

## Telehealth Stakeholder Webinar Questions/Comments and DHCS Responses

	Question/Comment	DHCS Response
11	Will the telehealth services provided in a clinically appropriate manner (before this updated policy via telehealth) and following regulations be eligible for reimbursement? Thank you!	Providers should follow the guidance in the current Medi-Cal Provider Manual section for telehealth until the update is published. After all system edits are completed, providers will be required to bill with the place of service code 02 and modifier 95. Provider of services are responsible for billing.
15	Who does billing? Provider of services or requester of service?	
26	For plans with dual membership, is Medicare the primary payer and Medi-Cal the payer of last resort for Telehealth benefits?	Medi-Cal is the payer of last resort. (Payment requirements are the same for services provided via telehealth as they are for services provided in-person.)
54	Do we still follow Medicare guidelines as far as what codes we can bill? Do members have to live outside a metropolitan area to be able to receive telehealth services?	DHCS' proposed policy does not list the types of benefits or services appropriate to be provided via a telehealth modality. Instead, DHCS provides parameters around what benefits or services may be appropriate to provide via a telehealth modality, provides examples of what is not appropriate, and speaks to documentation requirements in the event of an audit. This broadness is intentional to allow the health care practitioner rendering services or benefits sufficient flexibility to make medically appropriate decisions regarding the appropriate delivery modality for a particular beneficiary. Medi-Cal does not have Medicare's restrictions on the originating site.

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76	Do the time parameters per AMA CPT apply to 99451 and what is the expected reimbursement? Will your definitions be published in the new manual?	AMA parameters are the same for services provided via telehealth as they are when provided in-person. Reimbursement will be determined by the Medicare rate and will be applied in accordance with state statutes.
13	Do you mean written OR verbal consent versus written AND verbal consent?	Providers may obtain either written OR verbal consent.
33	Will consent need to be collected once or every time you have an encounter?	If a health care practitioner or health care group/organization has a general consent protocol that specifically references use of telehealth as a modality, then this would satisfy the consent requirement.
35	What is the implication of removing "informed" from informed consent language?	DHCS has removed the word "informed" from the consent section and revised the section to allow written consent, consistent with BPC Section 2290.5. DHCS has also streamlined and further clarified the consent requirement section to apply clearly and equally across the board for the telehealth modality.
36	<p>Must it be the provider delivering the telehealth service that obtains consent, or can any clinical staff member (i.e.. a nurse, MA, etc.) obtain consent?</p> <p>How often does consent need to be obtained and documented for telehealth? Is it once, once a year, or every time you have an encounter?</p>	State law requires the health care practitioner initiating the use of telehealth to inform the beneficiary and obtain consent and maintain appropriate documentation. If a health care practitioner or health care group/organization has a general consent protocol that specifically references use of telehealth as a modality, then this would satisfy the consent requirement.

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19	Is the documentation requirement similar to what CMS required?	DHCS has incorporated the “Medical Record: Technical and Professional Components” requirements under the “Documentation” section and has made corresponding edits for greater clarity. These edits include clarifying that DHCS expects that any health care practitioners providing covered benefits or services to Medi-Cal beneficiaries maintain appropriate documentation to substantiate the corresponding technical/professional components of billed CPT or HCPCS codes.
20	Does the availability of e-Consult affect the time and distance requirements for access to specialists, including behavioral health?	Network adequacy requirements will be addressed in the All Plan Letter.
48	Does DHCS consider eConsults to be specialist consultations?	The distant practitioner should have specific specialty expertise to assist in the diagnosis and/or management of the patient’s health care needs.
67	Is eConsult a billable service from a distant site for all specialties and not isolated to tele-dermatology or teleophthalmology or teleoptometry services?	eConsult is an act isolated to these three services. The distant practitioner should have specific specialty expertise to assist in the diagnosis and/or management of the patient’s health care needs.

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64	For an e-consult, who is allowed to bill - the provider requesting the e-Consult (typically a PCP) or the specialist or both separately? If the PCP is an enrolled provider but the specialist is located outside of CA and not part of a CA group, can the PCP bill the e-Consult?	The provider at the distant site would bill for services delivered via telehealth. The originating site may bill for medically necessary services provided in-person. The health care provider rendering Medi-Cal covered benefits or services via a telehealth modality must be licensed in California, enrolled as a Medi-Cal rendering provider or NMP and affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.
70	What will DHCS's position be on existing eConsult programs that are funded and operated exclusively by managed care organizations and FQHCs as a primary care provider support service?	Please refer to the upcoming All Plan Letter regarding telehealth and the Medi-Cal Provider Manual section for FQHCs that will be this spring.
93	Will the other five eConsult CPT codes also be included as part of the DHCS reimbursement codes?	No.
31	When do you expect these policies to go into effect?	DHCS expects final publication in Spring 2019.
108	When will the Final APL be released?	DHCS expects final publication in Spring 2019.

