

DATE: July 7, 2023

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Index: Benefits

TO: All County California Children’s Services Program and Genetically Handicapped Persons Program Staff, Medical Consultants, Statewide Consultants, and Integrated Systems of Care Division Staff

SUBJECT: Telehealth Services

I. PURPOSE

The purpose of this Numbered Letter (N.L.) is to provide the California Children’s Services (CCS) Program and Genetically Handicapped Persons Program (GHPP) with guidance regarding coverage and reimbursement for telehealth services, which reflect the State’s goal of reducing restrictions previously in place for telehealth services and to improve access to care through the use of telehealth modalities.ⁱ

II. BACKGROUND

Telehealth includes two categories: synchronous, and asynchronous. Synchronous includes real-time interactions between a patient at an originating site and a health care provider at a distant site. Asynchronous telehealth includes e-consults, and store-and-forward-transfers involving collection of clinical information and sending it electronically to another site for evaluation. Definitions can be found in the Medi-Cal Provider Manual, Telehealth section.ⁱⁱ

III. POLICY

Assembly Bill (AB) 133, [Chapter 143, Statutes of 2021](#), modified State telehealth law. The following modifications have been made to existing CCS and GHPP policies:^{iii, iv}

A. Guidelines

1. CCS Program staff shall approve and authorize medically necessary diagnostic and treatment services per state law and regulation, and federal law and regulation, including but not limited to 22 California Code of Regulations (CCR) Sections 41401-42700.
2. GHPP is a health care program which provides medical care and other related services for persons with genetically handicapping conditions as outlined in 17

CCR, Sections 2931-2932. In addition, staff shall approve and authorize medically necessary diagnostic and treatment services per state law and regulation, and federal law and regulation, including but not limited to 22 CCR Sections 41401-42700. ^v

B. County and/or State staff:

County and/or State staff should refer providers inquiring about telehealth services policies to the Medi-Cal Provider Manual. ^{vi} Most Medi-Cal billing codes for the telehealth programs' 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. ^{vii}

IV. PROVIDER POLICY

A. Provider Requirements

CCS providers must request prior authorization services from CCS paneled physicians (22, CCR Section 41412) who are available to provide telehealth services. Prior authorization requests are also authorized to CCS-approved hospitals and outpatient special care centers. ^{viii} GHPP providers must be Medi-Cal enrolled providers. ^{ix, x} Information regarding the provider authorization process, which includes provider enrollment, can be found at the following DHCS webpages:

CCS: <https://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx>

GHPP: <https://www.dhcs.ca.gov/services/ghpp/Pages/GHPPProvider.aspx>

Teletherapy

Physical and Occupational Therapy may be offered through appropriate telehealth modalities. Medical Therapy Unit therapists may offer remote/virtual teletherapy services as an alternative to in-person visits, as appropriate and directed by the Medical Therapy Conference and directing physicians.

CCS clients receiving services through a Special Care Center and/or Medical Therapy Program Medical Therapy Conference must have an annual in-person evaluation by a CCS-paneled physician.

GHPP clients require an annual evaluation to ensure continued program coverage.

B. Reimbursable Telehealth Services

CCS and GHPP telehealth services must be rendered in accordance with Welfare & Institutions Code Sections 14124.12, 14132.100, 14132.72, 14132.723, 14132.724, 14132.725, and 14132.73. In addition, the telehealth services are subject to other laws, including but not limited to, licensing laws, and Governor's Executive Orders regarding those laws. Providers are responsible for determining if a service is

permitted to be provided by telehealth. If not, the service will not be reimbursed if delivered through telehealth. ^{xi}

CCS and GHPP covered benefits or services, identified by Current Procedural Terminology (CPT) or Healthcare Common Procedural Coding System codes and subject to all existing Medi-Cal coverage and reimbursement policies, including any Service Authorization Request (SAR) requirements, may be provided via a telehealth modality, as outlined within the Telehealth Medi-Cal Provider Manual: ^{xii}

C. Telehealth Services Billing

Billing for telehealth services is contingent upon the CCS Program or GHPP clients meeting all eligibility criteria, with an approved CCS Program/GHPP SAR, and in conformance with required Medi-Cal claims submission procedures as outlined in the DHCS Medi-Cal Telehealth Policy. ^{xiii}

