California Primary Care Association

Telephone Visits: How, What, Where

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CPCA Team

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Agenda

- Background
- What is a telephone visit?
- What makes it reimbursable?
- Scheduling options
- Best practices

Background

- March 13 President's COVID-19 national emergency declaration
- March 16 Department of Health Care Services (DHCS) submits a 1135 waiver to CMS requesting greater flexibilities in delivering care via telehealth and telephonic
- March 19 DHCS releases guidance to Medi-Cal providers outlining:
  - The current Medi-Cal policies
  - The specific 1135 waiver requests related to COVID-19

DHCS Guidance:

Background *(Continued)*

- March 23 CMS approved the first 1135 for CA
  - CMS still working with DHCS on additional waiver requests that include the flexibility with telehealth/telephone
- DHCS is saying that we proceed with the guidance absent CMS formal approval
- CPCA developed a summary sheet on DHCS guidance - *outdated*
- Today, DHCS is releasing updated guidance with FAQ at the end. Updates are throughout the document.

Background *(Continued)*

- Today, we will concentrate on telephonic visits only
- Next week a separate webinar on telehealth
  - Telehealth Guidance : Tuesday, March 31 @ 2:00pm
    - https://www.cpca.org/cpca/CPCA/Training_Events/Event_Display.aspx?EventKey=1WI033120

Poll:

- Are you are currently doing telephone (only) visits based on the new guidelines from DHCS?
  - –Yes
  - –No

Medi-Cal vs Medicare

- For Medi-Cal a telephonic/virtual visit **is a reimbursable service at PPS rate** for FQHC/RHC billable providers if provided and billed consistently with in-person visit
- Medicare reimburses for Virtual check-in (i.e. 5 minute check in with patients on the phone), but **Virtual check-ins are not the same as telephonic for Medicaid under new DHCS guidance**.

COVID-19 Guidance for Telehealth and Virtual/Telephonic Communications: http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_02.asp

What is a telephone visit?

For Medi-Cal a telephonic/virtual visit ***is a reimbursable service at PPS rate*** for FQHC/RHC billable providers if provided and billed consistently with in-person visit

What makes a telephone visit PPS reimbursable by Medi-Cal?

For ***new*** telephonic service, FQHCs **must follow the below guidance** in order to bill at the PPS rate:

- FQHCs **must document circumstances involved** that prevent the visit from being conducted face-to-face. For example:
  - The patient is quarantined at home,
  - Local or state guidelines direct that the patient remain at home, or
  - The patient lives remotely and does not have access to the internet or the internet does not support HIPAA compliance.
- FQHC provider **must document the telephone visit to take place of a face-to-face visit** in the patient record.
- FQHC provider **must document the service is medically necessary and clinically appropriate** to be delivered via telephonic communication.

What makes a telephone visit PPS reimbursable for Medi-Cal? *(Continued)*

- FQHC provider **must meet all other procedure and technical components** similar to an in-person visit, including providing a patient history, complete description of provided services, assessment/examination notes, diagnosis, treatments, etc.
- FQHC provider **must ensure sufficient documentation be in the medical records** that satisfies the requirements of the specific CPT or HCPCS.

Medi-Cal Billing Specifications

For ***new*** telephonic services that meet the documentation criteria in the previous slides, FQHCs can bill at the PPS rate using the following mechanisms:

- Medi-Cal FFS (not Medi-Cal managed care patients)
  - Use the applicable revenue code corresponding to type of service
  - Use HCPCS code T1015 in the "payable" claim line, and
  - Use the appropriate and regular CPT (E/M) code that corresponds with the level of service provided on the "informational" line
    - Note the CPT code is not for reimbursement but instead used to track telephone visits related to COVID-19

Medi-Cal Billing Specifications *(Continued)*

- Medi-Cal Managed Care Patients (Claim to Medi-Cal)
  - Bill using the applicable revenue code
  - Bill wraparound claim using procedure code T1015 SE
  - DHCS will ensure the FQHCs and RHCs are made whole with an appropriate wrap payment, consistent with existing DHCS policy

**Most MCPs are notifying providers about requirements for their encounters*

Medi-Cal Billing Specifications - POS 2 and 95/GQ Modifier

- DHCS has confirmed telephone claims sent to Medi-Cal should not be billed with POS 2 or the 95/GQ Modifier.
  - UB does not have a field for a POS

- If your MCP is requiring their encounters to have POS 2 and 95/GQ Modifier, you will need to follow their guidance.

