

CALIFORNIA TELEHEALTH POLICY – COVID-19 CHANGES (April 6, 2020)

Below are the changes implemented due to responses to COVID-19 that have impacted telehealth policy in California. DHCS may still be submitting another 1135 Waiver and possible 1115 Waiver to the federal government. Policy continues to develop.

MEDI-CAL FEE-FOR-SERVICE				
Modality Allowed	Services Covered	Telephone	Facility & Transmission Fee	Modifiers
Live Video Store-and-forward (including one code for eConsult) Source: Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19)	<ul style="list-style-type: none"> Providers may bill for services provided via telehealth live video or asynchronous/store-and-forward provided they meet certain conditions: <ul style="list-style-type: none"> - The provider believes the services can be appropriately provided via telehealth; - The service meets the CPT/HCPCS definition of the covered Medi-Cal service (EX: if the code service has a definition that requires some in-person element, it would not qualify); - Satisfies all laws regarding confidentiality of health care information and a patient’s right to his or her medical information. For Store-and-forward – Must also ensure documentation forwarded is specific to the patient condition and meets the definition and requirements of the CPT/HCPCS code billed. eConsult is considered store-and-forward but only one code is billable: 99451 Teledentistry via live video and store-and-forward are covered for certain codes (see bulletin). Home can be an originating site. 	Telephone will be allowed to provide services and reimbursed at the same rate had the service been delivered in-person. Place of Service (POS) 02 and modifier 95 will need to be used. Certain requirements must be met. If those requirements are not met, codes G2010 & G2012, virtual check-in, can be used.	Originating site and transmission fee available.	POS 02 and modifiers 95 and GQ must still be used. Specialty Mental Health providers should add GT for SMHS services.
MEDI-CAL MANAGED CARE				
Sources: Supplemental to APL 19-009 Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19)	<ul style="list-style-type: none"> Managed care plans must cover services provided by telehealth if the provider believes it is appropriate to do so via live video or store-and-forward and if other conditions are met. SEE: Medi-Cal Fee-for-Service Section above. Managed care plans (MCP) are required to pay the same rate for a telehealth-delivered service as would be paid for in-person (unless otherwise agreed to by MCP and provider). This will include telephone interactions if the interaction was medically appropriate. MCP must ensure all subcontractors and providers comply. 			

FQHC/RHC/TRIBAL CLINICS – Currently the State has submitted an 1135 Waiver to the federal government to ease some of the limitations on providing services via telehealth and telephone for these entities. At this time, the Waiver has not yet been approved, but the State will be going forward with implementing some of the requests they have made including ones that impact these organizations as was confirmed in a [California Primary Care Association webinar](#) on April 2, 2020. See below.

Modality Allowed	Services Covered	Telephone	PPS/AIR Rates
<p>Live Video and limited Store-and-forward Source: Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19) CPCA April 2, 2020 Webinar</p>	<p>In this COVID-19 emergency, DHCS will waive the “new” and “established” patients, “face-to-face”/in-person, and “four walls” requirements when FQHC/RHC/Tribal Clinics utilize telehealth or telephone for delivery of services that were allowed to be provided through these modalities under pre-COVID-19. These are:</p> <ul style="list-style-type: none"> • Services provided via live video using HCPCS code T1015. • For Store-and-forward – Teledermatology, teleophthalmology, teledentistry. • See guidance for more detail on billing. <p>These services can now be for new patients, provided in the home and other locations not considered within the “four walls” and can now be provided via phone, live video and via store-and-forward for dermatology, ophthalmology and dentistry.</p> <p>These organizations will still not be reimbursed for eConsult and RPM.</p> <p>PPS/AIR rates will be paid in both fee-for-service and managed care. See specific instructions in bulletin on how to bill.</p>	<p>Yes, if certain requirements met, will be paid PPS. If not met, bill G0071 where reimbursement is FFS. Dental telephonic services are not PPS eligible and are FFS. See bulletin.</p>	<p>Will be paid PPS/AIR rates</p>
Private Payer			
<p>All Plan Letter 20-009</p>	<ul style="list-style-type: none"> • Health plans shall reimburse providers at the same rate, whether a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider’s description of the service on the claim. • For services provided via telehealth, a health plan may not subject enrollees to cost-sharing greater than the same cost-sharing if the service was provided in-person. • Health plans shall provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the enrollee. • NOTE: Some health plans’ policies on what modifier(s) to use may vary. 		

LICENSING	
<p>Source: https://emsa.ca.gov/wp-content/uploads/sites/71/2020/03/MHPAuthorizationForm.pdf</p>	<p>Limited waiver on licensing if a California medical facility or staffing agency requests a waiver to utilize out-of-state licensed providers. The medical facility or staffing agency must submit a request to the Emergency Medical Services (EMS) Authority in order to receive approval.</p>
<p>Source: https://www.cchpca.org/sites/default/files/2020-03/California%20PED%20Emergency%20Waiver%20Bulletin.pdf</p>	<p>Temporarily allows licensed providers located outside of the state to treat Medi-Cal beneficiaries.</p>
PRIVACY & CONSENT	
<p>Source: https://www.gov.ca.gov/wp-content/uploads/2020/04/4.3.20-EO-N-43-20-text.pdf</p>	<p>Suspended requirement to obtain consent. Relaxation of state privacy and security laws for medical providers.</p>
PRESCRIBING	
<p>Source: https://www.dea diversion.usdoj.gov/coronavirus.html</p> <p>Phone: https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf</p>	<p>Due to the declaration of a national emergency, an exception under the Ryan Haight Act on the use of telehealth to prescribe controlled substance without the prescribing provider having an in-person exam first has been activated. The Drug Enforcement Agency (DEA) notes:</p> <p><i>For as long as the Secretary’s designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:</i></p> <ul style="list-style-type: none"> • <i>The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice</i> • <i>The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.</i> • <i>The practitioner is acting in accordance with applicable Federal and State law.</i> <p>DEA is also allowing the prescribing of buprenorphine for treatment of opioid use disorder via telephone with certain requirements.</p>