1. When submitting a SAR for synchronous telemedicine services, the provider must use codes provided in the American Medical Association (AMA's) CPT Manual, Appendix P. ^{xiv}
2. Telehealth modifiers (93, 95 or GQ) are required on SARs to differentiate the telehealth service from the equivalent in-person service.
3. For services or benefits provided via synchronous, interactive audio, and telecommunications systems, the health care provider bills with modifier 95.
4. For services or benefits provided via synchronous, telephone or other interactive audio-only telecommunications systems, the health care provider bills with modifier 93.
5. For services or benefits provided via asynchronous store-and-forward-telecommunications systems, the health care provider bills with modifier GQ.

D. Whole Child Model (WCM) Counties

For WCM counties, the client's managed care plan (MCP) shall be responsible for authorizing, coordinating, and covering CCS telehealth services. WCM MCPs may use the authorization guidelines described in this N.L., or utilize WCM MCP telehealth policy outline in the All Plan Letters. ^{xv, xvi}

V. PAYMENT PROCESS

- A. For internet claims completion instruction and submission information, refer to the Computer Media Claims (CMC) section of Medi-Cal Program and Eligibility Manual. ^{xvii}

- B. The Medi-Cal CMC Billing and Technical Manual is available at: https://files.medi-cal.ca.gov/pubsdoco/CTM_manual.aspx
- C. For questions about submitting a claim for services provided by telehealth, please call the Telephone Service Center [at 1-800-541-5555](tel:1-800-541-5555). For additional information, please refer to: DHCS Medi-Cal & Telehealth Website: available at: <http://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>.
- D. In WCM counties, please contact the responsible MCP for payment processes, including for submission of claims and payment processes.

For guidance on billing and coding for telehealth services in non-WCM counties, providers should refer to the Medi-Cal Provider Bulletins and Medi-Cal Provider Manual.^{xviii}

For questions relating to this N.L., please contact the ISCD Medical Policy Team at ISCD-MedicalPolicy@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Cortney Maslyn, Chief
Integrated Systems of Care Division
Department of Health Care Services

ⁱ Welfare and Institutions Code Section 14132.72(g)
<https://law.justia.com/codes/california/2021/code-wic/division-9/part-3/chapter-7/article-4/section-14132-72/>

ⁱⁱ Welfare and Institutions Code Section 14132.72
<https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>

ⁱⁱⁱ Assembly Bill 415 Healing arts: telehealth. (Logue; Chapter 547; Statutes of 2011)
http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0401-0450/ab_415_bill_20111007_chaptered.html

^{iv} Assembly Bill 744 Health care coverage: telehealth. (Aguiar-Curry; Chapter 867; Statutes of 2019)
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB744

^v 22 California Code of Regulations Sections 41401-42700

^{vi} Contact Medi-Cal
<https://files.medi-cal.ca.gov/pubsdoco/contact.aspx>

^{vii} CCS Service Code Groupings List
<https://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/SCG-Codes.pdf>

^{viii} 22 California Code of Regulations Section 42030
<https://regulations.justia.com/states/california/title-22/division-2/subdivision-7/chapter-9/article-3/section-42030/>

^{ix} 42 U.S.C.1396(a)(78)

<https://www.law.cornell.edu/uscode/text/42/1396>

^x 21st Century CURES Act

<https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf>

^{xi} DHCS Telehealth Frequently Asked Questions

<https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx>

^{xii} DHCS Medi-Cal and Telehealth

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

^{xiii} DHCS Medi-Cal and Telehealth

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

^{xiv} Current Procedural Terminology

<https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

^{xv} Please see All Plan Letter 19-009 or any superseding version of this All Plan Letter:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-009.pdf>

^{xvi} Please see All Plan Letter APL 20-003 or any superseding version of this All Plan Letter:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-003.pdf>

^{xvii} Computer Media Claims

https://files.medi-cal.ca.gov/pubsdoco/CTM_manual.aspx

^{xviii} Medi-Cal Provider Bulletins/Manuals

<https://www.dhcs.ca.gov/formsandpubs/publications/Pages/Medi-CalProviderManuals.aspx>