- Health centers may need to implement a mapping that allows the POS and modifier for their MCP claims and NOT for the wrap around claims for Medi-Cal

Medi-Cal Billing Specifications

Telephonic services that do not meet the documentation guidance/criteria above will not be reimbursed at PPS rate.

Medi-Cal FFS (not Medi-Cal managed care patients)

- Use HCPCS code G0071 on the "payable" claim line and do not include a corresponding CPT code.
- The FFS rate for virtual/telephonic communications is $13.69.
- Mechanism in place allowing claims to process separate from PPS

Dental Telephone Visits

Telephonic Dental Visits

- DHCS has confirmed that a dental telephone visit does not meet all the requirements of an applicable CDT code in order to bill PPS
- FQHCs/RHCs should bill using HCPCS code G0071 ($13.69) for dental telephone visits

Telehealth (Teledentistry)

- 1135 Waiver waives existing restrictions/requirements around telehealth
  - Patients are not required to be established or with a provider to initiate an asynchronous visit
- CPCA is working to identify ways health centers can provide dental services via telehealth – *more to come in the near future*

Highlights you will find in the DHCS FAQ section

- Billing the Medi-Cal FFS rate (HCPCS code G0071) does not apply to Medi-Cal managed care
  - DHCS' updated guidance provides more details for MCP reimbursement
- Telephonic communication is not billable for RNs in a FQHC/RHC.
  - Medi-Cal has not changed its policies on billable providers for telephonic visits
- Bill a telephone visit the same as if it was in-person - the services satisfy all of the identified conditions outlined in the guidance, FQHC/RHC provider would submit claims to Medi-Cal using the applicable Revenue Code, HCPCS T1015 or T1015 SE and appropriate CPT code
- Telephone visits are still subject to the same program restrictions, limitations, and coverage that exist when the service is provided face-to-face

Highlights you will find in the DHCS FAQ section

continued

- FQHC providers that simply triage a patient-initiated telephone call for a future visit would not satisfy the criteria/guidance for being in lieu of face-to-face visit
- CPSP services via telephone
  - To be PPS billable by the provider, must meet all requirements of the corresponding CPSP covered HCPCS codes as if visit being done in-person, and satisfy all the criteria outlined in guidance

Options for Scheduling Telephone Visits

- Leave half or part of every day unstructured (both PCPs and MA/care coordinators). Phone call visits can be added during the unstructured part of the day if something is a same day/next day issue.
- Scheduled planned care telephone visits intermittently during the flow of the day.

