PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MCUP3113</td><td colspan="2">Lead Department: Health Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Telehealth Services</td><td colspan="2">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 03/14/2012</td><td colspan="3">Next Review Date: 02/12/2021
Last Review Date: 02/12/2020</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="2">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="2">Approval Date: 02/12/2020</td></tr>
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Note: For latest updates and changes to Telehealth Services specific to **COVID-19**, please refer to PHC's webpage: http://www.partnershiphp.org/Providers/Pages/default.aspx

I. **RELATED POLICIES**:
   A. MCUP3124 - Referral to Specialists (RAF) Policy
   B. MCUP3052 - Medical Nutrition Services
   C. MCUP3028 - Mental Health Services

II. **IMPACTED DEPTS**:
   A. Health Services
   B. Provider Relations
   C. Claims

III. **DEFINITIONS**:
   A. Telehealth means the mode of delivering health care and public health services utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patient at a distance from health care providers.
   B. Health care provider means a person who is licensed by the State of California Department of Health Care Services (DHCS) and a Medi-Cal certified provider.
   C. Originating site means the site where a patient is located at the time health services are provided via a telecommunications system or where the asynchronous store and forward services originates.
   D. Distant site means a site where a health care provider who provides health services is located while providing these services via telecommunications system.
   E. Synchronous interaction means a real-time interaction between a patient and health care provider located at a distant site.
   F. Asynchronous store and forward means the transmission of a patient's medical information from an originating site to the health care provider at a distance without the presence of the patient
   G. E-Consult means an asynchronous electronic consultation service between health care providers to coordinate multidisciplinary case review, advisory opinion, and recommendations of care for complicated symptoms or illnesses.
   H. Medical Necessity means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.

IV. **ATTACHMENTS**:
   A. N/A

V. PURPOSE:

The goal of telehealth is to improve both access and quality health services provided in rural and other medically underserved areas through the use information and telecommunications technologies. The purpose of this policy is to define telehealth services available to Partnership HealthPlan of California (PHC) members and their general reimbursement policies.

In 1996, Medicare initially approved limited coverage for telemedicine services. In the same year, the State of California passed the Telemedicine Development Act of 1996 governing the delivery of health care services through Telemedicine and authorizing terms and conditions of reimbursement of Telemedicine services under Medi-Cal. In 2005, California broadened the definition of telemedicine services to include store and forward telemedicine consults for teleopthalmology and teledermatology. Most recently, the State approved AB 415 the Telehealth Advancement Act of 2011 that allows for:

- The provision of a broader range of telehealth services
- The expansion of telehealth providers to include all licensed healthcare professionals
- The expansion of telehealth settings to include physician offices, hospitals, clinics and home settings and other sites
- The ability of California hospitals to establish medical credentials for telehealth providers more easily

The Telehealth Advancement Act of 2011 does not limit the type of settings where telehealth services are provided to patients. Telehealth services may be provided at a physician office, clinic setting, hospital, skilled nursing facility, residential care setting or patient home or other setting and must be in compliance with all laws regarding the confidentiality of health care information and a patient's rights to his or her medical information. There is no longer a need to document a justification for use of telehealth services instead of in-person services. Aside from this, services provided by telehealth must still meet state and federal guidelines for "medical necessity" and the documentation should support this.

VI. POLICY / PROCEDURE:

This policy defines key telemedicine/telehealth terms, PHC telehealth covered benefits and, reimbursement policies. PHC fully supports the advancement of telehealth services in our region as a means of improving access and quality of care to members as well as providing expert advice and specialty consultation to primary care providers (PCPs) in the PHC network. Current PHC referral and authorization requirements apply to telehealth services per policy MCUP3124 Referral to Specialists (Referral Authorization Form [RAF]) Policy.

Telemedicine services may be used to provide mild - moderate severity Mental Health Services to PHC members. Such services are provided through PHC's contracted Behavioral Health Managed Services organization(s). See policy MCUP3028 Mental Health Services for additional information.

