

POLICY AND PROCEDURE

DEPARTMENT: Telehealth	DOCUMENT NAME: California Health and Wellness Telehealth Programs
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APPROVED:	RETIRED:
EFFECTIVE DATE: 8/11/2017	REVIEWED/REVISED:
PRODUCT TYPE: Medi-Cal	REFERENCE NUMBER: CA.TH.01

SCOPE:

California Health & Wellness (Plan), Quality Improvement, Contracting, Provider Relations, Member Services Departments, the Credentialing Committee and the Plan's affiliates and delegates.

PURPOSE:

To provide a description of the Telehealth program and services available to Plan members.

POLICY:

This policy reviews covered services for telehealth technologies, the delivery system of the services, reimbursement structure, and service requirements.

PROCEDURE:

A. Synchronous Telehealth Services and Settings

1. Synchronous telehealth services can be provided to Plan members by any Plan-credentialed licensed provider.
2. For purposes of reimbursement for covered treatment or services provided through telehealth, the type of setting where services are provided for the member or by the licensed provider is not limited (Welfare and Institutions Code [W&I Code], Section 14132.72[e]).

B. Asynchronous Telehealth Services & Settings

1. Asynchronous telehealth services can be provided to Plan members by any Plan-credentialed licensed provider. The following licensed providers may provide store and forward services:
 - i. Ophthalmologists
 - ii. Dermatologists
 - iii. Optometrists (licensed pursuant to Chapter 7 (commencing with Section 3000 of Division 2 of the Business and Professions Code)
2. Members receiving teledermatology or teleophthalmology services by store and forward must be notified of the right to interactive communication with the distant specialist if requested. If requested, the communication may occur at the time of the consultation or within 30 days of the member's notification of the results of the consultation.
3. For purposes of reimbursement for covered treatment or services provided through telehealth, the type of setting where services are provided for the

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member or by the licensed provider is not limited (Welfare and Institutions Code [W&I Code], Section 14132.72[e]).

C. Consent

1. Prior to each encounter of the delivery of health care services via telehealth, the licensed provider at the originating site must verbally inform the member that telehealth may be used and obtain verbal or written consent from the member. The verbal or written consent must be documented in the member’s medical record, including the following elements:
 - i. A description of the risks, benefits, and consequences of telemedicine
 - ii. The member retains the right to withdraw at any time
 - iii. All existing confidentiality protections apply
 - iv. The member has access to all transmitted medical information
 - v. No dissemination of any member images or information to other entities without further written consent

D. Confidentiality

All federal and state laws regarding the confidentiality of health care information and a member’s rights to his or her medical information apply to telehealth services.

E. Credentialing of Providers of Telehealth Services to Members in a Hospital Setting

1. Licensed providers providing telehealth services to Plan members, outside a hospital setting, need to be a qualified provider credentialed through the Plan, or an organization with delegated authority for credentialing, as approved by the Credentialing Committee.
2. The governing body of the hospital whose patients are receiving telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant site hospital or telehealth entity, as described in Sections 482.12, 482.22 and 485.616 of Title 42 of the Code of Federal Regulations.

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F. Required Equipment

The audio-video telemedicine system used, must, at a minimum, have the capability of meeting the procedural definition of the code provided through telehealth. The telecommunication equipment must be of a quality to adequately complete all necessary components to document the level of service for the CPT-code billed.

G. Required Documentation

Health care providers at the “distant site” are not required to document medical necessity or cost effectiveness to be reimbursed for telehealth services or store and forward services.

H. Referrals and Prior-Authorizations

All California Health and Wellness referral and authorization requirements apply. Refer to California Health and Wellness Policies CA.UM.01 “Utilization Management Program Description” and CA.UM.01.01 “Covered Benefits and Services” and the California Health and Wellness Provider Manual.

I. Interpretation Services

When interpretation services are necessary during telehealth encounters all requirements of California Health and Wellness Policies CA.MBRS.15 “Interpretation Services for Members with Language or Communication Barriers” and CA.HP.02 apply.

J. Store and Forward Guidelines

1. Store and forward teleophthalmology and teledermatology is a medical service separate from an interactive telemedicine consultation and must meet the following requirements:
 - i. The images must be specific to the patient’s condition and adequate for meeting the procedural definition of the national code that is billed.
 - ii. A member receiving teleophthalmology or teledermatology by store and forward shall be notified of the right to receive interactive communication with the distant specialist physician consulted through store and forward, upon request. If requested, communication with the distant specialist may occur at the time of

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the consultation or within 30 days of the member's notification of the results of the consultation.

