





To: CPMG Providers

From: Children's Physicians Medical Group, Inc. (CPMG)

Date: March 19, 2020

Re: **Telemedicine** 

In response to the COVID-19 pandemic, it is imperative that members practice "social distancing", but also need to be able to continue to have access to necessary medical care. Recently, the Department of Managed Health Care (DMHC) & the Department of Health Care Services (DHCS), have loosened previous requirements for telemedicine guidelines, which will allow continued access to care.

CPMG/RCHN will allow providers to use telemedicine for those services that are medically appropriate to conduct remotely. Please see the "Telemedicine 101" guidance below for more detail.

Should you have any questions, please contact CPMG Provider Relations at <a href="mailto:providerrelations@rchsd.org">providerrelations@rchsd.org</a>

#### **Telemedicine 101 for CPMG Providers**

#### What is it?

California law defines telehealth as "a mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and health care provider is at the distant site." It can take many forms, provider-to-provider, provider-to-patient, center-to-center, center-to-home, synchronous, asynchronous... The information below is specific to direct, synchronous, provider-to-patient care provided to our members by CPMG/RCHN contracted providers.

# What services can be provided?

Televisits can be provided for any services that are medically appropriate to conduct remotely. The health care provider determines if a service is clinically appropriate to be provided via a telehealth modality, subject to consent by the patient.

## Do patients need to separately consent for telehealth visits? How?

Health care providers must inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services. Verbal consents need to be documented in the clinical record.

# What equipment is required?

Under normal circumstances, at a minimum, you need a computer that is able to send audio and video and access the platform you are using, in a private setting where your interactions will be confidential, just as they are in an exam room. Currently, audio-only telephone calls, Skype and Facetime are all considered appropriate for televisits. Facebook Live, Twitch, TikTok are public facing and are **NOT** appropriate for use. Please do continue to prioritize patient confidentiality as you develop your program.

## What platforms are available?

For those on Epic, there is built in functionality for televisits. Many other EMRs such as Athena, eClinical Works and Office Practicum also have this capability. Please check with your EMR vendor to determine whether or not your system already supports this.

For those who do not have support for virtual visits via an EMR, Zoom is a HIPAA compliant web platform that is suitable for use in healthcare, provided you have entered into a business associate agreement. Zoom has the added advantage of being able to include the participation of more than two sites, should that capability better meet your clinical needs.

#### How do I document the visit?

Documentation for benefits or services delivered via telehealth should be the same as for a comparable in-person service. This documentation should be maintained in the patient's medical record.

# Do I need an authorization?

Authorization guidelines remain the same, whether telehealth or in-person. If a service requires authorization, and you currently have an active authorization, there is no need to submit a separate request for the service to be approved as a televisit.

## How do I bill?

Bill telemedicine visits just as you would the same encounter in person, using modifier 95, and the place of service code 02 for telemedicine visits. The address for the location should be the physical address of the provider's main office.

Providers will be reimbursed at the same rate as an in-office visit of the same type/duration. Capitated services will not be unbundled and separately reimbursed. Copays remain the same for televisits just as they do for in-person visits.