

MEDI-CAL TELEHEALTH POLICY CHANGES AT A GLANCE

The following are recent changes made to the Medi-Cal policies related to telehealth. At this time, the manual for teledentistry has not been released.

ISSUE	FEE-FOR-SERVICE	FQHC/RHC	IHS - MOA	FAMILY PACT	MANAGED CARE	VISION CARE	LEA
Visit	<i>Provider may decide whether to use live video or S&F, if certain conditions met.</i>	<i>The visit must be face-to-face, except in few cases with S&F (see below).</i>	<i>The visit must be face-to-face, except in few cases with S&F (see below).</i>	<i>Provider may decide whether to use live video or S&F, if certain conditions met.</i>	<i>A managed care health plan MAY cover live video or S&F, if certain conditions are met.</i>	<i>Teleophthalmology by S&F is covered for three specific CPT codes.</i>	<i>Speech therapy services must be delivered through synchronous telemedicine (real time).</i>
Eligible Provider	<i>The provider rendering covered benefits or services must meet the requirements of B&P 2290.5(a)(3) or equivalent licensure requirements under CA law; must be licensed in CA, enrolled as Medi-Cal rendering provider or non-physician medical practitioner (NMP) and affiliated with an enrolled Medi-Cal provider group; the enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.</i>	<i>All providers eligible to deliver covered FQHC/RHC services.</i>	<i>All providers eligible to deliver available services offered under IHS-MOA services.</i>	<i>Same as fee-for-service.</i>	<i>Each telehealth provider must be licensed in the State of California and enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP). If the provider is not located in California, they must be affiliated with a Medi-Cal enrolled provider group in California (or a border community) as outlined in the Medi-Cal Provider Manual. <i>The same provider licensing requirements apply as for fee-for-service.</i></i>	<i>Information can be reviewed by a physician or optometrist at a distant site. If the reviewing optometrist identifies a disease or condition requiring consultation or referral pursuant to Section 3041 of the Business and Professions Code, a referral must be made with an appropriate physician and surgeon or ophthalmologist, as required.</i>	<i>Only a licensed speech-language pathologist can be reimbursed for speech therapy services delivered via telehealth.</i>

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Originating Site	<i>Setting not limited. Specific mention to include the patient's home.</i>	<i>Setting not limited. Refers to fee-for-service policy.</i>	<i>Setting not limited. Refers to fee-for-service policy.</i>	<i>Same as fee-for-service.</i>	<i>Same as fee-for-service. A health care provider is not required to be present with the patient at the originating site unless determined medically necessary by the provider at the distant site. Refer to fee-for-service policy.</i>	<i>Not specified.</i>	<i>Not specified.</i>
Distant Site	<i>Site where a health care provider is located while providing services via a telecommunications system.</i>	<i>Same as fee-for-service.</i>	<i>Same as fee-for-service.</i>	<i>Same as fee-for-service.</i>	<i>Same as fee-for-service.</i>	<i>Not specified.</i>	<i>Not specified.</i>
Live Video	<i>Any covered benefits or services identified by CPT or HCPCS codes are covered, as long as they are clinically appropriate, meet the definition of the CPT/HCPCS code and meets all laws of confidentiality and patient's right to their medical information.</i>	<i>Services provided through synchronous telehealth for an established patient are subject to the same program restrictions, limitations and coverage that exist when the service is provided in-person.</i>	<i>Services provided through synchronous telehealth for an established patient are subject to the same program restrictions, limitations and coverage that exist when the service is provided in-person.</i>	<i>Same as fee-for-service.</i>	<i>Existing Medi-Cal covered services MAY be covered as long as they are clinically appropriate, meet the definition of the CPT/HCPCS code and meets all laws of confidentiality and patient's right to their medical information, and the member has provided consent.</i>	<i>No mention.</i>	<i>Speech therapy services are covered for certain CPT codes with modifiers listed in manual.</i>

