

COVID-19 Q&A

Note: Unless otherwise specified, the term “telehealth” includes both medical and behavioral telehealth services.

Telehealth billing/reimbursement

Does Anthem Blue Cross (Anthem) reimburse providers for telehealth services?

All Anthem contracted Medi-Cal Managed Care (Medi-Cal) providers can provide telehealth services if clinically appropriate. Anthem will reimburse providers for telehealth services at the same contracted rates for in-person services. This guidance includes Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Centers (IHCs).

Do providers need a special contract or amendment to bill for telehealth services?

No, providers do not need a different contract or amendment to bill for telehealth services.

What telehealth services does Anthem cover?

Anthem follows Department of Health Care Services (DHCS) policies; only services that are deemed clinically appropriate to provide via telehealth should be provided via telehealth. Please see the *Frequently Asked Questions for Medi-Cal Special Programs* communication for information specific to those programs: <https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx>.

Is prior authorization (PA) required for telehealth services?

Anthem does not require PA from participating providers for standard evaluation and management (E&M) codes. Anthem and its delegated participating medical groups (PMGs)/independent physician associations (IPAs) will comply with the DHCS Memo on March 16, 2020:

“MCPs are required to waive prior authorization requests for services, including screening and testing, related to COVID-19.”

For other non-COVID-19 related services that normally require PA, the standard PA requirements apply regardless of whether the services are being provided via telehealth or in-person.

What is the reimbursement rate for telehealth services?

Anthem does not have different rates for telehealth services. However, PMG/IPA contracts may have different telehealth rates.

Per the DMHC APL 20-009 and DHCS APL 19-009:

“Unless otherwise agreed to by the MCP and provider, MCPs must reimburse providers 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, as determined by the provider’s description of the service on the claim.”

* LiveHealth Online is an independent company providing telehealth services on behalf of Anthem Blue Cross.

<https://mediproviders.anthem.com/ca>

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ACAPEC-2133-20 March 2020

How do providers properly bill for audio/video or telephonic services?

Providers should use place of service (POS) “02” and modifier “95” for telehealth services. For example, a telephonic examination has a code of 99213 (same code as an in-person examination) with POS “02” and modifier “95”. Please do not bill with telephonic codes.

Below is a link to detailed telehealth billing guidelines from DHCS that Anthem adheres to:

<https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth-Other-Virtual-Telephonic-Communications031820.pdf>

Will Anthem reimburse providers for telephonic only telehealth services?

Yes, per DMHC APL 20-009 and DHCS APL 19-009:

“Health plans shall provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the enrollee.”

Can FQHCs, RHCs and IHCs receive their wrap/OMB payment for telehealth visits outside the four walls?

DHCS submitted to CMS an 1135 waiver application that:

“waives the face to face encounter requirement for reimbursement ... for FQHCs, RHCs, and Tribal 638 Clinics relative to covered services via telehealth provided by clinic providers with flexibility to provide these covered services via telehealth without regard to date of last visit and for new or established clinic patients”

DHCS confirmed to the Local Health Plans of CA (LHPC) that the **FQHC, RHC, and IHC changes in Section III of the 1135 waiver linked to below are effective now.**

<https://www.dhcs.ca.gov/Documents/COVID-19/CA-1135-Waiver-COVID-19-031620.pdf>

General questions

Where can a provider get more information about DHCS telehealth policies?

View the DHCS *Telehealth FAQ*: <https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx>

What is an 1135 waiver and what changes are included in the waiver requested by DHCS?

The CA 1135 waiver is a federal request to ease certain rules governing doctors and other health care providers who treat people covered through Medi-Cal. It also would loosen rules regarding the use of telehealth and where it can be provided, making it simpler to protect seniors and other populations at high risk for harm if exposed to the virus.

DHCS submitted to CMS an 1135 waiver application with a retroactive effective date of January 27, 2020. Please review the waiver application in the link below for more details. DHCS will notify plans if CMS approves the waiver.

<https://www.dhcs.ca.gov/Documents/COVID-19/CA-1135-Waiver-COVID-19-031620.pdf>

If a provider currently does not offer telehealth, how can they get set up to offer it?

While Anthem does not endorse any specific telehealth platform, below for your convenience are links to free and at-cost service providers you may consider:

1. Zoom Healthcare - <https://www.zoom.us/healthcare>
2. Doxy.me - <https://doxy.me>
3. Tyto Care - <https://www.tytocare.com>

Does a telehealth clinician providing services for patients residing in CA need to have a CA License?

Normally, yes. However, DHCS submitted an 1135 waiver on March 16, 2020, to CMS requesting to temporarily waive this in-state requirement. Please monitor the DHCS website for real-time updates: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%91Response.aspx>

What other telehealth options are available to Anthem members?

Providers can refer Medi-Cal members to LiveHealth Online (LHO)* for no-cost 24/7 access to non-emergency medical services and by appointment behavioral health services. For more information, download the LiveHealth Online mobile app or go to www.livehealthonline.com. Medi-Cal members need to enter the ID number from their Anthem member ID card into the *Insurance ID* field when creating an account. The *Service Key* field should be left blank.

Where can providers get more information about telehealth best practices?

Below are suggested sites:

- The AMA quick guide to telemedicine: <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- California Telehealth Resource Center: <http://www.caltrc.org>

Can non-HIPAA audio/video conferencing platforms be used to provide telehealth services?

On its website, the Office for Civil Rights (OCR) states it:

“...will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.”

Link to more information: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Can Behavioral Health treatment for autism and related conditions be offered through telehealth?

Yes, for supervision and parent training. It may not be used for direct services to the child.

Is the guidance in this Q&A document the same for providers contracted directly with Anthem or a PMG/IPA?

Yes, except PMG/IPA contracts may have different telehealth rates.