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78	With regard to eligible services previously rendered, how far back in time can we resubmit billing? (18 months prior to anticipated Spring update or all services previously denied) Thank you	DHCS expects final publication in Spring 2019. Providers should follow the guidance in the current Medi-Cal Provider Manual section for telehealth until the update is published. After all system edits are completed, providers will be required to bill with the place of service code 02 and modifier 95.
96	When will billing under this new policy be available (when does the policy go into effect)? Also, could you please clarify to what extent retroactive billing be possible?	
111	Thanks for the clarification as my last question did not ask for specific back-dates. However, we have been appropriately documenting and billing Medi-Cal as guidelines allowed. Will these interim services be deemed "free" (considering GHPP/CCS update came out January 2018, as to eligible services). Thank you.	The revised policy will be consistent with GHPP/CCS policy for telehealth when DHCS publishes it in spring 2019. Providers should follow the existing telehealth policy until the updated Medi-Cal Provider Manual for telehealth is published. After all system edits are completed, providers will be required to bill with the place of service code 02 and modifier 95.
97	Will the final policy changes be available to review online prior to Spring of 2019?	No.
94	Can new patients be enrolled into Family PACT through telehealth technology (e.g., from home)?	No. The intent of the telehealth policy is from a service delivery perspective not client eligibility and enrollment. DHCS will take under advisement exploring different modalities for client enrollment.

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16	Has there been any clarification if FQHC's can be the distant site and receive our PPS rate?	Yes. Please refer to FQHC/RHC telehealth billing scenarios that will be published in the Medi-Cal Provider Manual section for FHQCs and RHCs this spring.
24	Will FQHCs be allowed to bill for telehealth services? Will telehealth services qualify for a PPS payment?	FQHCs are allowed to bill for telehealth services and be reimbursed their PPS rate under certain conditions. Please refer to FQHC/RHC telehealth billing scenarios that will be published in the Medi-Cal Provider Manual section for FHQCs and RHCs this spring.
46	What was the reasoning behind excluding FQHCs from eConsult reimbursement?	eConsult is an asynchronous telehealth service enabling a primary care provider to consult remotely with a specialist regarding a patient. A face-to-face visit between a billable FQHC provider and a FQHC patient does not occur during the eConsult service. Please see federal definition of a FQHC visit in CFR Title 42 Section 405.2463 (a) (1) (ii), and the state definition of a FQHC
47	To clarify, eConsults will not be reimbursable in FQHCs or RHCs?	
49	Can you explain why e-consults are not allowed for FQHCs/RHCs?	
77	Can you clarify why an eConsult is not considered to be store and forward telehealth (for purposes of FQHC and RHC reimbursement)	

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104	Some of the FQHC's in our region are trying to implement the AIMS program to support PCP's in taking on more psychiatry services. A core part of the success of this is however the ability for a psychiatrist to do e-consults to PCP's. We are puzzled why this is still not a billable service especially in light of the dire shortage of psychiatrist especially in rural areas.	visit in the Medi-Cal State Plan, Section 4, Attachment 4.19-B, Pages 6B.1, 6C and 6D.
51	FQHCs, RHCs and IHS-MOAs: How is an established patient defined?	The definition of an "established patient" will be published in the Medi-Cal Provider Manual sections for FQHCs, RHCs and IHS-MOAs this spring.
55	Can a FQHC receive reimbursement for a service delivered to a patient at their home if the provider is within the FQHC during the time of the virtual consult?	Please refer to FQHC/RHC telehealth billing scenarios that will be published in the Medi-Cal Provider Manual section for FHQCs and RHCs this spring.
65	Does a FQHC need to be HRSA certified Tele-health in order to bill Telehealth to Medi-Cal	A FQHC doesn't need to be a HRSA-certified telehealth provider to bill for Medi-Cal covered services delivered via the telehealth modality.
68	For Originating Site Billing only by an RHC; are we required to add the Procedure Code for the Medical Visit, on an Information Line?	An informational line details the specific services provided during the FQHC or RHC global visit and is listed immediately following the HIPAA-compliant billing code set used to bill the face-to-face visit with the patient, whether the visit occurs using the telehealth modality or occurs in-person.

