

FREQUENTLY ASKED QUESTIONS (FAQs) FOR PROVIDERS Telehealth During COVID-19 Public Health Emergency

1. What kinds of services will be covered under HMSA's expanded telehealth policy?

HMSA will cover all telehealth visits, virtual check-ins, and e-visits during this period of emergency declaration for all fully insured commercial, Medicare, and Medicaid members. Members should not be asked to pay any deductibles, copayments, and coinsurance.

2. What is the difference between a telehealth visit, a virtual check-in, and an e-visit?

A telehealth visit requires interactive audio and video telecommunications and is meant to replace an in-person visit.

A virtual check-in is a brief (five to 10 minutes) communication with a patient who you have an established relationship with.

An e-visit is when you communicate with a patient who you have an established relationship with using an online patient portal.

3. Can I use a telephone to conduct a visit with my patient and bill for the visit?

Yes. You can use a telephone to conduct a virtual check-in with your patient and bill for the service, as long as the following guidelines are met:

- Your billing practice has an established relationship with the patient.
- The patient must agree on the individual services and verbally consent to receive a virtual check-in. The provider may educate patients on the availability of the service before the patient agrees.
- The provider must document each virtual check-in in the patient's medical record as they would for an office visit.
- HCPCS code G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.

4. Can I use my online patient portal to communicate with my patients?

Yes, you can use an online patient portal to conduct an e-visit with a patient who you already have an established relationship with. An e-visit is not the same as a telehealth visit.

E-visits will be covered for all fully insured HMSA commercial, Medicare Advantage, and QUEST Integration plan members, without geographic restrictions, during this period of emergency declaration, as long as the following guidelines are met:

- Your billing practice has an established relationship with the patient.

- The individual service must be initiated by the patient. The provider may educate patients on the availability of the service before patient initiation. The communications can occur over a seven-day period.
- The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable.
- The provider must document each e-visit in the patient's medical record as they would for an office visit.

E-visits are not limited to patients in rural settings. There are no geographic or location restrictions for these visits.

5. What services can be delivered via a telehealth visit?

CMS maintains a list of services that are normally furnished in-person that may be furnished via telehealth. This list is available [here](#). Under the emergency declaration and waivers, these services can be provided to patients regardless of patient location, including from the patient's home.

- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
- Providers must bill with place of service code 02.
- Telehealth may be billed by provider specialties that are eligible to enroll with Medicare.
- Providers must document each visit in the patient's medical record as they would for an office visit.

6. Can I use FaceTime or Skype?

Yes. HMSA will follow federal guidelines on the use of devices and platforms that have audio and video capabilities to deliver virtual visits to all fully insured commercial, Medicare Advantage, and Medicaid plan members during the COVID-19 public health emergency.

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies such as Apple FaceTime, Skype, Google Hangouts video, and Facebook Messenger video chat, during the COVID-19 nationwide public health emergency. For more information, [visit here](#).

7. Are all virtual visits considered an encounter? Does it need to be in the medical record?

Yes, a virtual visit – whether it's a telehealth visit, a virtual check-in, or an e-visit – is considered an encounter and therefore must be documented in the medical record to be billed.

8. Are all virtual visits covered by all HMSA plans?

All virtual visits are a covered benefit of fully insured HMSA commercial, Medicare Advantage, and QUEST Integration plans during the COVID-19 public health emergency. For now, this applies to virtual visits from March 6 to May 15, 2020.

9. Are there out-of-pocket costs for my patient for telehealth services?

No. To ensure that members are able to access care from the appropriate setting and avoid exposure to the coronavirus, HMSA will be waiving copayments, deductibles, and coinsurance for all fully insured commercial, Medicare Advantage, and QUEST Integration plan members

during this period of emergency declaration. For now, this applies to virtual visits from March 6 - May 15, 2020.

10. I'm in HMSA's Payment Transformation program for Primary Care Providers. Will I get reimbursed separately for virtual visits?

No, reimbursement for virtual visits are included in your per member per month (PMPM) population-based payment. Reimbursement for HMSA Online Care are not included in your PMPM rate and are reimbursed separately.

HMSA is waiving all copayments for fully insured commercial, Medicare Advantage, and QUEST Integration members during this period of emergency declaration. This applies to all virtual visits and Online Care visits from March 6 – May 15, 2020.

11. I don't have a telehealth platform. How can I conduct a telehealth visit?

Providers who are interested in participating with the HMSA Online Care platform can email HOCinfo@hmsa.com.

12. Are there new billing codes that I should use for virtual visits?

Please use the billing codes on the chart below.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

13. Does HMSA have a medical policy for telehealth?

The medical policy for Telehealth Services for commercial and QUEST Integration can be found on HMSA's Provider Resource Center at https://hmsa.my.salesforce.com/sfc/p/#1N000002CAOI/a/3m000000MOq8/4kHX_sqb7Uyf3vebDKvhTcsKrtXvA1.hv.yzOiO3pzw

For more information and a list of FAQs from the Centers for Medicare & Medicaid Services, [click here](#).