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Medi-Cal Payment for Medical Services Related to the 2019-Novel Coronavirus (COVID-19)

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As the Department of Health Care Services (DHCS), and State of California writ large, continues to closely monitor and assess the emerging COVID-19 issue, DHCS is issuing guidance to Medi-Cal providers to assist with providing medically necessary health care services in a timely fashion for patients impacted by COVID-19. This guidance is also meant to remind Medi-Cal providers of existing state and federal laws requiring Medi-Cal providers to ensure their patients do not experience barriers to accessing medically necessary Medi-Cal covered health care services in a timely manner.

These provisions include:

- Ensuring patients have access to durable medical equipment (DME) and medical supplies.
- Ensuring patients are not liable for any payment, including balance billing, for Medi-Cal covered services by providers, including testing and treatment for COVID-19.
- Reviewing DHCS issued guidance on [pharmacy services](#), [Non-Emergency Medical Transportation and Non-Medical Transportation](#), and other relevant guidance on DHCS' [website](#)

Please note that in light of both the federal Health and Human Services (HHS) Secretary's January 31, 2020 public health emergency declaration, as well as the President's March 13, 2020 national emergency declaration, DHCS is exploring additional possibilities and options under Section 319 of the Public Health Service Act, whereby the HHS Secretary is authorized to take certain actions in addition to his regular authorities, which includes temporarily waiving and/or modifying certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements under Section 1135 of the Social Security Act (called an "1135 Waiver"). DHCS will issue additional guidance to Medi-Cal providers, as needed, upon approval of its 1135 Wavier request.

Telehealth and Virtual Communication Options

Telehealth

Medi-Cal providers may utilize existing telehealth policies as an alternative modality for delivering Medi-Cal covered health care services when medically appropriate, as a means to limit patients' exposure to others who may be infected with COVID-19, and to increase provider capacity.

As a reminder, Medi-Cal's telehealth policy gives Medi-Cal providers broad flexibility to determine if a particular Medi-Cal covered service or benefit is clinically appropriate based upon the individual needs of their patients on a case-by-case basis pursuant to evidence-based medicine and/or best practices.

Medi-Cal covered benefits and/or services, identified by Current Procedural Terminology (CPT) and/or Healthcare Common Procedure Coding System (HCPCS) codes and subject to all existing Medi-Cal coverage and reimbursement policies, including any *Treatment Authorization Request (TAR)/Service Authorization Request (SAR)* requirements, may be provided via telehealth, as outlined in the "Medicine: Telehealth" Section of the Provider Manual, if all of the following are satisfied:

- The treating health care provider at the distant site believes that the benefits or services being provided are clinically appropriate based upon evidence-based medicine and/or best practices to be delivered via telehealth;
- The benefits or services delivered via telehealth meet the procedural definition and components of the CPT or HCPCS code(s), as defined by the American Medical Association (AMA), associated with the Medi-Cal covered service or benefit, as well as any extended guidelines as described in this section of the Medi-Cal provider manual; and
- The benefits or services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to his or her medical information.

Please refer to DHCS' existing policies relative to telehealth, which are outlined in the following sections of the Medi-Cal Provider Manual: "[Medicine: Telehealth](#)," [Federally Qualified Health Centers/Rural Health Clinics](#), and [Indian Health Services Memorandum of Agreement 638 Clinics](#).

The telehealth [Frequently Asked Questions](#) document is posted to DHCS' website.

For managed care plan members, bill and/or submit a referral as indicated per health plan procedures.

Virtual Communication

Virtual communication includes a brief communication with another practitioner or with a patient, and in the case of COVID-19, who cannot or should not be physically present (face-to-face). Medi-Cal providers may be reimbursed using the below Healthcare Common Procedure Coding System (HCPCS) codes G2010 and G2012

for brief virtual communications.

- 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 evaluation and management (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.
- 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. G2012 can be billed when the virtual communication occurred via a telephone call.

For managed care plan members, bill and/or submit a referral as indicated per health plan procedures.

Please note that these virtual communication codes are billable by providers such as physicians and nurses, and are not billable by Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), or Indian Health Services (IHS), Memorandum Of Agreement (MOA) 638 Clinics.