A. Synchronous Telehealth Services and Settings
   1. Synchronous telehealth services can be provided to PHC members by any PHC credentialed health care provider with the member's verbal consent, as documented in the patient's medical record.
B. Asynchronous Telehealth Services & Settings
   1. Asynchronous store and forward telehealth services provides for the review of medical information at a later time by a physician or optometrist at a distant site without the patient being present in real time. The following Medi-Cal certified health care providers may provide store and forward services:
      a. Ophthalmologists
      b. Dermatologists

c. Optometrists (licensed pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code)
d. Specialists participating in PHC's E-Consult Program

2. Patients receiving teledermatology or teleophthalmology services by store and forward must be notified of the right to interactive communication with the distant specialist if requested. If requested, the communication may occur at the time of the consultation or within 30 calendar days of the patient's notification of the results of the consultation.

C. E-Consult Telehealth Services & Settings

1. E-consult telehealth services fall under the auspice of store and forward services and provide the ability for health care providers at the originating and distant site to review medical information for complicated symptoms or illnesses without the patient being present in real time. A health care provider at a distant site may bill for an E-consult with the appropriate Current Procedural Terminology (CPT) / Healthcare Common Procedure Coding System (HCPCS) code when the benefits or services delivered meet the procedural definition and components of the national CPT/HCPCS code as defined by the American Medical Association (AMA) or any other extended guideline described in the Medi-Cal provider manual. Verbal consent for telehealth services is a requirement and must be documented by both the originating and distant site in the patient medical record.

D. Consent

1. Prior to the delivery of health care services via telehealth, the health care provider at the presentation site must verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. The verbal consent must be documented in the patient's medical record.

E. Confidentiality

1. All federal and state laws regarding the confidentiality of health care information and a patient's rights to his or her medical information apply to telehealth services.

F. Credentialing of Providers of Telehealth Services to PHC Members in a Hospital Setting

1. Licensed health care providers providing telehealth services to Partnership HealthPlan members, outside a hospital setting, need to be a Medi-Cal certified provider in the State of California and a qualified provider credentialed through Partnership HealthPlan, or an organization with delegated authority for credentialing, as approved by the Partnership HealthPlan Credentials Committee.
2. The governing body of the hospital whose patients are receiving telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant site hospital or telehealth entity, as described in Sections 482.12, 482.22 and 485.616 of Title 42 of the Code of Federal Regulations.

G. Required Equipment

1. The audio-video telemedicine system used, must, at a minimum, have the capability of meeting the procedural definition of the code provided through telehealth. The telecommunication equipment must be of a quality to adequately complete all necessary components to document the level of service for the CPT code billed.

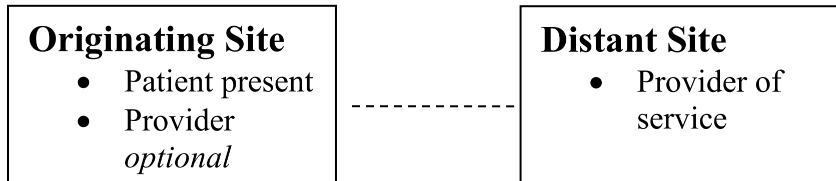
H. Reimbursement for Telehealth Services

1. There are three main models of telehealth services available to PHC members.
    a. The first, called "Traditional Synchronous Telehealth Services" connects the patient with a distant provider of health services through audio-video equipment on a real-time basis. This model is commonly used between specialty centers such as University of California (UC) San Francisco or UC Davis with outlying physician offices or community health centers.
    b. The second model, called "Asynchronous Telehealth Services" or the "Store and Forward" model connects a patient with a distant provider of radiology, electrocardiography, ophthalmology, dermatology or certain optometry services using audio-video equipment, but not

on a real-time basis. Generally, an image or picture is taken and forwarded to the specialty provider to review at a later time. This also includes specialty services provided via E-Consult, or electronic consultations, which consist of an electronic exchange of information through the E-Consult platform and may include images or photos, labs, and other relevant patient information.

