

TO: Currently enrolled Medi-Cal providers including, but not limited to, physicians, nurses, mental health practitioners, substance use disorder practitioners, as well as FQHCs and RHCs

SUBJECT: Emergency Telehealth Guidance – COVID-19 Pandemic

PURPOSE: In response to the COVID-19 pandemic, it is imperative that providers practice social distancing. However, members also need to be able to continue to have access to necessary medical care. Accordingly, Medi-Cal providers, including those mentioned above, must take steps to allow members to obtain health care via telehealth when medically appropriate as indicated in this guide. The treating health care practitioner at the distant site believes that the Medi-Cal benefits or services being provided are clinically appropriate based upon evidence-based medicine and/or best practices to be delivered via telehealth, subject to oral or written consent by the beneficiary.*

** Due to the state-wide stay-at-home order, this implies that video visits are **preferred** when available. There are documented circumstances involved that prevent the visit from being conducted face-to-face, such as the patient being quarantined at home, local or state guidelines that direct that the patient remain at home, the patient lives remotely and does not have access to the internet or the internet does not support compliance with the Health Insurance Portability and Accountability Act (HIPAA), etc.*



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Scenario: Patient receives telehealth visit re: COVID-19 and is directed to go to a physician's office or a physician's group practice site for testing.

Action	Patient evaluated for COVID-19 testing need: E/M telehealth OR telephone visit (Flexibility: permit audio only for E/M telehealth)						
Who is performing	Physician / QHP						
Applicable CPT Codes	New Patient: E/M Telehealth*						
	<table border="0"> <tr> <td data-bbox="758 451 947 480">99201</td> <td data-bbox="947 451 1136 480">99203</td> <td data-bbox="1136 451 1944 480">99205</td> </tr> <tr> <td data-bbox="758 480 947 509">99202</td> <td data-bbox="947 480 1136 509">99204</td> <td></td> </tr> </table>	99201	99203	99205	99202	99204	
99201	99203	99205					
99202	99204						
	<p style="text-align: center;"><i>Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*</i></p>						
	<table border="0"> <tr> <td data-bbox="758 591 1356 634">99212 (typical time 10 min)</td> <td data-bbox="1356 591 1944 634">99441 (5-10 min)</td> </tr> </table>	99212 (typical time 10 min)	99441 (5-10 min)				
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Applicable ICD-10 Codes	Possible exposure to COVID-19 - Z03.818 Actual exposure to COVID-19 - Z20.828						
Place of Service (POS)	02 Telehealth						
Notes	<p>* GCHP requires the use of Modifier 95 as applicable for telehealth services.</p> <p>Office for Civil Rights at HHS provides flexibility on audio/visual tools Medicare will pay telehealth at office visit rates and not conduct audits to ensure prior relationship with patient</p>						



Scenario: Telehealth visit for a patient diagnosed with COVID-19.

Action	Communication method	Patient assessed: E/M telehealth OR telephone assessment (Flexibility: permit audio only for E/M telehealth)
Who is performing		Physician / QHP
Applicable CPT Codes	Audio	New Patient: E/M Telehealth*
		99201
		99202
		99203
		99204
	99205	
	Audio/Video	Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*
99212 (typical time 10 min)		99441 (5-10 min)
99213 (typical time 15 min)		99442 (11-20 min)
99214 (typical time 25 min)		99443 (21-30 min)
99215 (typical time 40 min)		
Applicable ICD-10 Codes		U07.1, COVID-19 Effective April 1, 2020 CDC Announcement
Place of Service (POS)		02 Telehealth
Notes		* GCHP requires the use of Modifier 95 as applicable for telehealth services.



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Scenario: Patient diagnosed with COVID-19 receives virtual check-in OR on-line visits via patient portal / email (not related to E/M visit) OR telephone call from qualified non-physician (those who may not report E/M).

Action	Communication method	Patient evaluated	
Who is performing		Physician / QHP	Qualified nonphysician (may not report E/M)
Applicable CPT Code(s)	Virtual Check-In Other Phone Call	G2010 Remote Image G2012 Virtual Check-In	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)
	Online Visits (eg EHR portal, secure email; allowed digital communication)	99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min)	98970/G2061 (5-10 min) 98971/G2062 (11-20 min) 98972/G2063 (21 or more min)
Applicable ICD-10 Codes		U07.1, COVID-19 <i>Effective April 1, 2020</i> CDC Announcement	
Place of Service		11 Physician Office or other applicable site of the practitioner's normal office location	
A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit			



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Scenario (Non-COVID-19 case): Telehealth visit for a non-COVID-19 patient.

Action	Communication method	Patient assessed: E/M telehealth OR telephone assessment (Flexibility: permit audio only for E/M telehealth)
Who is performing		Physician / QHP
Applicable CPT Codes	Audio	<i>New Patient: E/M Telehealth*</i>
		99201
		99202
		99203
		99204
	99205	
	Audio/Video	<i>Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*</i>
99212 (typical time 10 min)		99441 (5-10 min)
99213 (typical time 15 min)		99442 (11-20 min)
99214 (typical time 25 min)		99443 (21-30 min)
99215 (typical time 40 min)		
Applicable ICD-10 Codes		Report relevant ICD-10 code(s) related to reason for call or online interaction
Place of Service (POS)		02 Telehealth
Notes		* GCHP requires the use of Modifier 95 as applicable for telehealth services.



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Scenario (Non-COVID-19 case): Patient receives virtual check-in OR on-line visits via patient portal / email (not related to E/M visit) OR telephone call from qualified non-physician (those who may not report E/M).

Action	Communication method	Patient evaluated	
Who is performing		Physician / QHP	Qualified nonphysician (may not report E/M)
Applicable CPT Code(s)	Virtual Check-Ins Other Phone Call	G2010 Remote Image G2012 Virtual Check-In	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)
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Applicable ICD-10 Codes		Report relevant ICD-10 code related to reason for call or online interaction	
Place of Service		11 Physician Office or other applicable site of the practitioner's normal office location	
A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit			

Clinicians who may not independently bill for evaluation and management visits (i.e., physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.



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Key Takeaways:

- *These services can only be reported when the billing practice has an established relationship with the patient.*
 - *This is not limited to only rural settings. There are no geographic or location restrictions for these visits.*
 - *Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.*
 - *The Medicare coinsurance and deductible apply to these services.*
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Telehealth Exclusions

- Below are some examples (not exhaustive) of benefits or services that would not be appropriate for a delivery via a telehealth modality:
 - Benefits or services that are performed in an operating room or while the patient is under anesthesia.
 - Benefits or services that require direct visualization or instrumentation of bodily structures.
 - Benefits or services that involve sampling of tissue or insertion / removal of medical devices.
 - Benefits or services that otherwise require the in-person presence of the patient for any reason.
- **For virtual / telephonic visits that do not meet the requirements**, the billing entity should bill the corresponding virtual / telephonic visit CPT or HCPCS codes and will be reimbursed the Medi-Cal fee-for-service (FFS) rate on file for the applicable procedure code (i.e., G0071 for FQHC / RHC and G2012 for others).

Resources:

- [Department of Health Care Services FAQ and APL](#)
- [Department of Health Care Services COVID-19 Medi-Cal Services and Telehealth Notice](#)
- [American Medical Association Special Coding Advice During COVID-19 Public Health Emergency](#)



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