

Telehealth Services Frequently Asked Questions for Providers

To reduce potential exposure to COVID-19, GCHP has created the following FAQs to address providers' questions about providing services via telehealth. Currently, use of telehealth is specific to the concerns regarding COVID-19 and reducing the potential spread of the virus.

Please note that members must consent prior to receiving telehealth services, consent must be documented, and authorization processes must remain the same when requesting services, regardless of whether services are being provided in-person or via telehealth.

Q: Can I provide telehealth services to limit potential exposure to COVID-19?

A: Yes. If a provider deems clinically that services are appropriate to provide via telehealth and the member has consented to receive services via telehealth, providers may provide telehealth services in accordance with Virtual Care and [DHCS guidelines](#) and [CMS guidelines](#).

Q: What types of services can be provided via telehealth?

A: Providers are given the flexibility to determine if a service or benefit is clinically appropriate based on evidence-based medicine and/or best practices to be delivered via audiovisual, two-way, real time communication.

Q: Does the member need to consent prior to receiving telehealth?

A: Yes. Providers must ask members before initiating the use of telehealth and document verbal or written consent. If a member refuses to have services provided via telehealth, the member has a right to obtain the services in person.

Q: Are different rates paid for services provided through telehealth vs. the same services provided in-person?

A: No. The rates are the same for the professional medical services provided by telehealth or in-person. When billing telehealth services for Medi-Cal members, use a POS 02 (telehealth) and a modifier 95 for services provided via synchronous, interactive audio and telecommunication systems.

Q: Do I need to obtain authorization for telehealth services?

A: For services that normally require authorization, the standard pre-authorization requirements apply regardless of whether the services are being provided via telehealth or in-person. Your current authorizations are valid, and you do not need to do anything to change these authorizations. You do not need to request a new authorization with a POS 02. Services provided in an urgent care or emergency department setting do not require prior authorization.

If you have any questions, please do not hesitate to contact the GCHP Provider Relations Team at ProviderRelations@goldchp.org.