

PROVIDER MEMO

To: Santa Clara Family Health Plan Providers
From: Provider Network Management
Date: March 20, 2020
Subject: Reimbursement for telehealth services

Dear Providers,

Following the national and Santa Clara County's state of emergency declarations, and the "shelter in place" order, it is imperative that people have access to medical care while practice social distancing. In order to accomplish this, consistent with State and Federal guidance, Santa Clara Family Health Plan (SCFHP) will reimburse providers at contracted rates for covered services, whether the service is provided in-person or through telehealth. This includes traditional telehealth modalities, i.e., synchronous two-way interactive, audio-visual communication and asynchronous store and forward, inclusive of e-consults and other virtual/telephonic communication modalities (when medically appropriate).

The following guidelines apply to telehealth reimbursement:

You may bill SCFHP for any 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**.

This applies to all providers including Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Services – Memorandum of Agreement (IHS-MOA) 638 Clinics.

Other virtual/telephonic communication:

In addition to the reimbursement described above, Medi-Cal providers, including but not limited to physicians, nurses, mental health practitioners, substances use disorder practitioners etc., may bill for virtual/telephonic communications, including brief communications with another practitioner or with a patient, who in the case of COVID-19, cannot or should not be physically present (face-to-face). Medi-Cal providers may be reimbursed using the below Healthcare Common Procedure Coding System (HCPCS) codes **G2010** and **G2012** for brief virtual communications.

- **HCPCS code G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 hours, not originating from a related evaluation and management (E/M) service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
 - Medi-Cal Fee-For-Service Rate: \$10.87
- **HCPCS code G2012:** Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. G2012 can be billed when the virtual communication occurred via a telephone call.
 - Medi-Cal Fee For Service Rate: \$12.48

In addition, CPT code **99451** (inter-professional telephone/Internet/electronic health record assessment and management service provided by a consultative physician) is reimbursable for e-consults.

Thank you for your continued partnership in providing care to SCFHP members. For any questions about reimbursement for telehealth services, please email us at providerservices@scfhp.com.



State of California—Health and Human Services Agency
Department of Health Care Services



BRADLEY P. GILBERT, MD, MPP
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: March 18, 2020

SUPPLEMENT TO ALL PLAN LETTER 19-009

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: EMERGENCY TELEHEALTH GUIDANCE - COVID-19 PANDEMIC

PURPOSE:

In response to the COVID-19 pandemic, it is imperative that members practice “social distancing.” However, members also need to be able to continue to have access to necessary medical care. Accordingly, Medi-Cal managed care health plans (MCPs) must take steps to allow members to obtain health care via telehealth when medically appropriate to do so as provided in this supplemental guidance.

REQUIREMENTS:

Pursuant to the authority granted in the California Emergency Services Act, all MCPs must, effective immediately, comply with the following:¹

- Unless otherwise agreed to by the MCP and provider, MCPs must 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 example, if an MCP reimburses a provider \$100 for an in-person visit, the MCP must reimburse the provider \$100 for an equivalent visit done via telehealth unless otherwise agreed to by the MCP and provider.
- MCPs must 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 member.

MCPs are responsible for ensuring that their subcontractors and network providers comply with the requirements in this supplemental guidance as well as all applicable state and federal laws and regulations, contract requirements, and other Department of Health Care Services’ guidance. MCPs must communicate these requirements to all network providers and subcontractors.

This supplemental guidance will remain in effect until further notice.

¹ Government Code section 8550, et seq.

SUPPLEMENT TO ALL PLAN LETTER 19-009
Page 2

If you have any questions regarding this supplemental guidance, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division