CPT Coding Guidance from AMA
In an effort to keep health care workers and patients safe amid the COVID-19 pandemic, the American Medical Association (AMA) has 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.

Medicare
The Centers for Medicare and Medicaid Services (CMS) published a helpful FAQ that discusses the recent telehealth waiver, including the list of services that CMS will allow for telehealth. The FAQ 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 (HHS) Office for Civil Rights (OCR) 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.

CMA is seeking clarification on whether telephonic visits qualify as telehealth under CMS guidelines.

Note: CMA is reviewing whether any state laws would need to be waived for these forms of telehealth to be utilized for California patients insured through Medi-Cal and commercial payors.

For more information, see CMA's key takeaways on the Medicare telehealth waiver.

VIEW CMA'S ARTICLE ON THE FEDERAL ANNOUNCEMENT.

MEDICARE REVALIDATION – 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.
Commercial Plans

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. 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.

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 for practices to ensure that the documentation matches the requirements of the CPT code they are billing and appropriate use of the place of service code, 02, telehealth, as well as any appropriate modifiers.

VIEW CMA’S ARTICLE ON THIS APL

CMA is inquiring with the California Department of Insurance about whether it will be issuing a parity requirement for insurers (e.g., PPOs other than Blue Cross and Blue Shield PPOs) and the California Division of Workers’ Compensation regarding workers’ compensation carriers.

CMA is also inquiring with all of the major payors about any specific billing guidance, such as modifier usage, required beyond place of service 02 when billing telehealth services.

BLUE SHIELD – The Blue Shield policy on telehealth follows CMS policy, allowing for a variety of services to be conducted via telehealth, including CPT 99441-99443, non-face-to-face telephone services. Click here for the list of telehealth services, Blue Shield will allow. CMA is still awaiting guidance on whether modifiers must be used.

UNITED HEALTHCARE – The United Healthcare policy on telehealth follows CMS’ policy, allowing for a variety of services to be provided via telehealth. United Healthcare also allows billing of CPT codes 99441-99443, non face-to-face telephone services. UHC has also published an FAQ.
COVID-19 TELEHEALTH RESPONSE

Medi-Cal Managed Care
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. 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.

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.

COVID-19 Updates from CMA
CMA has set up a COVID-19 resource page (cmadocs.org/covid-19), where you will find links to the latest news, research and developments on the COVID-19 outbreak for physicians and other health care providers. This page is updated daily so check back often for the latest details.

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