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## **Provider Bulletin: PR - COVID – 19 Response Plan**

**Bulletin Release Date: March 20, 2020**

### **BACKGROUND**

Doctors HealthCare Plans, Inc. is expanding coverage to include the telehealth benefit on a temporary and emergency basis under CFR 42 § CFR 422.100(m).

The Health Plan's coverage of telehealth benefits is part of a wider effort spearheaded by Centers for Medicare and Medicaid Services (CMS) and the White House Task Force to ensure that those patients at high-risk of complications from the virus that causes the disease COVID-19 – are aware our **COVID-19 response plan**.

### **Policy and Procedure**

For the health and safety of our members, participating provider network and employees, effective March 6, 2020 and onward through the duration of the COVID – 19 emergency, Doctors HealthCare Plans will temporarily cover telehealth benefits for our members with no member cost sharing responsibilities which may be considered Medicare FFS approved copayments and / or coinsurance amounts. Prior authorization requirements will be waived and will not apply to Plan covered telehealth benefits.

**Participating Providers shall be compensated for covered telehealth services and benefits subject to the reimbursement terms and conditions of their Participating Provider Agreement.** Covered telehealth services and benefits must be submitted on a properly completed CMS 1500 claim form or if applicable, its approved successor or electronically; the Health Plan's payor ID is: DRHCP.

Following are the approved guidelines for the Health Plan's covered telehealth benefits and the applicable HCPCS Codes and CPT Codes which must be utilized to submit claims for covered telehealth benefits; Failure to comply with the instructions and / or restrictions of such guidance may result in the denial of your claim for covered telehealth services and benefits.

Place of Service (POS) code 02 certifies that it is a **telehealth** service

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> <li>• 99201-99215 (Office or other outpatient visits)</li> <li>• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> <p>For a complete list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a></p>	<p>For new* or established patients.</p> <p>*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</p>
<b>VIRTUAL CHECK-IN</b>	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"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99421</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

For further guidance regarding this Provider Bulletin or if you require assistance, please call the Department of Provider Relations directly at (305) 422 – 9300, Option 2.

Sincerely,

Julie Ferro  
 VP Provider Relations  
 Doctors HealthCare Plans, Inc.