



# Telehealth in Medi-Cal

Presented by Erica Bonnifield, Assistant Chief  
*Benefits Division*  
*Department of Health Care Services*



# Telehealth Policy Updates

- DHCS shared the draft Telehealth policy documents, including Provider Manual Section “Medicine: Telehealth” and draft All Plan Letter, to more than 1,500 stakeholders statewide on October 25, 2018.
- DHCS requests feedback by November 15, 2018.
- DHCS will host a webinar on December 17, 2018 to discuss the feedback and revisions.



# Highlights of Proposed Policy

- Allows Medi-Cal providers flexibility to determine if a particular service or benefit is clinically appropriate for telehealth via audio-visual two-way real time communication.
- Places no limitations on originating or distant sites.
- Implements Place of Service Code 02 and modifier 95 for services delivered via telehealth.
- Maintains modifier GQ for store and forward, originating site fees, and transmission fees.
- Authorizes e-consults under the auspice of store and forward.



# E-Consults

- Defined as consults via asynchronous electronic consultation services are reimbursable between **two health care providers** for the purpose of offering a coordinated multidisciplinary case review, advisory opinion, and recommendation of care for complicated symptoms or illnesses.
- Definition does not include patient-initiated communications.



# E-Consults (cont.)

- Billed only by the Medi-Cal provider at the distant site.
- Providers at both the originating and distant sites must document all information relating to previous but related primary health care services and maintain this information in the patient's medical record.
  - An e-consult must be reported in conjunction with another health care service but may be reported on a different date than the primary service to which it is related.
  - For example, extensive record review by a specialist may relate to a previous visit with the beneficiary's primary care physician and the e-consult would commence upon receipt of the records.
- Providers will use CPT Code 99358 and 99359, if applicable, with modifier GQ to bill for e-consults.



# Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

- With State Plan Amendment (SPA) 18-0055, DHCS is proposing changes to clarify when FQHCs/RHCs may bill the Prospective Payment System (PPS) rate for services provided outside the clinic four walls.
  - Under the existing State Plan language, the payment policies (including when the PPS rate can be billed) for services provided outside of the FQHCs/RHCs are unclear.
  - DHCS is focusing on the underlying benefits or services being provided and treating telehealth as simply another delivery modality.
  - Proposed policy changes under SPA 18-0055 will be effective January 1, 2019.
- Ultimately, the finalized SPA language for FQHCs/RHCs will be contingent on receipt of necessary federal approvals.



# Questions?

*For questions or comments related to DHCS' telehealth policy, please email:  
[Medi-Cal\\_Telehealth@dhcs.ca.gov](mailto:Medi-Cal_Telehealth@dhcs.ca.gov)*