



**Telehealth Policy Feedback Template  
Department of Health Care Services  
Benefits Division**



**Due by: November 15, 2018 to  
Medi-Cal Telehealth@dhcs.ca.gov**

<b>Stakeholder Name/Email: E-Consult Workgroup (Contact: Libby Sagara, libby.sagara@bluepathhealth.com)</b>		
<b>Document Title:</b> (APL, Telehealth Provider Manual, PRIHD_FQHC/RHC, PRIHD_IHS, Teledentistry, FPACT)	<b>Page Number</b>	<b>Comment:</b>
<b>Telehealth Provider Manual</b>	<b>1</b>	The E-Consult Workgroup supports DHCS’s inclusion of e-consult in the Telehealth Provider Manual and its definition. We thank DHCS for supporting e-consult’s role in providing patient-centered care and its role in reducing wait times for specialty care, optimizing the time spent in face-to-face appointments, strengthening relationships between providers, and enabling them to more effectively and efficiently meet the healthcare needs of low-income families and individuals across the state.
<b>Telehealth Provider Manual</b>	<b>2</b>	We ask that DHCS consider modifying the enrollment-related provisions requiring that the “provider delivering services via telehealth <i>must be located</i> and licensed in California, or reside in a border community...” (emphasis added). APL 17-019, the California Code of Regulations and the Welfare and Institutions Code do not state that providers must be physically located in California in order to

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		<p>be reimbursed by the Medi-Cal program. We request that enrollment and licensing policy be clarified to allow for out-of-state, California-licensed providers to be reimbursed for telehealth services, recommending striking the language “must be located” to reflect that due to the shortage of specialists able to see Medi-Cal patients, telehealth programs should be able to leverage the use of not only “border community” but all out-of-state providers licensed in California.</p>
<b>Telehealth Provider Manual</b>	<b>2</b>	<p>We request that DHCS remove the term “informed” from consent requirements, as the Business and Professions Code sec. 2290.5 requires obtaining verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services. Informed consent requirements were explicitly excluded by the legislature in drafting the Telehealth Advancement Act of 2011.</p> <p>In addition, the manual states “health care providers must also inform the patient about the use of telehealth and obtain <i>verbal</i> consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health” (emphasis added). We request that for e-consults, DHCS remove the requirement for “verbal consent”, for the sharing of information when directly related to patient care is covered under HIPAA rules and in the “general consent for care” that patients sign when they join a practice. In addition, obtaining <i>verbal</i> consent for e-consult is impractical in that a PCP may request an e-consult in the days following a patient visit, seeking specialist review of a patient’s labs or images.</p>

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<b>Telehealth Provider Manual</b>	<b>6</b>	<p>We appreciate DHCS’s efforts to reimburse e-consults through the use of CPT codes 99358 and 99359 for consulting providers’ time. In addition, we request that DHCS add CMS and AMA-approved code sets that can be used for all e-consults up to the first hour. Many e-consult responses provided by consulting providers take less than 30 minutes to complete. E-Consult Workgroup members have noted that the 99358 and 99359 codes may cause confusion in that they are not specific to e-consult when other codes have been specifically designated for interprofessional internet consultation (e-consult) services.</p> <p>Should DHCS consider other codes to recompense the consulting provider’s time, we recommend adoption of CPT code 99451 (Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient’s treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time) (Included in CMS Physician Fee Schedule for CY 2019). In addition, the E-Consult Workgroup supports the 99446-9 CPT code series if it were not to require including a “verbal <i>and</i> written report,” as e-consults do not generally include a verbal report.</p> <p>We also ask that DHCS recompense treating physicians for their time spent on e-consults and recommend adoption of CPT code 99452 (Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes) included in the CMS Physician Fee Schedule for CY 2019. This would allow primary care providers</p>

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		<p>to account for the significant amount of time in gathering and documenting patient information and corresponding with the consulting physician in order to “close the loop” on an e-consult.</p> <p>We request that both code sets 99446-9 and 99451, 99452 be included in the DHCS approved list of codes to create consistency with the CMS Physician Fee Schedule for 2019, noting that these codes are also supported by the American Medical Association in “CPT Changes 2019”.</p>
<b>Telehealth Provider Manual</b>	<b>6</b>	<p>The manual states that “both health care providers at the originating and distant sites must clearly document <i>all information</i> relating to previous but related primary health care services and maintain this information in the patient’s medical record.” (emphasis added). The majority of e-consult providers use platforms with structured templates for creation and response to e-consults, providing the PCP with guidelines or required elements of the request in order to facilitate the specialist’s response. Requiring “all information” relevant to previous care creates an undue burden on both the PCP in gathering information, and to the specialist in reviewing information that may not be pertinent to the request. The workgroup recommends replacing “all information” with “relevant information”.</p>
<b>PRIHD_FQHC/RHC, PRIHD_IHS, FPACT</b>	<b>N/A</b>	<p>The E-Consult Workgroup applauds DHCS’s blanket inclusion of all telehealth services listed in the Telehealth Provider Manual, including e-consult, in the payment policies for FQHCs, the Indian Health Service, and Family PACT providers.</p>