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Department of Health Care Services



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GOVERNOR

DATE: December 22, 2017

N.L.: 16-1217
Addendum N.L.: 14-1213
Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM AND GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP) ADMINISTRATORS, MEDICAL CONSULTANTS, AND THE INTEGRATED SYSTEMS OF CARE DIVISION (ISCD) STAFF

SUBJECT: TELEHEALTH SERVICES CODE UPDATE FOR CCS PROGRAM AND GHPP

I. Purpose

The purpose of this Numbered Letter (N.L.) is to provide the CCS Program and GHPP with an update to state policy on additional billing codes that can be used for CCS Program and GHPP services that, upon CCS Program service authorization request (SAR) approval, can be used for billing for telehealth services (please see Attachment I: Additional CCS Program/GHPP Procedure Codes and Descriptions that can be used to bill for Telehealth Services). Once the SAR is approved, a Medi-Cal claims form must also be submitted with the appropriate telehealth modifiers and billing codes.

II. Program Background

This N.L. is an addendum to CCS/GHPP N.L. 14-1213: Telehealth Services for CCS Program and GHPP, available at:

<http://www.dhcs.ca.gov/services/ccs/Documents/ccsn141213.pdf>.

The CCS Program has added additional CCS Program/GHPP codes that can be billed for telehealth services. Please see Attachment 1: "Additional CCS Program/GHPP Procedure Codes that can be used to bill for Telehealth Services", for a list of additional and current CCS Program/GHPP codes that can be used with the appropriate place of service, approved telehealth provider, and GT or GQ modifiers.

Billing for telehealth services is contingent upon CCS Program clients meeting all eligibility criteria, with an approved CCS Program/GHPP SAR form, and in conformance with required Medi-Cal claims submission procedures.

III. Policy

This policy applies to the CCS Program and GHPP; heretofore referred to as Programs:

- A. Effective June 26, 2017 CCS and GHPP providers can bill for telehealth services with the additional codes listed in Attachment I.
- B. 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.
- C. Due to significant barriers to health care access, the Programs 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.
- D. 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 Telehealth Advancement 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.

- E. 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 Program 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.

3. Regarding billing for telehealth services, program providers, in addition, to SAR submission, shall also follow claims submission guidelines in the Medi-Cal Provider Manual Telehealth section, CCS Program N.L. 12-1213 and this CCS Program N.L.
4. In addition to the billing codes identified in The Medi-Cal Provider Manual Telehealth section, the procedure codes listed in Attachment I can also be used to bill for CCS program's telehealth services.

B. County and/or State staff:

County and/or state staff should refer callers inquiring about telehealth claims issues to the Conduent 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 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.

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, and
 7. Guidelines for Teleophthalmology and Teledermatology.
- B. Providers billing for telehealth services should also refer to the [Medi-Cal Provider Bulletins and Medi-cal 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: <http://www.medi-cal.ca.gov/cmcinstructions.asp>.
- D. The Medi-Cal Computer Media Claims (CMC) Billing and Technical Manual is available at: https://files.medi-cal.ca.gov/pubsdoco/ctm_manual.asp.
- E. For questions about submitting a claim for services provided by telehealth, please call the Conduent TSC at 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>.

If you have any questions regarding this Numbered Letter, please contact Seleda Williams, M.D by telephone at (916) 552-9105 or via e-mail at seleda.williams@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Sarah Eberhardt-Rios, Chief
Integrated Systems of Care Division

Attachment I

ATTACHMENT I
ADDITIONAL CCS PROGRAM/GHPP PROCEDURE CODES AND
DESCRIPTIONS THAT CAN BE USED TO BILL FOR TELEHEALTH SERVICES

Please refer to CPT-4 code books & CCS NL 01-0108 for details

Procedure Code	Description
92550	Tympanometry and reflex threshold measurements
92568	Acoustic reflex testing, threshold/unlisted audiologic services
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system/limited/unlisted aud. services
92587	Evoked otoacoustic emissions, limited/unlisted audiologic services
92588	Evoked otoacoustic emissions, comprehensive or diagnostic evaluation/unlisted audiologic services
99201	New Patient: Office or outpatient visit for E&M, 10 minutes(m/min)
99202	Office or other outpatient visit, new patient, 20 minutes
99203	Office or other patient visit for E& M of new patient, 30 minutes
99204	Office or other outpatient visit, new patient, 45 min, mod-high
99205	Office or other outpatient visit, new patient, 45 min high complex
99211	Office or other outpatient, E&M, established patient, 5 minutes
99212	Office or other outpatient, E&M, minor, 10 min
99213	Office or other outpatient, 15 min, low to moderate complexity
99214	Office or other outpatient, 25 min, moderate to high complexity
99215	Office or other outpatient, 40 min, moderate to high complexity
S0265	Genetics counseling
X3920	Physical therapy evaluation, approval from PT, 1 st 30 minutes
X3922	Physical therapy evaluation, approval from PT, add. 15 minutes
X4100	Occupation therapy evaluation, 1 st 30 minutes
X4102	Occupational therapy evaluation, additional 15 minutes
X4300	Speech therapy language evaluation plus report
X4301	Speech therapy speech evaluation plus report
X4303	Speech-language therapy, individual, per hour (following procedures X4300 or X4301)
X4304	Speech-language therapy, individual, 1/2 hour
Z4300	Center coordinator, non-physician, case, registered dietitian
Z4301	Assessment, intervention, with instruction, ed., nurse specialist
Z4302	Team case conference, other allied health care professional
Z4303	Physician SCC chart review, intermediate
Z4304	Physician, extensive/comprehensive visit
Z4305	Physician visit, per patient/per date of service
Z4306	Physician/Dentist coordinating activity
Z4307	Social Worker, comprehensive assessment/intervention, 30 minutes.
Z4308	Registered Dietitian, comprehensive assessment/intervention, 30 minutes

Procedure Code	Description
Z4309	Other Allied Health Professional, comprehensive assessment/intervention, 30 min.
Z4310	Nurse Specialist, participation SCC team case conference, 15 minutes
Z4311	Social Worker, SCC comprehensive team case conference, 15 minutes
Z4312	Registered Dietitian, SCC comp. team case conference, 15 minutes
Z4313	Physician, Group Teaching, counseling, & support
Z4314	Other Allied Health Professional, Group Teaching, counselling & support
Z4315	Physician/parent conference
Z5408	Allied Prof. NEC-Program/Clinical Consult.-Hr.
Z5422	Program consultation/Clinic (Med) – Hr.
Z5900	EPSDT Services – Initial audiology evaluation, < 2 years of age
Z5902	EPSDT Services – Initial audiology evaluation, 2-5 years of age
Z5914	EPSDT Services – Auditory brainstem response, tone burst
Z5922	EPSDT Services – Acoustic immittance testing, monaural, including tympanometry and acoustic reflex testing
Z5924	EPSDT Services – Acoustic immittance testing, binaural, including tympanometry and acoustic reflex testing
Z5934	EPSDT Services – Evoked otoacoustic emissions, limited (single stimulus level, either transient or distortion products)
Z5936	EPSDT Services – Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (comparison of transient and/or distortion
Z5940	EPSDT Services – Aural rehabilitation related to use of a conventional hearing aid, 30 minutes
Z5942	EPSDT Services – Aural rehabilitation following cochlear implantation, 30 minutes