FREQUENTLY ASKED QUESTIONS

Telehealth Billing + Clinical Care During COVID-19

essential access health

shaping the future
of sexual + reproductive health care™

introduction + acknowledgements

The spread of the coronavirus (COVID-19) has created widespread and unprecedented challenges for our health care delivery system. As a result, providers have had to rapidly adapt and innovate to transform their health systems and service delivery models.

The **Telehealth Billing + Clinical Care During COVID-19 FAQs** have been consolidated and adapted from questions raised during April + May 2020 webinars hosted by Essential Access Health for family planning providers in California and across the country. Webinar content was developed and presented by Dr. Michael Policar, Professor Emeritus, University of California, San Francisco.

- Listen to a recording of the webinar.

- Webinar slides can also be downloaded.

Additional resources and learning opportunities can be found through our Learning Exchange and Telehealth Essentials for Sexual + Reproductive Health Care.

table of contents

Q: What billing codes should be used for audio-only, telephonic visits?

A: During COVID-19, audio-only or telephonic visits conducted by Family PACT and Medi-Cal providers can be billed using the same E/M code as would be used for an in-person visit for a new or established patient, depending on the time interval of the discussion between the clinician and patient. Documentation requirements for billing are outlined in the California Department of Health Care Service's telehealth billing guidance and recently released Medi-Cal Managed Care All Plan Letter for services provided during the public health emergency. For short consultations, use G2010 or G2012. It is also recommended to include POS 02 and Modifier 95 on the claim.

Q: What location code should be used for billing if the patient is at a clinic but the provider is at home?

A: Location code -02 should be used if the visit is conducted through telehealth and there is not a face-to-face interaction between the client and provider.

Q: How can consent be obtained for new patients served through telehealth and telephonic visits in compliance with HIPAA requirements?

A: On April 3, 2020, Governor Newsom signed CA Executive Order N-43-20 that temporarily suspended the telehealth consent requirement during the public health emergency.

There are multiple ways to obtain consent remotely now and in the future, including:

Explain and request verbal consent then document the provision of verbal consent in the patient's medical record

Email a consent form (Word file or PDF) to the patient, and have them sign and date, and submit back to the clinic electronically or by sending a photo of the signed and dated document

consent+HIPAA

Q: What requirements must be met to ensure that telehealth visits can be billed and reimbursed at the same rate as in-person visits?

A: In general, telehealth visits must meet all requirements of the billed CPT or HCPCS code, including the following:

- Circumstances prevent the visit from being conducted face-to-face

- Virtual encounter takes the place of a face-to-face visit, with documentation in the medical record

- Covered service is medically necessary

- Situation is clinically appropriate for virtual communication

- Visit satisfies all procedural and technical components of the service, except for face-to-face interaction

Q: What code should be used for dispensing medication when patients pick up their medication at the clinic (e.g., a brown bag pick up)?

A: If the client is only picking up supplies (e.g., contraceptives, antibiotics, etc.), the claim for supplies filled at the site of care is -01. There should not be any billing of an E/M code in that situation. Using -02 will prevent the medications from being charged as part of the visit.

Q: How can providers limit telehealth claim denials? What can providers do if claims may have been wrongfully denied?

A: Denials are usually made in error or are very specific to incorrect use of codes or claim submission. Telehealth visits with an audio AND video should use the -95 E/M code. The -02 code should be used for visit location. If you have a billing question or believe your claim was wrongfully denied, call the Telephone Service Center (TSC) at 1.800.541.5555. If the issue is not resolved and is reflective of a pattern of wrongful denials, contact Essential Access Health's Public Affairs team.

coding+denials

Q: What is best practice for patient follow-up after an abnormal pap during this time?

A: The following summarizes the timeframe for response after an abnormal pap result based upon the ASCCP Interim Guidance During COVID-19 Pandemic.

- **Low grade squamous intraepithelial lesion (ISIL):** Postpone diagnostic evaluations up to 6-12 months

- **High grade (HG) disease or atypical lesion (HSIL, ASC-H):** Document attempts to contact and schedule diagnostic evaluation within 3 months

- **HG disease without suspected lesion:** Document attempts to contact and schedule procedures within 3 months

- **Suspected invasive disease:** Attempt to contact within 2 weeks and perform evaluation within 2 weeks of that contact (<4 weeks from the initial report or referral)

Q: Will new patient remote enrollments expire at the end of the public health emergency?

A: No, remote enrollments are valid until re-enrollment is due. It is important for staff conducting enrollment activities to remain up-to-date on enrollment policies as we emerge out of the COVID-19 crisis.

Q: Can providers bill for time to review patient charts and speak with a patient? Are the rules the same for FPACT and Medi-Cal?

A: Reimbursement for provider time using an E/M code does not include time allocated to reviewing medical information. Telehealth visits include the length of the phone/video call and time interacting with the patient, and does not count time delays for technical problems.

