IMPORTANT PROVIDER NOTICE

Delivery and Billing of Telehealth Services

July 26, 2021

TELEHEALTH SERVICES DURING THE STATE OF EMERGENCY

Retroactive to dates of service on or after March 4, 2020, CMSP contracted providers may provide telehealth services to CMSP members during the COVID-19 State of Emergency in California if all of the conditions listed below are met:

1. The service(s) would be otherwise covered by CMSP if the services were delivered in-person by an allowable health care practitioner. Please refer to the CMSP Provider Operations Manual and listing of covered services available at https://cmsp.amm.cc. Note, for dates of service on or after July 1, 2021, please refer to the prior Provider Bulletin regarding CMSP's benefit expansion for a list of added covered services and allowable providers.

2. The health center's treating health care practitioner believes that the CMSP covered service(s) being provided are medically necessary;

3. The treating health care practitioner, in their professional judgment, determines it is appropriate to deliver the services via telehealth and the provider can effectively deliver the services via telehealth at the health center or from another location (e.g., the provider's home), while also maintaining the CMSP member's privacy;

4. The telehealth service is delivered by two-way, real-time communication over the telephone (audio only) or via real-time video (audio and video); and,

5. Member consents to receiving the covered services via telehealth.

TELEHEALTH CODING AND DOCUMENTATION

During the COVID-19 State of Emergency in California, when a CMSP contracted provider delivers a service to a CMSP member over the telephone or via real-time video that the provider would normally deliver in-person, the provider should document and bill the service(s) as follows:

1. Thoroughly document the visit as if the visit had occurred in person, including but not limited to:
    - a detailed patient history
    - a complete description of what covered benefit was provided
    - an assessment/examination of the issues being raised by the patient
    - medical decision-making by the health care practitioner of low, moderate, or high complexity, as applicable, which should include items such as pertinent diagnosis(es) at the conclusion of the visit, and any recommendations for diagnostic studies, follow-up or treatments, including prescriptions
2. Use the appropriate CPT codes for the service(s) rendered.
3. Use the appropriate modifier **95 or GT**
4. Place of service should be 02 with the exception of Health Centers and FQHCs.
5. If a patient has had three or more encounters within 10 days, AMM may request medical records to conduct a medical necessity review. The provider needs to thoroughly document whether it is exacerbation of an existing condition or if any new conditions arose at the time of the prior visit. If the multiple visits are COVID-19 related, the provider needs to document what the patient's signs/symptoms were at each visit and what advice and/or plan of care was given to the patient to better understand patient's condition.

TELEHEALTH REIMBURSEMENT

During the COVID-19 State of Emergency in California, CMSP providers will be reimbursed at their contracted rates for covered services, whether a service is provided in-person, real-time over the telephone, or via real-time video, if the

covered service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim. Claims must be complete and filed within the appropriate timeframe. Please note, there is **not** any separate reimbursement for originating site or transmission fees under CMSP.

BILLING FOR CLINICS

For a claim to be payable, the visit must meet the above-established criteria/guidance and be billed with the following:

Type of Visit	Place of Service	CPT Code(s)	Modifiers
Telehealth	11 or 72	99202-99215	95 or GT

BILLING FOR NON-CLINICS

For a claim to be payable, the visit must meet the above-established criteria/guidance and be billed with the following:

Type of Visit	Place of Service	CPT Code(s)	Modifiers
Telehealth	02	99202-99215	95 or GT

SUBMITTING CORRECTED TELEHEALTH CLAIMS

If providers have already submitted telehealth claims **without** using any telehealth modifiers, please resubmit corrected claims that include telehealth modifiers to AMM.

For paper UB-04 claims, please indicate "Corrected Claim" on the claim preferably in box 80 (remarks) and enter the value of 7 (replacement of prior claims) in the third digit of the Type of Bill [XX7] in Box 4. Add the appropriate telehealth modifier to the professional service CPT or HCPCS code (for example, 99214-95 or 99213-GT).

For electronic 837I submissions, please resubmit including the appropriate telehealth modifier and indicate a "Corrected Claim" within:

Loop 2300
NTE - Claim Note Segment
NTE01 = "ADD"
NTE02 = "Corrected Claim"
Loop 2300
CLM05-3 (Claim Frequency Code) = "7" (Replacement)

For CMS-1500 claims, please indicate "Corrected Claim" on the claim in box 18 or in the NTE segment in the 2300 level. Use frequency code 7 (replacement of prior claims) in the CLM segment. Add the appropriate telehealth modifier to the professional service CPT or HCPCS code (for example, 99214-95 or 99213-GT).

Questions about CMSP or Covered Services?

Contact Advanced Medical Management (AMM), CMSP's third party administrator at:
(877) 589-6807