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Store-and-Forward (S&F)	<p>Any covered benefits or services identified by CPT or HCPCS codes are covered, including (but not limited to) teleophthalmology, teledermatology, teledentistry and teleradiology.</p> <p>E-consult is included under S&F. However, S&F initiated by the patient, including through mobile apps are not eligible for reimbursement.</p>	<p>Asynchronous store-and-forward reimbursement may not be used to “establish” a patient, with the exception of a homeless, homebound or a migratory or seasonal worker (HHMS). Reimbursement is permitted for established patients for teleophthalmology, teledermatology and teledentistry, when it is furnished by a billable provider at the distant site.</p>	<p>Asynchronous store-and-forward reimbursement may not be used to “establish” a patient, with the exception of a homeless patient. Reimbursement is permitted for established patients for teleophthalmology, teledermatology and teledentistry, when it is furnished by a billable provider at the distant site.</p>	<p>Same as fee-for-service.</p>	<p>Any covered benefits or services identified by CPT or HCPCS codes MAY be covered. However, S&F initiated by the patient, including through mobile apps are not eligible for reimbursement.</p> <p>E-consult MAY be included under S&F.</p>	<p>Teleophthalmology by store-and-forward is covered for CPT codes 99241-99243.</p>	<p>Not covered.</p>
E-Consult	<p>E-Consult is covered with CPT Code 99451 in conjunction with the GQ modifier. Certain additional restrictions apply.</p>	<p>E-consult is not a reimbursable telehealth service of FQHCs/RHCs.</p>	<p>E-consult is not a reimbursable telehealth service of IHS-MOA clinics.</p>	<p>Same as fee-for-service.</p>	<p>Electronic consultations (e-consults) are permissible using CPT-4 code 99451, modifier(s), and medical record documentation as defined in the Medi-Cal Provider Manual. E-consults are permissible only between health care providers.</p>	<p>No mention.</p>	<p>Not covered.</p>
Facility/Transmission Fee	<p>The facility fee is reimbursable to the originating site. Transmission costs incurred from providing telehealth services via audio/video communication is also reimbursable.</p>	<p>FQHCs and RHCs are not eligible to bill an originating site fee or transmission fee, as that is included within the PPS rate.</p>	<p>IHS-MOA clinics are not eligible to bill an originating site fee or transmission fee.</p>	<p>Same as fee-for-service.</p>	<p>Not specified.</p>	<p>The facility fee is reimbursable to the originating site. Transmission costs incurred from providing telehealth services via audio/video communication is also reimbursable.</p>	<p>Not reimbursable</p>

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Modifier	<p>GQ is used for asynchronous store-and-forward.</p> <p>95 modifier is used for synchronous live video.</p> <p>02 Place of Service code is used to indicate the services were provided through a telecommunication system.</p>	<p>Not specified. Refer to fee-for-service.</p>	<p>Not specified. Refer to fee-for-service.</p>	<p>Same as fee-for-service.</p>	<p>MCP providers must use the modifiers defined in the Medi-Cal Provider Manual with the appropriate CPT-4 or HCPCS codes when coding for services delivered via telehealth, for both synchronous interactions and asynchronous store and forward telecommunications</p>	<p>GQ modifier must be used for teleophthalmology by store and forward.</p>	<p>95 modifier must be used.</p>
Consent	<p>Verbal or written consent must be obtained before utilizing telehealth. A general consent agreement that addresses the use of telehealth that is sufficient for documentation of patient consent and must be kept in the patient's medical file. For teleophthalmology, teledermatology or teledentistry services or benefits delivered via asynchronous store-and-forward, the patient must be notified of their right to request and receive interactive communication.</p>	<p>Refer to fee-for-service policy.</p> <p>All consent for HHMS patients must be documented.</p>	<p>Refer to fee-for-service policy.</p> <p>All consent for homeless patients must be documented.</p>	<p>Same as fee-for-service.</p>	<p>Verbal or written consent must be documented, as required by BCP Section 2290.5.</p>	<p>A record of the written or verbal request for the consultation by the referring provider or other source. Verbal and written informed consent from the patient or the patient's legal representative if the consulting provider has ultimate authority over the care or primary diagnosis of the patient.</p>	<p>Consent must be obtained for the student's parent or guardian. The student's written consent to telehealth is not required.</p>