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74	Can an FQHC bill for telehealth services regardless of the location of the patient?	Please refer to FQHC/RHC telehealth billing scenarios that will be published in the Medi-Cal Provider Manual section for FHQCs and RHCs this spring.
88	I think you said that for patient at home, they must have billable or nonbillable provider with them. did I hear that correctly? So if I'm an FQHC that has an established patient and provide care via live video (patient at home by herself; me as provider in clinic miles away), is this a billable (telehealth) PPS visit?	Please refer to FQHC/RHC telehealth billing scenarios that will be published in the Medi-Cal Provider Manual section for FHQCs and RHCs this spring.
92	Where can we find information about telehealth services for FQHC's- all requirements, scenarios...? what is billable and what is payable?	This information will be published in the Medi-Cal Provider Manual sections for FHQCs and RHCs this spring.
109	It was mentioned that FQHCs, RHCs, and IHS-MOAs may be reimbursed for telehealth services rendered to an established patient. What is DHCS' definition of an established patient?	The definition of an "established patient" will be published in the Medi-Cal Provider Manual sections for FHQCs, RHCs and IHS-MOAs this spring.



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6	Will non-physician, unlicensed providers, such as those who provide autism treatment, meet the criteria to provide services via telehealth?	Business and Professions Code (BPC) Section 2290.5(a)(3) authorizes only licensed providers and marriage and family therapist interns (associate marriage and family therapists) for services delivered via telehealth. California considers certified behavior analysts to be licensed, so they may provide services via telehealth when appropriate. However, qualified autism service paraprofessionals are not certified by the Behavior Analyst Certification Board and are therefore not considered licensed by the State. We have updated the Provider Manual to reference the licensing requirement in the Business and Professions Code.
7	For specialty mental health services billed to Medi-Cal, do these policies apply when services are applied via telehealth?	For general information relating to Medi-Cal’s telehealth policy, please see the “Medicine: Telehealth” section of the Medi-Cal Provider Manual ( <a href="http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mednetele_m01o03.doc">http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mednetele_m01o03.doc</a> ). For information specific to SMH telehealth services , please see the DHCS Mental Health Services Division, Medi-Cal Billing Manual, October 2013 (( <a href="http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/Mental%20Health%20Medi-Cal%20Billing%20Manual_POSTED_1_28_14doc.pdf">http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/Mental%20Health%20Medi-Cal%20Billing%20Manual_POSTED_1_28_14doc.pdf</a> ))

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8	Will there be a sample agreement provided for telehealth?	No, telehealth is a modality to deliver medical services. Providers may obtain either written OR verbal consent. If a health care practitioner or health care group/organization has a general consent protocol that specifically references use of telehealth as a modality, then this would satisfy the consent requirement. State law requires the health care practitioner initiating the use of telehealth to inform the beneficiary and obtain consent and maintain appropriate documentation. If a health care practitioner or health care group/organization has a general consent protocol that specifically references use of telehealth as a modality, then this would satisfy the consent requirement.
75	Will DHCS conduct audits of telehealth practices directly or through managed health care plans?	Audits for services provided via telehealth will be conducted in the same manner as for services provided in-person.
80	Can a RHC use a mobile application record videos when a provider is not in the home. for E-DOT Medication	Please refer to FQHC/RHC telehealth sections that will be published in the Medi-Cal Provider Manual this spring.
90	We recently received a denial for billing telehealth service stating that the aide code 03 was the reason? Could you touch on this?	Inquiries about denied claims should be directed to the Telephone Service Center, 1-800-541-5555. DHCS recommends providers follow the existing guidance in the Provider Manual until the revised policy is published.
102	Does the physician always need to document that they determine the service is appropriate to be delivered through telehealth?	No.

