

April 13, 2020

Provider Directive: COVID-19 Telephone and Telehealth Services

This directive shall only apply during the time period that the County of Santa Clara is under the state of emergency declared by the County and/or the State of California because of COVID-19. Any provision of the County of Santa Clara, Valley Health Plan that is in conflict with this directive or any Provider Manual or other binding communication provided by Valley Health Plan is hereby superseded.

This memo provides additional detail and clarification to the Valley Health Plan (VHP) memo that was issued on March 26, 2020 regarding reimbursement for telehealth services for covered benefits. This guidance applies to all VHP contracted providers for both Medi-Cal and Commercial products.

Telehealth Privacy

In support of the critical role that telehealth can play in limiting the spread of COVID-19 and to encourage Providers to find non-traditional telehealth solutions for their patient the Health and Human Services' Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype or other video platforms, during the COVID-19 nationwide public health emergency¹.

Authorization

1. For Primary Care Services: No prior authorization is required for telephone or telehealth services, including screening and testing related to COVID-19 for assigned members. This does not apply to services that are excluded from the benefits coverage.
2. All other contracted specialist providers should follow the current authorization practices that are outlined in the applicable contracts, agreements, or provider manual for the telehealth services defined below.

Claim Payment

1. Any covered services and benefits that can be provided by telephone or telehealth is reimbursable, and Provider contract changes are not required.

¹ <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

2. The covered services or benefit being provided is clinically appropriate and medically necessary to be delivered via virtual/telephonic communication, and does not require the physical presence of the patient.
3. Sufficient documentation must be in the medical record that satisfies the requirements of specific CPT or HCPCS code utilized.
4. A member’s verbal or written consent for the telephone or telehealth visit should be noted in the medical record.
5. Cost-sharing (including but not limited to co-pays, deductibles, or coinsurance) for all medically necessary screening and testing for COVID-19 will be reduced to zero (0). This applies to COVID -19 related testing and screening provided in the hospital setting (including the emergency department), urgent care visits, provider visits where the purpose of the visit is to be screened and/or tested for COVID-19.
6. If applicable, all other cost-sharing for non-testing or non-screening related activities shall be the same whether the service is provided face-to-face or through telehealth or telephone.
7. Telephonic/virtual visit must meet all the requirements of the appropriate Current Procedural Terminology (CPT) code or Healthcare Common Procedure Coding System (HCPCS) code on the below coding grid.

FOR COMMERCIAL LINE OF BUSINESS ONLY

1. Visits are considered the same as in-person and are paid at the same rate.
2. Providers should use the same CPT or HCPCS codes and Place of Service codes that are normally used if the visit was provided in-person and add the modifier 95.

Type of Service	Description of Service	HCPCS/CPT® Code
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, 99221-99239 (Inpatient Visits), 99281-99285 (ED Visits), 99217-99220, 99224-99226, 99234-99236 (OBS Visits)

		G0425-G0427 - Telehealth consultations, emergency department or initial inpatient
		G0406-G0408 - Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs
Telephone Visits:	PHYS/QHP telephone evaluation 5-10 min	99441 - Phone E/M Phys/QHP 5-10 Min
	PHYS/QHP telephone evaluation 11-20 min	99442 - Phone E/M Phys/QHP 11-20 Min
	PHYS/QHP telephone evaluation 21-30 min	99443 - Phone E/M Phys/QHP 21-30 Min
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.	G2012 - Brief communication technology-based service
		G2010 - Remote evaluation of recorded video and/or images submitted by an established patient
		G2012 - Brief communication technology-based service
Modifiers	G0 (zero): When a Telehealth service is furnished, for the purpose of diagnosis and treatment of an acute stroke, bill with G0 (zero)	G0 & GT
	When a Telehealth service is billed under Critical Access Hospital Method II, bill with GT	

FOR MEDI-CAL LINE OF BUSINESS ONLY

1. Visits are considered the same as in-person and are paid at the same rate.
2. Providers should bill VHP for covered benefits or services using the appropriate Current Procedural Terminology (CPT) or Health Care Procedures Coding System (HCPCS) codes, using Place of Service code “02”, which indicates that

services were provided or received through a telecommunications system and using one of the following modifiers:

- For services or benefits provided via synchronous, interactive audio, and telecommunications systems, bill with modifier **95**.
- For services or benefits provided via asynchronous store and forward telecommunications systems, bill with modifier **GQ**.

Type of Service	Description of Service	HCPCS/CPT® Code
Telehealth Visits:	Any Medi-Cal covered benefits or services using the appropriate Current Procedural Terminology (CPT) or Health Care Procedures Coding System (HCPCS) codes	Any appropriate CPT or HCPCS codes
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.	G2012 - Brief communication technology-based service
		G2010 - Remote evaluation of recorded video and/or images submitted by an established patient
FQHC	Communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQH practitioner, occurring in lieu of an office visit; RHC or FQHC only	G0071 Communication services by RHC/FQHC 5 min
Other	Virtual/telephonic visits that do not meet the requirements above should be billed in accordance with existing Medi-Cal guidance as outlined in the Medi-Cal Provider Manual at https://bit.ly/med-telehealth and/or posted to the Medi-Cal Rates Information page at https://bit.ly/med-rates .	

ABA SERVICES PROVIDED TO COMMERICAL AND MEDI-CAL LINES OF BUSINESS

1. For Applied Behavioral Analysis (ABA) services, licensed and non-licensed providers may provide services via telephone and telehealth, as long as the service is within their scope of practice.
2. Providers need to bill the same codes and/or modifiers that are outlined in the executed contracts. Additionally, providers need to add the Place of Service code “02” on the claims.

Nurse Advice Line

Our 24/7 Nurse Advice Line is offered at no cost to VHP members and is an excellent resource. Your patients who are VHP members can use the 24/7 Nurse Line for questions about where they should seek medical care and appropriate next steps based upon their symptoms. Please advise members to call the designated number for their plan type:

Employer Group Classic and Preferred Plans: **1.866.682.9492 (toll-free)**

Covered California and Individual & Family Plans: **1.855.348.9119 (toll-free)**

Medi-Cal Managed Care - VHP Network: **1.877.509.0294 (toll-free)**

Sincerely,

Valley Health Plan (VHP)