As physicians around the state are ramping up telehealth services so care can continue to be provided to those who need it most, the California Medical Association (CMA) is compiling telehealth information from CMS and the major payors in the state.

**Has there been any CPT guidance released related to telehealth?**

New guidance from the American Medical Association (AMA) provides special coding advice during the COVID-19 public health emergency. One resource outlines coding scenarios designed to help health care professionals apply best coding practices. The scenarios include telehealth services for all patients. Examples specifically related to COVID-19 testing include coding for when a patient: comes to the office for E/M visit, and is tested for COVID-19 during the visit; receives a telehealth visit re: COVID-19 and is directed to come to physician office or physician's group practice site for testing; receives a virtual check-in/online visit re: COVID-19 (not related to E/M visit), and is directed to come to physician office for testing; and more. There is also a quick-reference flowchart that outlines CPT reporting for COVID-19 testing.

AMA has also published a quick guide to support physicians and practices in expediting the implementation of telemedicine, so care can continue to be provided to those who need it most.

**VIEW CMA'S ARTICLE ON THE AMA QUICK GUIDE.**

AMA has also posted guidance to assist physicians on telehealth workflow and patient care.

**Documentation and Follow Up:** Whichever modality of telehealth that your practice is using, it’s important to ensure that the documentation matches the requirements of the CPT code your practice is billing. Additionally, ensure appropriate use of the place of service code, 02, telehealth, as well as any appropriate modifiers when submitting claims or encounter data.

Also, be aware that, without a face-to-face encounter, it can be more difficult to track patients for follow up care. Physicians should consider adjusting practice workflows ahead of time to ensure that patients fill prescriptions, schedule follow up visits, etc. can occur.

**What services will CMS allow for telehealth for Medicare patients?**

The Centers for Medicare and Medicaid Services (CMS) has issued several temporary waivers and new rules to allow healthcare providers maximum flexibilities to respond to the COVID-19 crisis. On March 31, 2020, CMS authorized additional telehealth flexibilities stating it will pay for more than 80 additional...
services when furnished via telehealth and advised that telephonic visits are permitted. CMS has also published an FAQ, which also addresses which place of service to use when billing, as well as any modifiers that might be required.

The U.S Health and Human Service Office for Civil Rights announced it 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, during the COVID-19 nationwide public health emergency. VIEW CMA’S ARTICLE ON THE FEDERAL ANNOUNCEMENT.

IMPORTANT UPDATE (4/1/20) ON BILLING FOR PROFESSIONAL SERVICES: According to Noridian, when billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the public health emergency, you should bill with the place of service (POS) equal to what it would have been in the absence of a public health emergency, along with a modifier 95, indicating that the service rendered was actually performed via telehealth. This is different than previous guidance to bill with a POS of 02. Claims billed with a POS of 02 will be paid at the facility rate. VIEW CMA’S ARTICLE ON THIS UPDATE.

Note: CMA is urging the Governor to waive the California specific privacy laws to allow physicians to utilize everyday communications technologies, such as FaceTime or Skype, for California patients insured through Medi-Cal and commercial payors during the COVID-19 crisis. For more information, see CMA’s key takeaways on the Medicare telehealth waiver.

I am due for Medicare revalidation soon, do I still have to respond to the revalidation request?

CMS has temporarily suspended revalidations. Until further notice, no provider will be deactivated or have their payments pended for not responding to a previously sent revalidation request. Additionally, no new requests will be mailed to physicians who are due to revalidate. VIEW CMA’S ARTICLE ON THIS ANNOUNCEMENT.

CMS has also established toll-free hotlines for physicians and non-physician practitioners to enroll and receive temporary Medicare billing privileges. For more information see the FAQ on provider enrollment.

How should I bill for telehealth services under Medi-Cal fee-for-service?

Medi-Cal’s telehealth policy allows providers to bill DHCS as appropriate for any covered Medi-Cal benefits or services using the appropriate procedure codes, either CPT or HCPCS. The codes must be billed using place of service, 02, telehealth, and the appropriate telehealth modifier must also be used:
Synchronous, interactive audio and telecommunication systems – modifier 95
Asynchronous store and forward telecommunications system – modifier GQ

DHCS defines synchronous telehealth as “two-way interactive audio-visual communication.” CMA has confirmed with DHCS that telephonic visits qualify as synchronous telehealth under this policy.

