

CCFMG - 2020
Payor Summary of Coverage Expansion in Response to COVID-19 Pandemic

Update Date	Health Plan	Plan Type	Waivers	Telehealth	Additional Notes
3/26/2020	LASALLE MEDICAL ASSOCIATES	Managed Medi-Cal and Medicare Plans	Standard authorization requirements are <u>not</u> waived. Telehealth valid for existing authorizations if medically appropriate. New auth requests may include POS 02 or telehealth can be used if a different POS was approved.	Only services that are deemed clinically appropriate via telehealth should be provided by telehealth technology. Telehealth services may utilize smart phone audio and/or video capabilities.	
12/10/2020	MEDICARE	Traditional Medicare	Originating site includes patient home	Telehealth Visits, Virtual Check-In & E-Visits / Additional services added temporarily during the Public Health Emergency (PHE) / Remote patient monitoring added for new and established patients with acute and/or chronic conditions and now can be provided for patients with only one disease / Removal of frequency limitations on Medicare telehealth includes inpt visits, subsequent skilled nursing facility visit and critical care consult codes (CPT codes G0508-g0509) / April 30th CMS flexibility changes, increased rates retroactive to 3/1/2020 for audio-only telephone visits to match payments for similar office and OP visits (increases from \$14-41 to about \$46-\$110). / REFER TO MCR CODE LIST FOR MEDICARE APPROVED TELEHEALTH SERVICES	Medicare Telehealth Frequently Asked Questions (FAQ)
			OIG provides flexibility for providers to reduce or waive cost-sharing for telehealth visits.		12-1-2020 Trump Administration Finalizes Permanent Expansion of Medicare Telehealth Services and Improved Payment for Time Doctors Spend with Patients CMS
			April 30th CMS flexibility waiver removes limitation to provider type allowed to perform telehealth for Medicare members (PT-OT) / CMS waiving requirement for use of video technology for interactive telecommunication systems for certain services (refer to updated list for audio-only telephone E&M services).	On July 30, CMS and CDC announced that payment is available to physicians and health care providers to counsel patients, at the time of COVID-19 testing, about the importance of self-isolation after they are tested and prior to the onset of symptoms. CMS will use existing E&M payment codes to reimburse providers who are eligible to bill CMS for counseling services no matter where a test is administered, including doctor's offices, urgent care clinics, hospitals, and community drive-thru or pharmacy testing sites. Refer to the MCR Counseling Check List tab for more information.	

At A Glance



Type of Service	Description	HCPCS/ CPT	PT/Provider Relationship
Telehealth Visits	A visit between provider and patient using audio/visual telecommunication	Approved codes only codes - 80 additions	New or established - extent of 1135 waiver
Virtual Check-In	A brief (5-10 min) provider check in via telephone or other communication device to determine need office visitor other services, remote eval of records videos and/images	HCPS –G2012 HCPS – G2010	New or established - extent of 1135 waiver
E-visits	Communication between patient and provider through online portal	99421-99423 G2061-G2063	New or established - extent of 1135 waiver
Phone Calls	Audio only evaluation and assessment services	98966-98968 99441-99443	New or established - extent of 1135 waiver

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