Options for Scheduling Telephone Visits

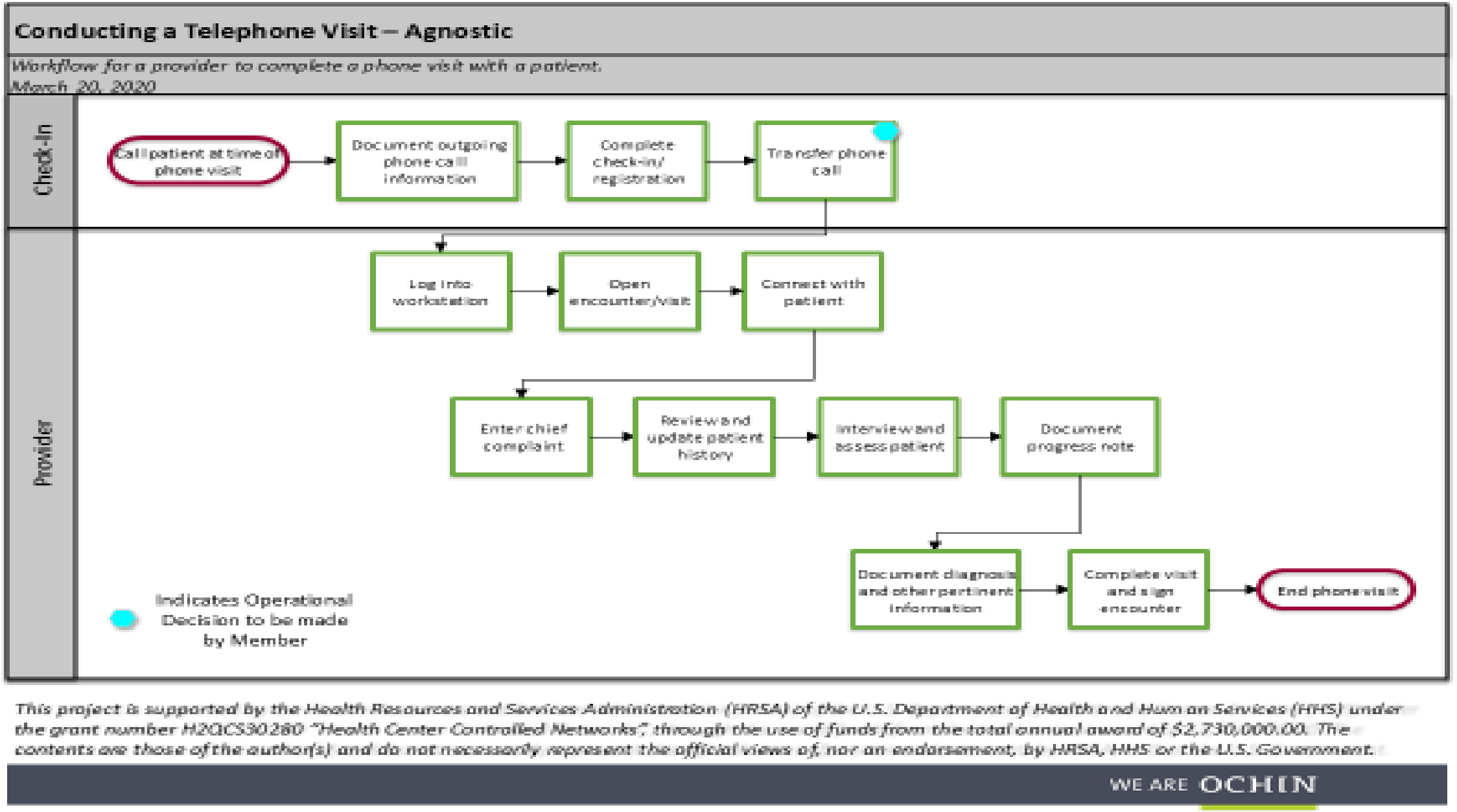
- Have specific providers assigned to do only telephone visits.
  - If you have providers that need to work from home because perhaps they are in a high risk category this could be an way to utilize those staff. Their day could be scheduled to do a series of morning phone visits, break for lunch and catch up charting from the morning and then 2 hours of calls in the afternoon with the end of the day as catch up or unexpected visits.

Cautions with Phone Visits

- Generally organizations have an MA/care coordinator take notes, which allows them to do better follow-up with whatever issue arise (fewer handoffs), plus the patient knew they heard what the visit was about, which builds trust.
- Doing continuous calls plus charting is difficult with a high number of telephone visits/hour, plus patients won't tolerate sitting in silence when the provider is charting rather than listening/responding.