Are commercial plans in California reimbursing for telehealth services?
On 3/18/2020, the Department of Managed Health Care (DMHC) issued an All Plan Letter (APL) requiring plans to immediately begin reimbursing for telehealth services, including telephonic visits, at the same rate as those provided in-person, when medically appropriate. In essence, if the service is one that would otherwise have been provided in-person but is now being provided via telehealth the plans should reimburse as though it was provided in-person. This order applies to all health plans regulated by the DMHC, which includes all HMOs and most of the Blue Cross and Blue Shield PPO products and DMHC has confirmed the plans are required to ensure their delegated entities comply.

The letter requires plans to comply immediately. However, we are seeking clarification from DMHC on how that affects services provided via telehealth prior to today.

DMHC has since clarified that plans should not be limiting use of telehealth to a plan’s contracted third party vendor. The intent of the APL is to allow patients to continue to see their own physicians via telehealth, when medically appropriate.

Health plans were also instructed that they may not subject enrollees to cost-sharing greater than the same cost-sharing if the service were provided in person.

It’s important to note that practices must ensure that their documentation matches the requirements of the CPT code they are billing and appropriate use of the place of service code, 02, telehealth.

VIEW CMA’S ARTICLE ON THE DMHC APL.

Are Medi-Cal managed care plans covering telehealth services?
On 3/19/2020, the Department of Health Care Services (DHCS) issued a supplement to an All Plan Letter (APL) that mirrors the DMHC’s APL. It requires Medi-Cal managed care plans to immediately begin reimbursing for telehealth services, including telephonic visits, at the same rate as those provided in-person, when medically appropriate. In essence, if the service is one that would otherwise have been provided in-person but is now being provided via telehealth the plans should reimburse as though it was provided in-person. This order applies to Medi-Cal managed care plans that have a Knox Keene license.
The Medi-Cal managed care plans are responsible for ensuring their delegated groups comply. County Organized Health Systems are also required to comply.

**VIEW CMA’S ARTICLE ON THIS APL SUPPLEMENT.**

**What about PPOs and other plans regulated by the Department of Insurance?**

On 3/30/2020 the California Department of Insurance (CDI) instructed CDI-regulated health insurance companies to take immediate steps to provide increased telehealth access during the COVID-19 emergency.

Insurance carriers will be required to reimburse providers at the same rate for telehealth services as they would for services provided in person. If the service is one that would otherwise have been provided in-person but is now being provided via telehealth, insurers should reimburse for that service as if it were provided in person, when clinically appropriate. Insurers must also reimburse a service provided telephonically at the same rate as services provided via video.

The announcement requires insurers to comply immediately and is effective throughout the declared COVID-19 state of emergency.

Additionally, insurance companies were instructed that they may not subject enrollees to cost-sharing greater than it would be if the service were provided in person.

The CDI notice also clarifies that insurers should not be limiting use of telehealth to an insurer’s third party vendor. The notice states that insurers should allow all network providers to use all available and appropriate modes of telehealth delivery.

**SEE CMA’S ARTICLE ON THE CDI ANNOUNCEMENT.**

**How are self-funded ERISA plans handling telehealth?**

The telehealth requirements issued by the state and federal governments do not currently apply to self-funded ERISA plans. CMA is advocating for parity at the federal level to require self-funded ERISA plans to recognize and reimburse telehealth services, including telephonic visits, at the same rate as they would for in-person visits.

CMA has also learned that some self-funded plans are only covering telehealth if it is provided through the plan’s third-party telehealth vendor. The cost sharing waivers also do not apply to ERISA plans. It is currently up to individual employers to decide whether they will waive cost sharing...
Is there a resource that lists telehealth guidance by payor?

As physicians around the state are ramping up telehealth services so care can continue to be provided to those who need it most, CMA is compiling telehealth information from the major payors in the state. Physicians should be aware that each payor’s rules on what they will pay may differ. CMA has published a chart of all the guidance that has been released by payor. This chart will be updated regularly as new guidance is released.

What are the key considerations for implementing telehealth into my practice?

Telehealth is a mode of remote care delivery using electronic information and communication technologies. There are various considerations any practice should keep in mind when electing to conduct telehealth. A few considerations below.

+ **STATE REQUIREMENTS** – Each state has their own unique requirements. In California, physicians using telehealth must be licensed in California. More information can be found on the Medical Board of California’s website. In the face of COVID-19, expedited authorizations of out-of-state medical personnel are being conducted. More information can be found on EMSA’s site.

