



State of California—Health and Human Services Agency
Department of Health Care Services



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GOVERNOR

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Index: Benefits

To: All County California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) Administrators, Medical Consultants, and Systems of Care Division (SCD) Staff

Subject: Telehealth Services for CCS and GHPP Programs

I. Purpose

The purpose of this Numbered Letter (N.L.) is to provide CCS and GHPP programs with state policy regarding the Telehealth Advancement Act of 2011 and information on relevant changes to the Medi-Cal Provider Manual section on Telehealth.

II. Program Background

In 1996, the California Legislature passed the Telemedicine Development Act of 1996 to lay policy groundwork for developing medical communication technology. This act formed the foundation of state telemedicine law and legitimized the practice of health care providers' examination of patients at distant sites using interactive audio and video equipment.

[Assembly Bill 415](#), Chapter 547, Telehealth, known as the Telehealth Advancement Act of 2011 (Act of 2011), deleted certain provisions in state law regarding "telemedicine" and set forth new provisions relating to "telehealth" so as to encourage the use of telehealth services in Medi-Cal. It amended certain sections of the Business and Professions (B&P) Code; the Health and Safety Code; and the Welfare and Institutions (W&I) Code relating to telehealth. It defined telehealth as a mode of delivering health care services and public health by utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health care providers.

The Centers for Medicare and Medicaid Services (CMS) defines "telemedicine" as the use of medical information exchanged from one site to another site using interactive telecommunications equipment that includes, at a minimum, audio

and video equipment permitting two-way, real-time interactive communication between the patient and physician or practitioner at the distant site to improve a patient's health. Medi-Cal uses the term "**telemedicine**" when it refers to CMS policy or regulations regarding telemedicine. Medi-Cal uses the term "**telehealth**" when it refers to California State regulations and policy for the delivery of health care services through the use of telecommunication technologies.

Key provisions of the Act of 2011 are:

- A. Deletes provisions of state law regarding telemedicine in existing law and sets forth provisions for telehealth.
- B. Prohibits a requirement of in-person contact between a health care provider and patient under the Medi-Cal Program for services appropriately provided through telehealth that are otherwise reimbursed under Medi-Cal, subject to reimbursement policies adopted by the Department of Health Care Services (Department) (W&I Code Section 14132.72[c]).
- C. For the purposes of payment for covered treatment or services provided through telehealth, the Act of 2011 requires the department to not limit the type of setting where services are provided for the patient or by the health care provider (W&I Code Section 14132.72[e]).
- D. Specifies that the Department shall not require a health care provider to document a barrier to an in-person visit for Medi-Cal coverage of services provided via telehealth (W&I Code Section 14132.72[d]).
- E. The patient's written consent to telehealth services is no longer required. Prior to the patient receiving services via telehealth the health care provider at the originating site shall verbally inform the patient, where appropriate, of the option to utilize the telehealth modality and then obtain a verbal consent from the patient.
- F. The Act of 2011 does not authorize the Department to require the use of telehealth when the health care provider has determined that it is not appropriate.

III. Policy

This policy applies to SCD Programs, including, but not limited to CCS and GHPP; heretofore referred to as Programs:

- A. Effective the date of this letter, the Program provider standards and case management policies shall be consistent and in compliance with the Telehealth Advancement Act of 2011 and the statutes which enforce telehealth activity.

- B. Due to significant barriers to health care access, the Program shall actively promote the use of telehealth as a tool to be integrated into standards, thereby expanding client access to health care and improving provider support.
- C. Telehealth shall be a mode of health care service delivery to enable the diagnosis, consultation, treatment, education, care management, and self-management of clients at a distance from their authorized providers.

Note: The Act of 2011 does not change the existing scope of practice of any health care provider nor does it authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

- D. In conjunction with the verbal approval of the client/guardian, the individual physician/specialist and/or health care team will determine if telehealth is the appropriate communication modality to be used.

IV. Policy Implementation

- A. The following policy implementation guidelines are to be applied for Program eligible clients:
 - 1. **CCS** staff shall approve and authorize medically necessary diagnostic and treatment services per California Code of Regulations, Title 22, and Sections 41401-42700.
 - 2. **GHPP** staff shall approve and authorize medically necessary diagnostic and treatment services per California Code of Regulations, Title 17, Sections 2931-2932.
- B. County and/or state staff:

County and/or state staff should refer callers inquiring about telehealth claims issues to the Xerox Telephone Call Center (TSC) or the Medi-Cal Provider Manual. The TSC is available to health care providers to ensure they understand that claims for telehealth services require the use of the GT and GQ modifiers along with the appropriate billing codes. Most Medi-Cal billing codes for CCS and GHPP telehealth services are included in the [CCS Service Code Groupings](#) (SCG). For all Programs, the Medi-Cal website contains the most current list of codes in the individual SCGs.

V. Claim Submissions

- A. The [Medi-Cal Provider Manual: Telehealth](#) section includes procedure code information and billing guidelines on the following telehealth topics:

1. Guidelines for Evaluation and Management (E&M) and Psychiatric Therapeutic Procedures
 2. Transmission Sites
 3. Transmission Costs
 4. Modifiers GT and GQ
 5. X-ray and Electrocardiogram Interpretation and Report
 6. Interactive Telemedicine Reimbursable Services
 7. Guidelines for Teleophthalmology and Teledermatology
- B. Providers billing for telehealth services should refer to the [Medi-Cal Provider Bulletins and Provider Manual](#).
- C. For internet claims completion instruction and submission information, refer to the Computer Media Claims (CMC) section of Medi-Cal Program and Eligibility manual located at: <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=medi-cal-program-and-eligibility>
- D. For questions about submitting a claim for services provided by telehealth, please call the Medi-Cal's Telephone Service Center at 1-800-541-5555.

If you have any questions regarding this Numbered Letter, please contact Seleda Williams, MD, MPH, PHMO III at (916) 327-1400 or via e-mail at seleda.williams@dhcs.ca.gov.

References:

DHCS Medi-Cal & Telehealth Website:
<http://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>

Sincerely,

ORIGINAL SIGNED BY ROBERT J. DIMAND, M.D.

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