



**Department of Health Care Services (DHCS)  
State Plan Amendment (SPA) 15-010  
Live Transmissions in the Medi-Cal Dental Program  
Questions and Responses**

1. Please provide additional details regarding the definition of live transmission “fees” and the outlined time requirement (less than 90 minutes) for Federally Qualified Health Centers (FQHCs).

**DHCS Response:** Allowable costs associated with telehealth services may be included in the clinic’s Prospective Payment System (PPS) rate. FQHCs and Rural Health Clinics may apply for their Prospective Payment System rates to be adjusted to include telehealth services. If, and when the rate is updated it will reflect DHCS’ maximum allowance for live transmissions reimbursements, which is 90 minutes per patient, per provider, per day.

Live Transmission fees are defined as an amount paid to the distant site when providing service by a two-way, real-time interactive communications system, when billed using the Healthcare Common Procedure Coding System Code T1014.

Additional information pertaining to telehealth in the Medi-Cal Program can be found on DHCS’s website:

<http://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>