+ **PATIENT CONSENT AND DOCUMENTATION** – California requires that a physician initiating the use of telehealth inform the beneficiary, obtain consent to the telehealth encounter, and maintain documentation. If a physician or their practice has a general consent protocol that references telehealth as a modality of practice, this would satisfy the consent requirement. (Note, CMA has requested non-enforcement of the consent requirement from the state during COVID-19. This guide will be updated once CMA receives a response.)

+ **REIMBURSEMENT** – In the past, reimbursement for telehealth was tricky. In the face of COVID-19, however, the laws and commercial payor policies are quickly being amended, waived, or not enforced on both the federal- and state-level to make reimbursement easier and on parity with face-to-face visits. However, practices must still ensure that the documentation matches the code in which they are billing.

What criteria should my practice consider when selecting a telehealth solution?

When selecting a telehealth solution that makes sense for you and your practice, you may want to consider the following criteria.
1. **PATIENT AND PROVIDER EXPERIENCE** – Consider both the barriers to patient and physician use. For patients, a solution that offers a simple link via email or text might be easier for some patients than one requiring app downloads. For physicians, a solution that ties into or permits continued use of your EHR, offers a consent form, and allows for billing at the time of service should be considered.

2. **TIME TO IMPLEMENT** – Getting a telehealth solution up-and-running can be time consuming. In the midst of COVID-19, selecting a solution that can be implemented quickly and securely, understood easily, and utilized for your own patients and with your current payer contracts is important.

3. **COMPLIANCE** – Due to COVID-19, the federal government is offering temporarily relief from federal regulations around HIPAA compliance. However, the best long-standing solution should be HIPAA compliant and include a workflow to obtain consent. (Note, California has not waived enforcement of state privacy laws. CMA has requested a waiver of these privacy rules during COVID-19. This guide will be updated once CMA receives a response.)

4. **COST** – If telehealth is new to your practice, cost will be an important consideration. Most solutions have month-to-month commitments, allowing you flexibility based on your needs.

**What are my practice's telehealth platform options?**

There are a few different ways a practice can incorporate a telehealth solution into its daily workflow. The following are the three main telehealth solution options:

1. **PATIENT PORTAL SOLUTIONS.** Your existing patient portal may have a telehealth option built in, allowing you to leverage a tool you’re already familiar with.

2. **EHR-INTEGRATED SOLUTIONS.** Your existing electronic medical record (EHR) platform may support one or more third-party telehealth applications, allowing remote visits that integrate directly with your EHR platform.

3. **STANDALONE SOLUTIONS.** Standalone solutions strictly facilitate remote patient communications, allowing you to use your existing EHR system for scheduling, documentation, and billing. Standalone solutions can provide the telehealth technologies directly to physicians to see their own patients or provide the telehealth technologies through a medical group to help manage overflow.

During the COVID-19 outbreak, the non-enforcement of federal privacy standards allows for the temporary use of non-public facing remote connections, such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, and Skype for Medicare patients. As noted above, CMA has asked for a waiver state privacy laws to allow these technologies to be used more broadly.
Does CMA have any recommended telehealth options?

CMA encourages physicians to utilize a telehealth solution that makes the most sense for them and their practice in both the short and long-term.

In the midst of COVID-19, however, CMA recognizes that time is of the essence. Physicians and their practices need to be able to see their patients and finding a telehealth solution that can be implemented quickly, easily, and securely is of the utmost importance. For this reason, CMA Physician Services has partnered with Amwell, the nation's leading telehealth solution, to give all California physicians access to a turnkey telehealth solution enabling the delivery of virtual care to patients in response to the COVID-19 outbreak.

CMA and Amwell have created a virtual Private Practice offering for physicians in California. The Private Practice builds on Amwell’s world-class enterprise platform but is customized to best serve the needs of practices of one to hundred physicians. This solution can be implemented quickly but is designed to support a practice in the long-term, as telehealth has become a fundamental part of the way health care is delivered.

California physicians have access to Amwell’s Private Practice platform at a discounted rate for the next twelve months. This telehealth solution is considered the gold standard and among other things, can be branded for each private practice, allows physicians to continue to see their own patients and operate under their own payer contracts, provides appointment scheduling, and payment collection at the time of a visit.

Additionally, to help meet the surging demand for care and also be compensated for your time, California physicians can also sign up through CMA to see new patients through Amwell’s affiliated clinical partner, the Amwell Medical Group.

More information on the partnership and Amwell offerings can be found at cmadocs.org/amwell.