

March 18, 2020

Dear SCCIPA Provider,

## RE: TELEHEALTH SERVICES FOR SCCIPA PATIENTS - Additional new guidance

On Tuesday, March 17, 2020, CMS broadened access to telehealth services on a temporary and emergency basis to Medicare beneficiaries so they can receive services from their doctors without having to travel to a doctor's office. With the emergence of COVID-19, the expanding use of technology allows people to maintain access to care while limiting community spread of the virus.

SCCIPA wishes to ensure patient access to care is maintained during this health crisis and will reimburse providers for telehealth services for both Commercial HMO and Medicare Advantage patients alike.

Details to consider for rendering and billing telehealth services for SCCIPA patients:

- 1. Services rendered by SCCIPA Primary Care Physicians and participating Specialists
- 2. Telehealth services must be properly documented in the patient record
- 3. Effective period for expanded telehealth services, beginning March 6, 2020 for the duration of the COVID-19 Public Health Emergency or until requested by DMHC or other regulatory agencies
- 4. Telehealth visits will be considered the same as in-person visits and are paid at the same rate as regular, inperson visits in accordance with CMS guidelines.
- 5. Capitated Primary Care Providers will receive Fee-For-Service Equivalent rates instead of the usual visit encounter fee
- 6. Telehealth services are eligible for all covered conditions under the member's benefit plan that are SCCIPA's responsibility, not just COVID-19 screening and testing
- 7. Member cost-share may by waived for telehealth services depending on health plan benefits

## **BILLING SPECIFICS**

- 1. Place of Service Code '02'- Telehealth, do not bill POS '11' for telehealth services
- 2. Modifier Code '95'- Synchronous Telemedicine Service Rendered via a Real-time Audio and Video Telecommunications System. Billing modifier '95' is situational and must be appended to CPT ® codes for services that are typically performed face-to-face but may be rendered as telehealth services. Do not use it with Telehealth specific procedure codes.
- 3. Eligible Procedure Codes include:

TYPE OF SERVICE	WHAT IS THE SERVICE	HCPCS/CPT CODE
MEDICARE TELEHEALTH VISITS	A visit with a provide that uses telecommunication systems between a provide and a patient	<ul> <li>Common telehealth services include:</li> <li>99201 – 99215 (Office or other outpatient visits)</li> <li>G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul>

TYPE OF SERVICE	WHAT IS THE SERVICE	HCPCS/CPT CODE
		Go here for a complete list of CMS Telehealth Codes, NOTE: SCCIPA may not be delegated for all services for all health plans: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunication 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
E-VISITS	A patient initiated communication with their provider through an online patient portal	<ul> <li>99421</li> <li>99422</li> <li>99423</li> <li>G2061</li> <li>G2062</li> <li>G2063</li> </ul>

See CMS Newsroom publications for additional information:

https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

DMHC All Plan Letter: APL 20-009 – Reimbursement for Telehealth Services (3/18/2020)

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