Potential Best Practices

- Protect Confidentiality
- Return Calls/Keep Phone Appointments Timely
- Know your Documentation Requirements
- Provide Individualized Care
- Think Holistically
- Get Organized
- Use Teach Back Methods for Patient Education



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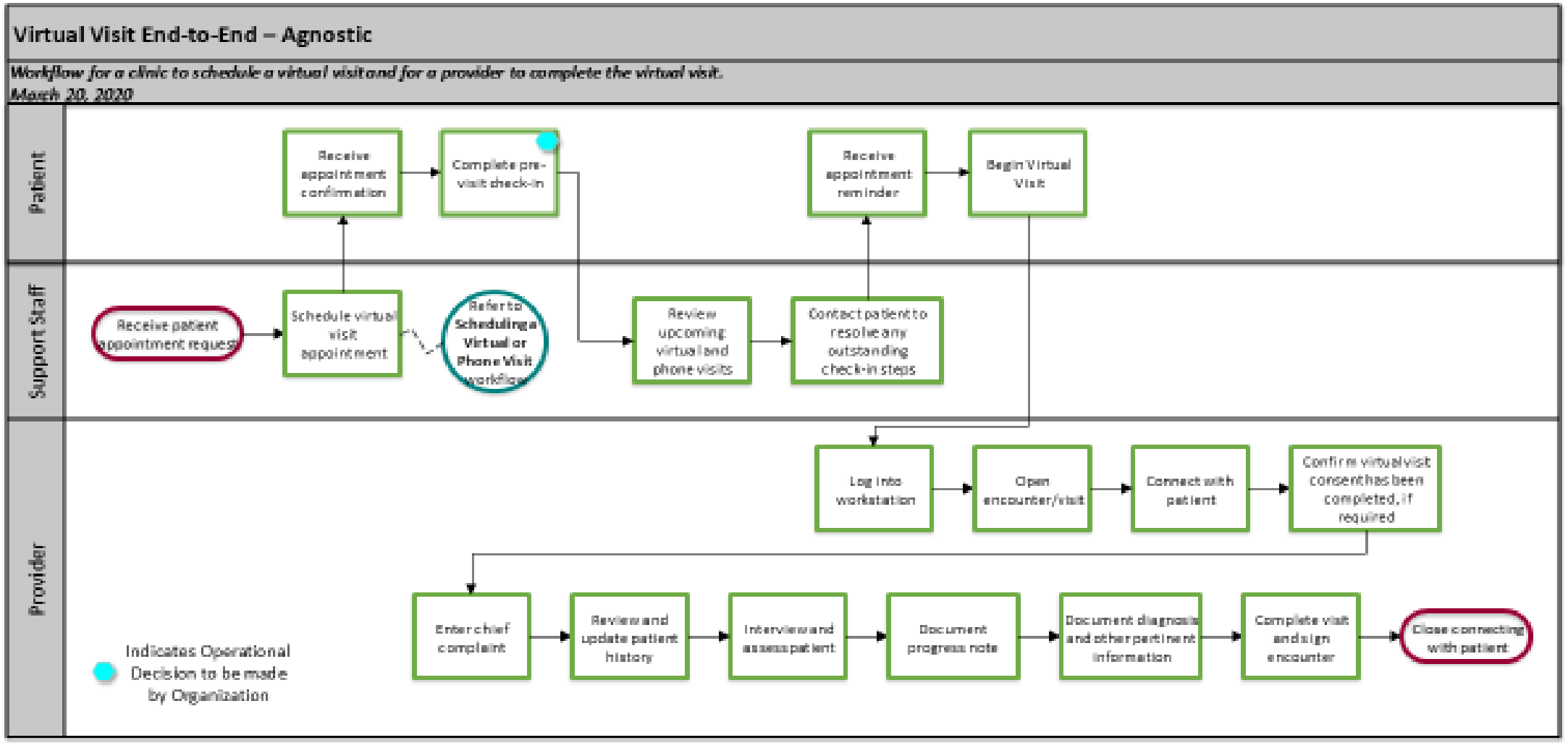