In 2021, the CPT rules for coding the level of an E/M visit are expected to be updated to include and reimburse for medical record review, and writing a note after the visit.

enrollment + reimbursement

additional resources

Federal Guidance + COVID-19 Policy

- Guidance for Title X Providers from the Office of Population Affairs: COVID-19 Related Questions for Title X Grantees

- Centers for Disease Control and Prevention (CDC): The Use of Telehealth and Telemedicine in Public Health

- Centers for Medicare & Medicaid Services: CMS Telehealth Medicaid Fact Sheet

- U.S. Department of Health and Human Services: Notification of Enforcement Discretion for Telehealth Remote Communications (COVID-19)

California State Guidance + COVID-19 Policy

- CA Department of Health Care Services: Guidance for FPACT Virtual/Telephonic Communications (March 26, 2020)

- CA Department Managed Health Care: All Plan Letter Regarding Reimbursement for Telehealth Services (March 18, 2020)

- CA Office of the Governor: Executive Order Expanding Telehealth Services via Videochat + Applications Without Risk of Penalty

- DHCS: Remote Medi-Cal Enrollment + Re-Certification, Including Minor Consent During COVID-19

additional resources

Clinical Guidelines + Recommendations

- ASCCP: Interim Guidance for Timing of Diagnostic + Treatment Procedures for Patients with Abnormal Cervical Screening Tests

- CDC: Dear Colleague Letter Regarding STD Treatment Options + Covid-19

- Essential Access Health Learning Exchange: Family Planning Clinic Preparedness for COVID-19

- Family Planning National Training Center: What Family Planning Providers Can Do to Meet Client Needs During COVID-19

- UCSF: Contraceptive Care During Covid-19

Training Opportunities

- Essential Access Health Learning Exchange:

  - Family Planning Clinic Preparedness for COVID-19
  - Contraceptive Care During COVID-19: Overcoming Challenges + Optimizing Opportunities
  - The Impact of Evolving Telemedicine Regulations on Family Planning Services in CA
  - Full list of COVID-19 and Family Planning Webinar Handouts + Recordings

- California Telehealth Resource Center: Telehealth Implementation Workshop

- National Consortium of Telehealth Resource Centers: Telehealth and COVID-19

For More Information + Updates visit:
Telehealth Essentials for Sexual + Reproductive Health Care
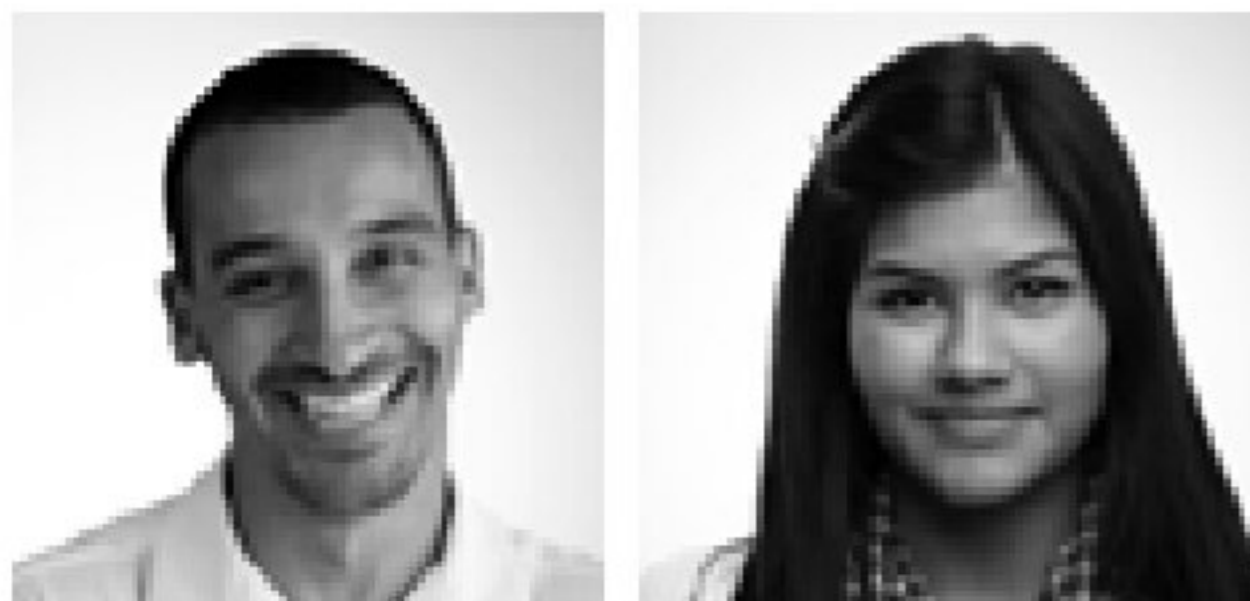
Earn CEUs + Participate in Remote Learning Opportunities with Essential Access Health's Learning Exchange!

Essential Access Health champions + promotes quality sexual + reproductive health care for all.

Our Learning Exchange is a nationally recognized resource for health care professionals seeking best practices in the delivery of quality sexual + reproductive health care in diverse health settings.

Sign-up to join our NEW + IMPROVED online learning management system to earn and track Continuing Education Units.

Learn more + register at:
essentialaccesstraining.org