- iii. The health care provider shall comply with the informed consent provision of Section 2290.5 of the *Business and Professions Code* when a member receives teleophthalmology and teledermatology by store and forward.

K. Exclusions

Telehealth does not include email, telephone (voice only), text, inadequate resolution video, written communication between the providers, or between patients and providers.

L. Telehealth Models

1. There are three main models of telehealth services available to Plan members.
 - i. The first, called "Traditional Synchronous Telehealth Services", connects the patient with a distant licensed provider through audio-video equipment on a real-time basis. For reimbursement guidelines, refer to Appendix A.
 - ii. The second model, called "Asynchronous Telehealth Services" or "Store and Forward" services, connects a member with a distant licensed provider of ophthalmology, dermatology or certain optometry services using audio-video equipment, but not on a real-time basis. Generally an image or picture is taken and forwarded to the distant licensed provider to review at a later time. For reimbursement guidelines, refer to Appendix B.
 - iii. The third model, called Synchronous Patient to Provider Telehealth Services, connects a single licensed provider (primary care or specialty provider) to a member using audio-visual equipment on a real-time basis. The member can be in a health facility, residential group home or private residence or other setting, provided the appropriate equipment is used. The reimbursement terms for each of the three models are summarized below. For reimbursement guidelines, refer to Appendix C.

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M. Distant Site Services

Distant site providers are entitled to bill for certain services. These services and reimbursement guidelines are outlined in Appendix D.

N. Exclusions

Telehealth does not include email, telephone (voice only), text, inadequate resolution video, written communication between the providers, or between patients and providers.

Benefits Application

Providers are reminded to verify member eligibility, the Evidence of Coverage and the Provider Manual via the web or phone, *prior to the provision of any service or procedure* for which reimbursement will be requested.

www.cahealthwellness.com

California Health and Wellness Member and Provider Services: 1-877-658-0305

This policy is for informational purposes only. Reimbursement of covered procedures is subject to the Member's eligibility status and covered benefits, adherence to authorization and utilization management requirements as outlined in the provider's network contract, California Health and Wellness's policy and procedures requirements, and the provider's contractual agreement for billing and reimbursement. California Health and Wellness reserves the right to conduct research on all billing submissions and utilizes technology to assist in claim editing and clinical review. This research may include, but is not limited to, reviewing reimbursement for procedures for a single date and/or multiple dates of service as well as researching billing submissions across dates of service to analyze unbundling of pre- and post-service procedures. This research may result in recovery of payment should there be any billing discrepancies.

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REFERENCES:

1. Medi-Cal Provider Manual: Telehealth (medne tele)
2. California Health and Wellness Policy CA.UM.01 "Utilization Management Program Description"
3. California Health and Wellness Policy CA.UM.01.01 "Covered Benefits and Services"
4. California Health and Wellness Provider Manual
5. California Health and Wellness Policy CA.MBRS.15 "Interpretation Services for Members with Language or Communication Barriers"
6. California Health and Wellness Policy CA.HP.02 "Need Name" California Business and Professions Code Section 2290.5 Welfare and Institutions Code, Section 14132.72 Business and Professions Code, Division 2, Section 3000, Chapter 7 California Department of Health Care Services FAQ Telehealth Payments Webpage <http://www.dhcs.ca.gov/provgovpart/Pages/FAQ-Telehealth-Payments.aspx> (Accessed September 12, 2016)

ATTACHMENTS:

- a. Appendix A: Reimbursement for Synchronous Traditional Telehealth Services
- b. Appendix B: Reimbursement for Asynchronous Telehealth Services
- c. Appendix C: Reimbursement for Synchronous Provider to Patient Telehealth Services
- d. Appendix D: Reimbursement for Distant Site Providers

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DEFINITIONS:

Telehealth: The 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 the health care provider is at a distant site. telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers. (California Business and Professions Code Sec. 2290.5)

Licensed provider: A person who is licensed by the State of California Department of Health Care Services and is a Medi-Cal certified health care provider.

Synchronous interaction: A real-time interaction between a patient and a health care provider located at a distant site.