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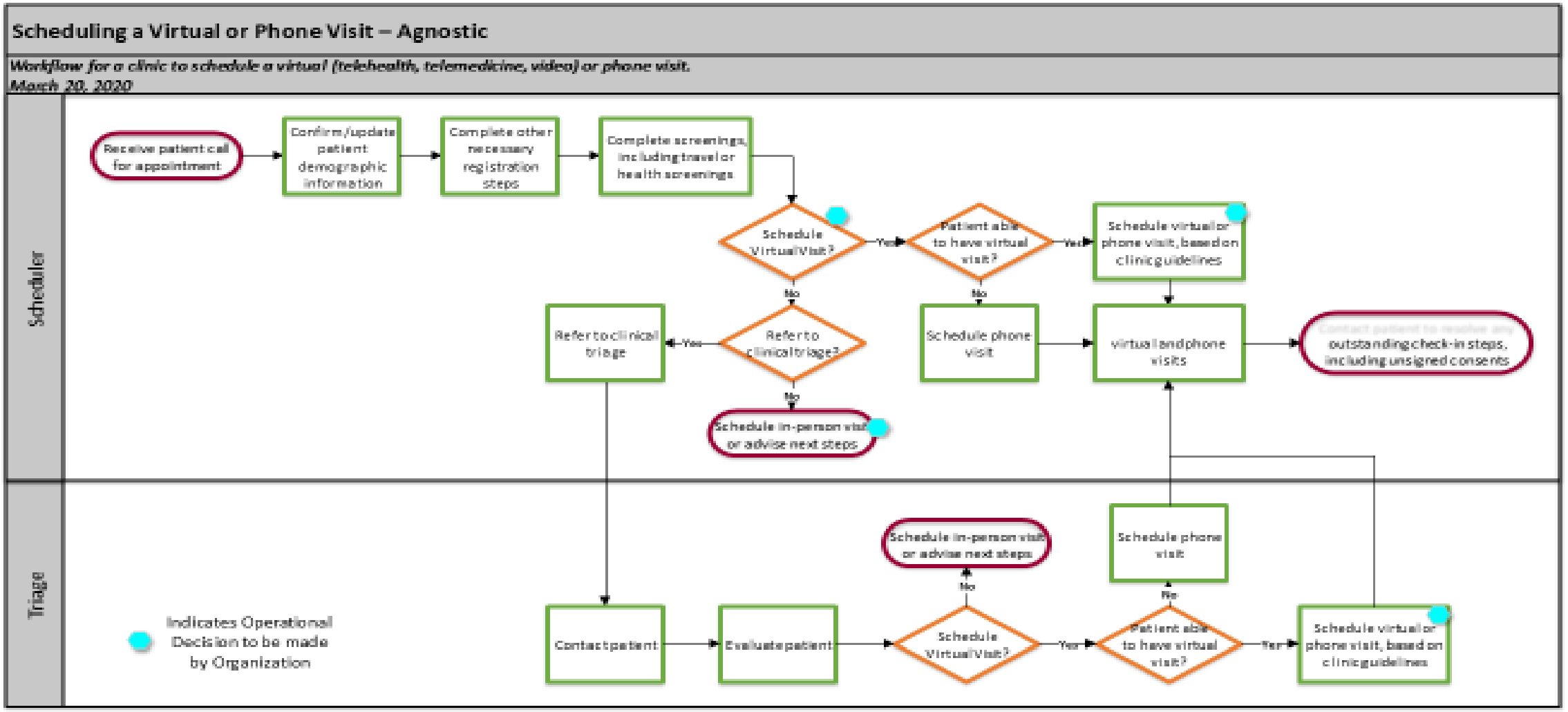

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Poll:

What additional support do you need for implementing telephonic visits?

1. Training for providers on how to do phone visits with doc
2. Training for MAs and other support staff on phone visits
3. Training on billing the telephonic claims
4. Other – share in the chat box


Questions are the path to learning

CPCA Contacts

- Questions on billing
  - Bao Xiong, bxiong@cpca.org
- Questions on best practices and workflows
  - Cindy Keltner, ckeltner@cpca.org
- Copies of today's webinar slides and recording will be shared
  - Charlotte Reische, creische@cpca.org