provide covered services via telehealth?

Yes, billable providers may utilize a telehealth modality to provide FQHC, RHC, or Tribal 638 covered services via synchronous telehealth (audio-visual, two-way communication) to "established" patients. Please see the Provider Manuals provided by telehealth.

Frequently Asked Questions

COVID19 Telehealth

Do FQHCs, RHCs, or Tribal 638 Clinics bill their telehealth claims the same as if the visit was in-person?

Yes, FQHC, RHC, or Tribal 638 covered services provided via a synchronous telehealth modality to an established patient are subject to the same program restrictions, limitations, and coverage that exist when the service is provided in-person.

Can FQHCs, RHCs, and Tribal 638 Clinics bill for originating site or transmission fees?

No, FQHCs, RHCs, and Tribal 638 Clinics may not bill for originating site or transmission fees.

Do FQHCs, RHCs, or Tribal 638 Clinics bill using Place of Service (POS) Code 02 and/or Modifier 95 modifier for telehealth claims?

No, FQHCs, RHCs, and Tribal 638 Clinics do not bill with POS 02 or Modifier 95 for Medi-Cal FFS. For Medical Managed Care, FQHCs, RHCs, or Tribal 638 Clinics should contact the MCPs with which they have contractual arrangements to determine documentation requirements for these encounters.

What preventive CPT billing codes should FQHCs, RHCs, and Tribal 638 Clinics be using for well child care (Child Health and Disability Prevention (CHDP) visits provided utilizing telehealth and/or other virtual/telephonic communication modalities?

In order for CHDP/well-child services to be provided via virtual/telephonic communication to be billed and reimbursed at PPS/AIR, those visits would have to be rendered by a billable provider, meet all requirements of the corresponding covered CPT/HCPCS codes that would correspond to the visit being done in-person, and satisfy all of the identified conditions outlined in the [Section III guidance](#). If the CHDP/well-child services do not satisfy the conditions for an in-person visit, FQHCs, RHCs, Tribal 638 Clinics can be reimbursed using HCPCS code G0071 (\$13.69) for FFS patients.

In addition, relative to well child visits, during the COVID-19 situation, the American Academy of Pediatrics (AAP) reminds providers that the benefit of attending a well visit and receiving necessary immunizations and screenings should be balanced with the risk of exposure to other children and adults with potential contagious diseases. In particular, the AAP's current guidance includes considering modifications to the structure of your clinic schedule and physical space. For more information, please see the [AAP's website](#), as well as [guidance](#) released by DHCS relative to well child visits. Please also see [DHCS' guidance](#) relative to non-essential, non-urgent procedures during COVID-19.

Can FQHCs, RHCs, and Tribal 638 Clinics submit claims for Medi-Cal covered benefits or services provided via a virtual/telephonic communication modality using HCPCS codes G2012 or G2010 and be paid?

No, FQHCs, RHCs, and Tribal 638 Clinics cannot bill using HCPCS codes G2012 or G2010.

Frequently Asked Questions

COVID19 Telehealth

Where can I find more information about DHCS' recent implementation of a new Presumptive Eligibility (PE) Aid Code relative to COVID-19?

You can find more information on DHCS' website <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/COVID-19-Presumptive-Eligibility-Program.aspx>, which includes information about how to render and bill for COVID-19 diagnostic testing, testing-related services, and treatment services, including all medically necessary care for the individual at the time of the individual's visit to the office, clinic, or hospital.

Resources:

DHCS: COVID-19 Guidance for Telehealth and Virtual/ Telephonic Communications:

http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_02.asp?utm_source=iContact&utm_medium=email&utm_campaign=medi-cal-newsflash&utm_content=DCN_30339.13

http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_02.asp

http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30375.asp

PHC Provider Website and Bulletin:

<http://www.partnershiphp.org/Providers/Pages/default.aspx>