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12	[Are there] home care restrictions?	BPC Section 2290.5(a)(4) defines the originating site as the patient's location or where store and forward originates. DHCS' proposed policy aligns with state law and does not limit the originating site setting. The definition provides clarity that it may include, but is not limited to, a hospital, medical office, community clinic, or the patient's home.
32	Will you clarify that schools can qualify as eligible originating sites?	
69	Did you address reimbursement for Centers that are within a Metropolitan Statistical Area?	Medi-Cal does not have Medicare's restrictions on the originating site.
79	For pediatric patients that may be at school, are there requirements for the location of the parent/caregiver? Can a caregiver attend the visit "virtually" as well while they may be at work or at home?	Medi-Cal's policy does not place restrictions on the distant site. Please note that California law defines the patient's location as the originating site and the provider's location as the distant site, but does not define a parent/caregiver's location during a service provided via telehealth.
82	Is there any instance where the originating site is to bill an E&M Code	The originating site may bill for medically necessary services provided in-person.
83	For visits with home as the originating site (non-FQHC scenario) does a Provider need to be with the Member in the home, as well?	A provider will not need to be with the patient for telehealth unless they are providing a medically necessary service under the revised policy.
101	Please confirm that telehealth providers do not need to reside in the county where the member resides?	The distant provider does not need to be in the same county as the originating site.

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29	Would [the provider] be able to decide what services to provide via telehealth either through live video or store and forward, but this presentation indicates that the provider could only decide what services to provide via live video. Is the store-and-forward option not available?	DHCS' proposed policy, including live video and store and forward, does not list the types of benefits or services appropriate to be provided via a telehealth modality. Instead, DHCS provides parameters around what benefits or services may be appropriate to provide via a telehealth modality, provides examples of what is not appropriate, and speaks to documentation requirements in the event of an audit. This broadness is intentional to allow the health care practitioner rendering services or benefits sufficient flexibility to make medically appropriate decisions regarding the appropriate delivery modality for a particular beneficiary.
38	Do you have an updated list of covered CPT codes when rendered via synchronous telehealth technology?	No. DHCS' proposed policy does not list the types of benefits or services appropriate to be provided via a telehealth modality. Instead, DHCS provides parameters around what benefits or services may be appropriate to provide via a telehealth modality, provides examples of what is not appropriate, and speaks to documentation requirements in the event of an audit. This broadness is intentional to allow the health care practitioner rendering services or benefits sufficient flexibility to make medically appropriate decisions regarding the appropriate delivery modality for a particular beneficiary.
44	If DHCS does not provide a comprehensive list of all CPT codes approved for telehealth, it is implied that all codes are authorized (provided other requirements are met)?	Medi-Cal enrolled providers must determine which medical services can appropriately be delivered via a telehealth modality. For more information, please refer to the AMA CPT 2019 Professional book.

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43	Will remote data collection services (Bluetooth blood-pressure, glucometers, weight scale, etc.) PPS reimbursable under "Store and Forward" policy?	Remote patient monitoring (RPM) is not part of this policy update but, as always, DHCS will continue to evaluate and assess different modalities for delivery of Medi-Cal covered benefits and services. RPM is not part of this policy update but, as always, DHCS will continue to evaluate and assess different modalities for delivery of Medi-Cal covered benefits and services.
52	What is the difference between telehealth and telemedicine?	Telemedicine involves live, two-way audio visual communication. As defined in B&P Code Section 2290.5, telehealth is the broad term for "delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site."
71	What kind of equipment is allowed to be used by a provider (HIPAA compliant/approved by HIPAA)?	Providers must follow all applicable state and federal laws, including HIPAA. In addition, the audio-video telemedicine system used must, at a minimum, have the capability of meeting the procedural definition of the code provided through telemedicine. The telecommunication equipment must be of a quality or resolution to adequately complete all necessary components to document the level of service for the CPT-4 code or HCPCS code billed.
72	Can you please explain the distinction between "eConsults" and "store and forward"?	eConsults are considered store and forward.

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84	Can providers bill for new patients receiving care through asynchronous technology (store-and-forward), including “near real time” technology?	DHCS’ proposed policy does not list the types of benefits or services appropriate to be provided via a telehealth modality. Instead, DHCS provides parameters around what benefits or services may be appropriate to provide via a telehealth modality, provides examples of what is not appropriate, and speaks to documentation requirements in the event of an audit. This broadness is intentional to allow the health care practitioner rendering services or benefits sufficient flexibility to make medically appropriate decisions regarding the appropriate delivery modality for a particular beneficiary.
105	If the purpose is not to place coverage restrictions, will you be removing the list of reimbursable TM codes from the telemedicine section on your site? IE 99201-99215, 99231-99233 & 99241-99255 The limited list implies those are the only services covered for TH.	