DHCS is continuing to work with our federal partners via an 1135 Waiver request on other options and flexibilities relative to telehealth and virtual communication policies, procedure codes, and reimbursement rates for FQHCs, RHCs, and IHS-MOA 638 clinics, in addition to other general telehealth limitations. DHCS will issue additional guidance to Medi-Cal providers, as needed, upon approval of its 1135 Wavier request.

Proactive Steps

In addition to outreach and noticing efforts to Medi-Cal providers relative to DHCS' existing policies that may be helpful in responding to the COVID-19 issue, DHCS encourages Medi-Cal providers to act proactively to ensure their patients can access all medically necessary testing and treatment of COVID-19. To this end, DHCS has taken the following steps:

Laboratory Diagnostic Testing

DHCS is expediting implementation of new HCPCS codes U0001 and U0002 retroactively to February 4, 2020.

- HCPCS code U0001 is billable for the tests developed by the CDC, and will be on the Medi-Cal fee schedule at \$35.91 for COVID-19.
- HCPCS code U0002 is billable for non-CDC laboratory tests for and will be on the Medi-Cal fee schedule at \$51.31 for COVID-19.

Medical Supplies

Beneficiaries with COVID-19 may need medical supplies. Providers are instructed to incorporate the statement "Patient impacted by COVID-19." within the *Miscellaneous Information* field on the *Treatment Authorization Requests* (TAR) or Service Authorization Requests (SAR) for medical supplies requiring an authorization.

For managed care plan members, bill and/or submit a referral as indicated per health plan procedures.

Diagnosis Coding

For diagnosis coding guidance for health care encounters and deaths related to COVID-19, the Medi-Cal billing system is already programed to allow providers to use any of the ICD-10 diagnosis codes identified by the Centers for Disease Control and Prevention (CDC) and the World Health Organization. Please see the listing of appropriate codes in the links below:

- [ICD-10-CM Official Coding Guidelines - Supplement Coding encounters related to COVID-19 Coronavirus Outbreak](#)
- [Emergency use ICD codes for COVID-19 disease outbreak issued by World Health Organization](#)

Going forward, DHCS will continue to closely monitor the evolving COVID-19 situation and will issue further reminders and guidance as appropriate.

Any questions can be directed to the Telephone Service Center at 1-800-541-5555, Monday through Friday, 8am – 5pm, except holidays.

Preparedness Strategies

Medi-Cal providers should share current COVID-19 information and discuss preparedness strategies with their staff. To enhance the health and safety of health care facilities, DHCS encourages Medi-Cal providers to adhere to the [CDC's](#) and [CDPH's](#) recommendations to prepare for COVID-19 in a healthcare facility.

Some helpful preparedness strategies include but are not limited to the following:

- **Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility.** Medi-Cal providers can refer to the CDC's [Guidelines for Patient Screening](#) and [Infection Prevention and Control Recommendations for more information.](#)
- **Ensure proper use of personal protection equipment (PPE).** Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 [should wear](#) the appropriate [personal protective equipment.](#)
- **Conduct an inventory of available PPE.** Consider conducting an inventory of available PPE supplies. Explore strategies to [optimize PPE supplies.](#)

- **Encourage sick employees to stay home.** Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
 - **Encourage adherence to the CDC's [recommendations](#),** including but not limited to the following steps, to prevent the spread of illness:
 - Avoid close contact with people who are sick.
 - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
 - Avoid touching your eyes, nose, and mouth.
 - Clean and disinfect frequently touched objects and surfaces.
 - Stay home when you are sick, except to get medical care.
 - Wash your hands often with soap and water for at least 20 seconds
 - **Review environment-specific messaging strategies to prevent COVID-19 spread in communities.** For environment-specific messaging, visit the [Preventing COVID-19 Spread in Communities page](#) of the CDC website. Providers can also find helpful resources to download, print, and display in health care facilities to educate their patients on preventive best practices and to enhance awareness of COVID-19. These resources are available in select threshold languages. Buttons and badges, videos, and news links can also be found on the [Communications Resources](#) page of the CDC website.
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For additional COVID-19 information and resources, we encourage you to review the following resources:

- [Latest news from California Department of Public Health \(CDPH\) about COVID-19 | En Español](#)
- [CDPH COVID-19 guidance](#)
- [Centers for Disease Control and Prevention \(CDC\) COVID-19 response | En Español | 中文](#)
- [Follow CDPH Twitter for the latest COVID-19 information](#)