



To: ALL PCPs, Specialists, BH, BHT Providers & IPAs
From: IEHP – Provider Relations
Date: July 21, 2022
Subject: **UPDATED: Telehealth Services FAQs**

IEHP has updated our Telehealth Services FAQ, first developed at the beginning of the COVID-19 Public Health Emergency (PHE), to address Providers’ questions about providing services via telehealth. As the PHE presently remains in effect, the flexibilities addressed below are current.

It is important to remember that Members *must* consent prior to receiving telehealth, that consent is documented and that authorization processes remain the same when requesting services, regardless of whether services are being provided in-person or via telehealth.

QUESTIONS	ANSWERS
<p>Can I provide Telehealth Services to limit potential exposure to COVID-19?</p>	<p>Yes. If a Provider deems clinically that services are appropriate to provide via telehealth and Member has consented to receive services via telehealth.</p> <p>Please refer to the CMS FAQs: https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/c2c/consumer-resources/telehealth-resources</p> <p>and from DHCS: https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf</p>
<p>What types of services can be provided via Telehealth?</p>	<p>Providers are given the flexibility to determine if a particular service or benefit is clinically appropriate based upon evidence-based medicine and/or best practices to be delivered via audio-visual, two-way, real-time communication.</p>
<p>Do I need to obtain authorization for Telehealth services?</p>	<p>Please continue to follow your normal authorization request processes with your contracted IPAs for services that require authorization. Please contact the IPA directly with any questions or concerns about telehealth.</p>
<p>Are payments the same for Medi-Cal members provided services via telehealth vs. in-person?</p>	<p>Per DHCS’s Emergency Telehealth Guidance to Medi-Cal Managed Care Health Plans published on March 18, 2020, <u>services are to be paid 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.</u></p>

<p>Are payments the same for DualChoice members provided services via telehealth vs. in-person?</p>	<p>Medicare services are reimbursed at the same rate for telehealth services as services furnished in person. For services that have different rates in the office versus the facility (the site of service payment differential), Medicare uses the facility payment rate when services are furnished via telehealth.</p> <p>The CMS telehealth FAQ is being utilized by the plan to guide the processing of payments for telehealth services for CMC Medicare Members and can be found at:</p> <p>https://www.cms.gov/files/document/RA-Telehealth-FAQ.pdf</p>
<p>How do I report services were provided via telehealth?</p>	<p>UPDATE as of January 1, 2022: Please bill utilizing POS 02 (Telehealth Provided Other than in Patient’s Home) or POS 10 (Telehealth Provided in Patient’s Home)</p> <p>Modifiers 93 (audio only telemedicine service) and 95 (audio and video telemedicine service) are also applicable for Medi-Cal members.</p> <p>Please note: Urgent Cares should continue to bill with POS 20 to denote UC services.</p> <p>For Additional information on POS changes: https://www.cms.gov/files/document/mm12427-newmodifications-place-service-pos-codes-telehealth.pdf</p>
<p>How does telehealth apply to Behavioral Health Treatment (BHT) for children with autism and related conditions?</p>	<p>We here at IEHP have received numerous inquiries regarding this and effective March 25, 2020 you may continue to provide all ABA services via telehealth as clinically appropriate until further notice.</p> <p>Telehealth may be used for supervision and parent training. If caregiver consultation or direct oversight by a Provider/BCBA is needed, the Provider/BCBA must maintain appropriate records. The Provider/BCBA may use current authorizations to utilize telehealth services.</p>
<p>Can Behavioral Health (BH) Providers bill for POS 2 and POS 10?</p>	<p>Yes. POS 2 and POS 10 can be utilized by PCPs, Specialists and BH Providers.</p>

<p>What E-Visit Codes should be utilized for IEHP Dual Choice members?</p>	<p>Please refer to our recent communication on July 11, 2022, regarding how risk management for IEHP Dual Choice Members is impacted by telehealth:</p> <p>https://www.iehp.org/en/providers/plan-updates?target=correspondence</p> <p>Online digital evaluation and management services are non-face-to-face encounters with an established patient and a qualified nonphysician health care professional for evaluation or management of a problem utilizing internet resources. The service includes all communication, prescription, and laboratory orders with permanent storage in the patient's medical record. The service may include more than one provider responding to the same patient and is only reportable once during seven days for the same encounter. <u>Do not report these codes if the online digital E&M service is within seven days of a separately reported E&M visit or within the global period following a procedure. The typical POS may be used for these services except for POS 02. Modifiers 93 and 95 are not applicable.</u></p> <ul style="list-style-type: none">• 98970-98972- Qualified <u>nonphysician</u> health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days<ul style="list-style-type: none">• 98970 5-10 minutes• 98971 11-20 minutes• 98972 21 or more minutes• 99421-99423- Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days<ul style="list-style-type: none">• 99421 5-10 minutes• 99422 11-20 minutes• 99422 21 or more minutes
<p>Q. How long are we able to continue billing for Telehealth?</p>	<p>Telehealth flexibilities remain in effect until the COVID-19 public health emergency ends. The PHE is currently extended to October 13, 2022.</p> <p>IEHP supports the adoption of telehealth into standard practice and looks forward to many flexibilities being made permanent. Telehealth is vital to increasing access for our community.</p> <p>https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/policy-changes-after-the-covid-19-public-health-emergency/</p>

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondence **or**

www.iehp.org > For Providers > Plan Updates > Coronavirus (COVID-19) Advisory

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at: (909) 890-2054 or (866) 223-4347 or email ProviderServices@iehp.org