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86	<p>For DPP, are online and combination delivery modalities permitted? The recently Medi-Cal policy references the telehealth policy. What is the impact of the telehealth policy on the DPP?</p> <p>Can DPP providers that use artificial intelligence or other asynchronous delivery methods participate in Medi-Cal?</p> <p>Most DPPs that are telehealth providers have an administrative office in California?</p> <p>Many do not - they are telehealth which lends to not having a facility in the State.</p>	<p>DHCS will provide instructions for fee-for-service DPP virtual, online, combination, or distance learning delivery modalities in a future Provider Bulletin and the DPP Provider Manual. For the Managed Care delivery system, please contact the Managed Care Plan directly.</p>
89	<p>Does a provider need to be present with the patient for telehealth services through managed care?</p>	<p>Please refer to the All Plan Letter for telehealth when it is published in spring 2019. FFS will not require a provider to be present with the patient unless they are providing a medically necessary service. The All Plan Letter aligns with FFS policy.</p>
98	<p>It is a remote patient monitoring question on Medi-Cal reimbursement - especially for Managed Care health plans</p>	<p>RPM is not part of this policy update but, as always, DHCS will continue to evaluate and assess different modalities for delivery of Medi-Cal covered benefits and services.</p>

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10	I heard a requirement to maintain records of all services at both sites. Because the services at each site are different- how do you propose that both services are captured at both sites?	Documentation should be maintained in the beneficiary's medical record at both the originating and distant site, in the event the health records are not shared. If a health care practitioner or health care group/organization has a general consent protocol that specifically references use of telehealth as a modality, then this would satisfy the consent requirement. In addition, providers should enter information for services they render they same as they would for an in-person visit.
3	Does the provider providing consults have to reside in California?	The health care provider rendering Medi-Cal covered benefits or services via a telehealth modality must be licensed in California, enrolled as a Medi-Cal
9	Could you please clarify the update regarding California licensure for both clinicians in the case of an eConsult?	
21	For eConsults, does the specialist responding to the eConsult have to reside in CA? Have to be employed by a group based in CA?	
25	Do clinicians have to be licensed in California to respond to an eConsult?	



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27	Would you please explain again when a provider can be located outside of California when supplying services? It sounded as if this was OK if the provider group they are contracted with is based in California?	rendering provider or non-physician medical practitioner (NMP) and affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.
56	I'm sorry I may have missed this, I was late to join.... Is the Telehealth provider required to provide services from a Distant site located in California?	
57	Please clarify if providers outside of CA can provide telehealth services if they are outside of CA but under a CA group for billing purposes. You mentioned eConsult between PCP and Specialist but wanted to check on PCP to member.	
59	It appears that the new APL restricts the opportunity to contract with nationally recognized e-consult providers e.g. Rubicon MD and Arisa, to their providers located in in California only. Is this correct?	APL will align with Medi-Cal Provider Manual section for telehealth regarding eConsults.

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62	If a clinic is contracted with an outside vendor to provide eConsults from out of state and will not be billing the state, is there anything prohibiting this?	DHCS telehealth policy provides guidance for Medi-Cal reimbursement. The health care provider rendering Medi-Cal covered benefits or services via a telehealth modality must be licensed in California, enrolled as a Medi-Cal rendering provider or NMP and affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.
73	If a managed care plan, FQHC or clinic is contracted with an outside vendor to provide eConsults from out of state and will not be billing the state, is there anything prohibiting this?	<p>The health care provider rendering Medi-Cal covered benefits or services via a telehealth modality must be licensed in California, enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP) and affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.</p> <p>eConsult is an asynchronous telehealth service enabling a primary care provider to consult remotely with a specialist regarding a patient. A face-to-face visit between a billable FQHC provider and a FQHC patient does not occur during the eConsult service. Please see federal definition of a FQHC visit in CFR Title 42 Section 405.2463 (a) (1) (ii), and the state definition of a FQHC visit in the Medi-Cal State Plan, Section 4, Attachment 4.19-B, Pages 6B.1, 6C and 6D.</p>

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112	If a clinic is contracted with an outside vendor to provide eConsults from out of state and will not be billing the state, is there anything prohibiting this?	DHCS telehealth policy provides guidance for Medi-Cal reimbursement. The health care provider rendering Medi-Cal covered benefits or services via a telehealth modality must be licensed in California, enrolled as a Medi-Cal rendering provider or NMP and affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.
45	Will we be able to access this recording after the webinar as well?	DHCS is not posting a recording of the webinar.