Asynchronous store and forward: The transmission of a member's medical information from an originating site to the health care provider at a distant site without the presence of the member.

Originating site: The member is located at the time health care services are provided via a telecommunications system, or where the asynchronous store and forward service originates.

Distant site: The licensed provider is located while providing services via a telecommunication system.

Medical Necessity: Reasonably necessary services required to preserve and protect life, to prevent significant illness or disability, or to alleviate severe pain and suffering through the diagnoses and treatment of disease, illness or injury.

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REVISION LOG

REVISION	DATE
Description of revision	MM/YY
Description of revision	MM/YY

POLICY AND PROCEDURE APPROVAL

The electronic approval is retained in Compliance 360

Director of Telehealth Programs Department: Approval on file

Chief Medical Officer: Approval on file

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Appendix A

Reimbursement for Traditional Synchronous Telehealth Services



Billing Guidelines for Originating Site Providers:

Originating Site	
Service	CPT/HCPCS Code
Originating Site Facility	Q3014
Transmission Cost Fee:	T1014 (per minute for maximum of 90 minutes per day, same recipient, same provider)
Licensed Provider Fee (if present)	E&M codes 99201 - 99215 and other CPT codes for services distinct and in addition to those rendered by the Distant Site Provider

If a licensed provider is present at the telehealth originating site with the member present, medical necessity is established and documented in a progress note generated by the originating provider, the visit is reimbursable. The scope of the interaction with the originating site provider should be documented in the progress note that are distinct from those provided by the Distant Site and will be the basis of the E&M and other CPT code(s) billed. If an E&M code is included, the transmission cost fees may be billed by eligible sites. No modifier is needed at the originating site.

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Billing Guidelines for Distant Site Providers

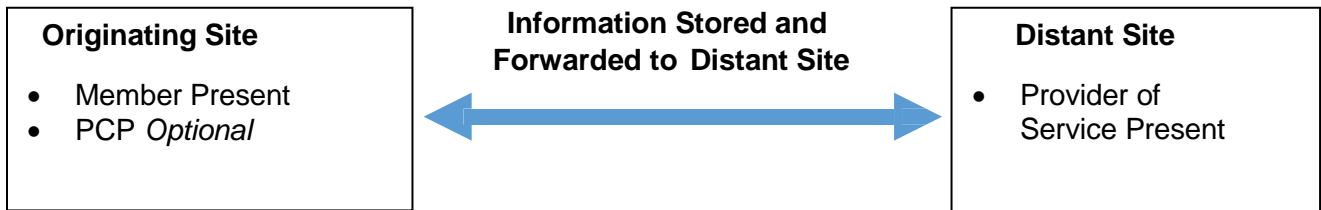
Distant Site	
Service	CPT/HCPCS Code
Transmission Cost Fee:	T1014 (per minute for maximum of 90 minutes per day, same recipient, same provider)
Initial Hospital Care or Subsequent Hospital Care: (new or established patient)	99221 – 99233
Consultations: Office or other outpatient (initial or follow-up) Inpatient, and confirmatory	99241 – 99275
Required Modifier:	GT modifier required for all CPT-Codes except Transmission Cost codes

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Appendix B

Reimbursement for Asynchronous Telehealth Services (Store and Forward) for Teleophthalmology, Teleoptometry and Teledermatology Services



Billing Guidelines for Originating Site Providers

Originating Site	
Service	CPT/HCPCS Code
Site Facility Fee: (billable by eligible sites only when no provider at visit)	Q3014
Transmission Cost Fee: (billable by eligible sites)	T1014 (per minute for maximum of 90 minutes per day, same provider)
Licensed Provider Fees: (if present)	E&M codes 99201 - 99215 and other CPT codes for services distinct and in addition to those rendered by the Distant Site Provider

If a licensed provider is present at the telehealth originating site with the member present, medical necessity is established and documented in a progress note generated by the originating provider, the visit is reimbursable. The scope of the interaction with the originating provider should be documented in the progress note that are distinct from those provided by the Distant Site and will be the basis of the E&M and other CPT code(s) billed. If an E&M code is included, the transmission cost fees may be billed by eligible sites. No modifier is needed at the originating site.

