COVID-19 FREQUENTLY ASKED QUESTIONS (FAQ)

TELEHEALTH SERVICES

CalOptima is furnishing these FAQs to address providers' and health networks' (HNs') questions about providing telehealth services to CalOptima members to reduce potential exposure to COVID-19.

General Information:

Telehealth is a modality for the delivery of services. Providers who are qualified (qualified providers) to furnish services to members via telehealth include physicians and non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives. Other practitioners, such as certified nurse anesthetists, clinical psychologists and others may also furnish services within their scope of practice and consistent with State telehealth laws and regulations as well as Medi-Cal and Medicare benefit, and coding and billing rules.

Please note that while some of the FAQs address currently existing guidelines and requirements for telehealth services, these FAQs also include emergency provisions such that these FAQs are only effective during the COVID-19 national health emergency. CalOptima will update providers and health networks, as and when, appropriate.

Qualified providers must inform the member about the use of telehealth and obtain verbal or written consent from the member for the use of telehealth as an acceptable mode of delivering health care services. That consent must be documented. If a qualified provider maintains a general consent agreement that specifically mentions the use of telehealth as a modality for delivery of services, such consent will be sufficient documentation and should be kept in the member's file. Authorization processes remain the same when requesting services, regardless of whether services are being provided in-person or via telehealth.

Members have a right to access their own medical records involving their telehealth sessions with their qualified provider. Members may not be precluded from receiving in-person services after agreeing to receive telehealth services.

Frequently Asked Questions Regarding Telehealth

1. **As a qualified provider, can I provide telehealth services to CalOptima members to limit exposure and spread of COVID-19?**
   Answer: Yes. Qualified providers may do so if they deem that services are clinically appropriate to provide via telehealth and the member has consented to receive services via telehealth, you may provide services in accordance with DHCS and CMS guidelines. These guidelines generally allow qualified providers to use telehealth in place of face-to-face encounters and receive Medi-Cal or Medicare reimbursement for such services, subject to compliance with other requirements and exceptions as noted. Please see links below for additional guidance.

- DHCS guidelines: https://www.dhcs.ca.gov/services/medi-cal/Documents/mednetele_27966_m01o03.pdf
- CMS guidelines: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
  https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

2. **Can telehealth services be provided to members in their home?**
   Answer: Yes. Telehealth services are not limited to type of setting between the qualified provider and a member when the qualified provider is furnishing covered services appropriately through a telehealth modality.

3. **Can telehealth services be provided using the regular telephone, FaceTime, or Skype?**
   Answer: Yes, during the nationwide public health emergency, qualified providers can use any non-public facing remote communication product that is available to communicate with members to provide telehealth. Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and may **not** be used in the provision of telehealth by qualified providers. Approved telehealth modalities include: telephonic communication, Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype.

4. **What types of services can be provided via telehealth?**
   Answer: The Department of Health Care Services does not specify the services that may be provided via telehealth. Qualified providers are allowed the flexibility to determine what services are clinically appropriate to provide via telehealth. Qualified providers must assess the appropriateness of the telehealth modality to the patient's level of acuity at the time of the service. DHCS guidance provides that certain types of services cannot be appropriately delivered via telehealth. These include services that would otherwise require the in-person presence of the patient for any reason, such as services performed in an operating room or while the patient is under anesthesia, where direct visualization or instrumentation of bodily structures is required, or procedures that involve sampling of tissue or insertion/removal of medical devices. All telehealth services must still meet Medi-Cal reimbursement requirements and the corresponding CPT or HCPCS code definition should permit the use of technology.

   For Medi-Cal: Qualified providers must use the modifiers defined in the Medi-Cal Provider Manual with the appropriate CPT-4 or HCPCS codes when coding for services delivered via telehealth, for both synchronous interactions and asynchronous store and forward telecommunications. Other limitations and coding requirements apply to e-consults.

   For Medicare OC and OCC: CMS maintains a list of services described by HCPCS codes and typically furnished in-person that may be provided by telehealth at:
   https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

5. **Is there a difference in paid rates for telehealth services vs. in-person services?**
   Answer: No, while telehealth services must meet coding and billing requirements, there is no difference in the rates paid for professional medical services provided through telehealth services versus in-person services.

6. **Do telehealth services require prior authorization?**
Answer: For services that normally require authorization, the standard prior authorization requirements apply regardless of whether the services are being provided via telehealth or in-person. **Your current authorizations are valid, and you do not need to do anything to change these authorizations.**

   Please follow your normal authorization processes as required by your participating health network. For CalOptima Direct and CalOptima Community Network, please refer to our prior authorization list located on our website at www.caloptima.org. Services provided in an urgent care or emergency department setting do not require prior authorization.

7. **How do telehealth services apply to behavioral health treatment (BHT) for children with autism and other related conditions?**
Answer: Please refer to the document "CalOptima Guidance for Behavioral Health Treatment (BHT) in response to COVID-19 pandemic" for more information regarding telehealth for BHT services.

8. **In reference to BHT services, if the family or provider staff are sick, will CalOptima allow cancellations?**
Answer: CalOptima will allow make-up sessions for the family based on the family's time and availability. Qualified providers are required to keep all documentation and records pertaining to the family's services.

We encourage everyone to inform office staff and members to avoid close contact with people who appear sick, wash their hands frequently for at least 20 seconds each time, limit physical contact with others using social distancing (such as not shaking hands), always sanitize your hands and limit contact with high-touch surface areas such as handrails and door knobs. These precautions will help decrease the exposure to the virus within our community.

We appreciate all your efforts and commitment to caring for CalOptima members.
We are Better. Together. and will prevail against COVID-19!

Please reach out to the Provider Relations line at **714-246-8600** should you have any further questions regarding this topic.