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Special Billing Guidelines for Asynchronous Retinal Photography - Originating Site Providers

If an originating site licensed provider uses asynchronous telehealth for diabetic eye exam screenings, through the use of a retinal camera located at the originating site special billing guidelines apply - when the originating site is paying the specialist directly for reading the results of the retinal photographs. In non-FQHC and non-RHC facilities, an originating site licensed provider does not need to be present for retinal photography service to be reimbursable. If no originating site licensed provider is present at the visit, bill using the following CPT codes:

Distant Site	
Service	CPT Codes
Office Consultation: new or established patient	99241 - 99243
Retinal Photography: with interpretation for services provided by optometrists or ophthalmologists (should not be used if originating site is submitting claims with this code)	92250

If an originating site licensed provider is present at visit, E&M codes can also be billed as usual. The scope of the interaction with the originating provider should be documented in the progress note. The originating site fee and the transmission cost fees may still be billed by eligible sites. No modifier is needed.

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Billing Guidelines for Distant Store and Forward Site Providers

Originating Site	
Service	CPT Codes
Retinal Photography: with interpretation for services provided by optometrists or ophthalmologists	92250 (Do not use modifier)
Site Facility Fee: (billable with or without provider)	Q3014
Transmission Cost Fee:	T1014 (per minute for a maximum of 90 minutes per day, same recipient, same provider)
Distant Site	
Service	CPT Codes
Office Consultation: new or established patient	99241 - 99243
Retinal Photography: with interpretation for services provided by optometrists or ophthalmologists (should not be used if the originating site is submitting claims with this code)	92250

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Appendix C

Reimbursement for Synchronous Telehealth Services: Provider to Patient Telehealth Services

Telehealth Advancement Act of 2011 allows for telehealth services to be provided between a qualified provider and patient at a distant location. The location may be a health facility, residential home, patient’s home or other location.



Billing Guidelines for the Distant Site

Distant Site	
Service	CPT/HCPCS Code
Transmission Cost Fee:	T1014 (per minute for maximum of 90 minutes per day, same recipient, same provider)
Licensed Provider Fees:	See Tables A and B below

A licensed provider who provides E&M services for a patient utilizing telehealth technology to access the provider’s office may submit claims for this service using the E&M code, without the modifier. The contracted arrangements for primary care providers and specialty providers continue to apply. HCPCS Code T1014 Transmission Cost fee may also be billed by eligible sites

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Appendix D

Reimbursement for Distant Site Professional Services

Services that are eligible for reimbursement when provided at a Distant Site in accordance with this policy, are identified in **Tables A and B**. Providers must submit the CPT code which most accurately identifies the service provided. Providers at the Distant Site **must** append the GT or GQ modifier to the CPT code to identify and bill any service furnished via telemedicine. These modifiers are outlined in **Table C**. Distant sites are also eligible for the reimbursement of Transmission Costs outlined in **Table D**.

Table A: Synchronous Professional Services Provided at a Distant Site	
CPT® 4 Codes	Description
CPT Codes 99201-99215	Office or other outpatient visit (new or established patient)
CPT Codes 99221-99233	Initial hospital care or subsequent hospital care (new or established patient)
CPT Codes 99241-99275	Consultations: Office or other outpatient, initial or follow-up inpatient, and
CPT Code 90785	Interactive complexity (List separately in addition to the code for primary
CPT Code 90791	Psychiatric diagnostic evaluation
CPT Code 90792	Psychiatric diagnostic evaluation with medical services
CPT Code 90832	Psychotherapy, 30 minutes with patient/or family member
CPT Code 90834	Psychotherapy, 45 minutes with patient/or family member
CPT Code 90837	Psychotherapy, 60 minutes with patient/or family member
CPT Code 90839	Psychotherapy for crisis; first 60 minutes
CPT Code 90840	Additional 30 minutes
CPT Code 90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy

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Table B: Asynchronous Professional Services Provided at a Distant Site	
CPT® 4 Codes	Description
99241-99243	Office consultation, new or established patient
99251-99253	Initial inpatient consultation
99211-99214	Office or other outpatient visit
99231-99233	Subsequent hospital care

Table C: Telehealth Modifiers for Use by Distant Sites	
Modifier	Description
GT	Via interactive audio and video telecommunication
GQ	Via asynchronous telecommunications systems

Table D: Facility Fees Reimbursable to Distant Sites	
HCPCS Code	Description
T1014	Transmission Cost Fee (per minute for maximum of 90 minutes per day, same recipient, same provider)