c. The third model called "Synchronous Patient to Provider Telehealth Services" connects a single provider (primary care or specialty provider) to a patient using audio-visual equipment on a real-time basis. The patient can be in a health facility, residential group home or private residence or other setting, provided the appropriate equipment is used. The reimbursement terms for each of the three models are summarized below:

I. **Reimbursement for Traditional Synchronous Telehealth Services**



Billing guidelines for Originating Site Providers:

Originating Site	
Service	**Code**
Site facility fee	Q3014 (once per day, per patient, same provider)
Transmission Cost	T1014 (per minute for maximum of 90 min. per patient, per day, same provider)***
Licensed provider fee (*if present*)	E&M codes 99201 - 99215 and other CPT codes for services distinct and in addition to those rendered by the Distant Site Provider.

***Note that Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)/Indian Health Service (HIS) cannot bill for site fee or transmission charges. These charges are included in their FQHC/RHC Prospective Payment System (PPS) rate or the IHS Memorandum of Agreement (MOA) rate.

If a Licensed provider also is present at the telehealth Originating Site with the patient present and a progress note is generated by the originating provider, the visit is reimbursable. The scope of the interaction with the originating provider should be documented in the progress note that are distinct from those provided by the Distant Site and will be the basis of the Evaluation and Management (E&M) and other CPT code(s) billed. If an E&M code is included, the transmission cost fees may be billed. No modifier is needed at the Originating Site.

Health care providers are required to document place of service code 02 on the claim, which indicates that services were provided or received through a telecommunications system. The Place of Service Code 02 requirement is not applicable for FQHCs, RHCs or Indian Health Services (IHS).

Billing guidelines for Distant Site Providers	
Service	**Code**
Transmission Cost	T1014 (per minute for maximum of 90 min. per patient, per day, same provider)
Initial hospital care or subsequent hospital care, critical care (new or established patient)	Inpatient hospital: 99221 – 99233 Critical care: 99291 or G0508; 99292 or G0509
Extended Inpatient Care	99356 - 99357
Consultations: Office or other outpatient (initial or follow-up) Inpatient, and confirmatory	99241 – 99275
Genetic Counseling	S0265
Nutrition Counseling per PHC Guidelines (See Policy MCUP3052)	97802, 97803, 97804
Other Covered Procedures that can be provided by telemedicine*	All CPT codes **(except for these Excluded codes****: **Anesthesia: 00100-01999 and 99100-99157; Surgery: 10021-69990; Speech/Occupational/Physical Therapy: 96101 to 97546, and 97750 to 97799; Wound care: 97597 to 97610; Acupuncture, osteopathic manipulation, chiropractic manipulation: 97810 to 98943)** are potentially allowed if they meet requirements as noted*
Video visit with patient provider in office and patient remote from office (in lieu of office visit)	**G0071 (FQHC and RHC)** **G2012 (other providers)**
Required Modifier	95 modifier required for all CPT-Codes except Transmission Cost codes and G0071 and G2012

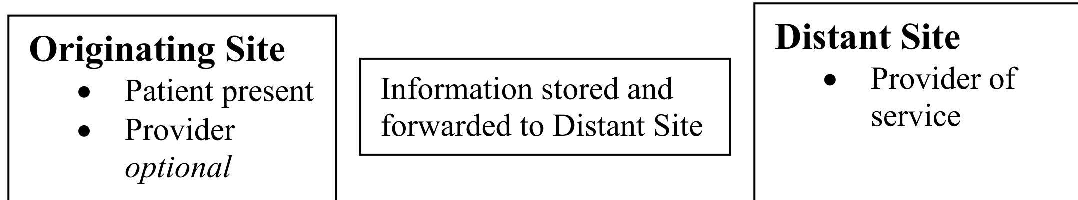
* Each telehealth provider must be licensed in the State of California, enrolled as a Medi-Cal provider, and must reside in California (or a border community). PHC covered services, identified by Current Procedural Terminology – 4th Revision (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) codes and subject to any existing treatment authorization requirements, may be provided via a telehealth modality if all of the following criteria are satisfied:

1. The treating health care provider at the distant site believes the services being provided are clinically appropriate to be delivered via telehealth based upon evidence-based medicine and/or best clinical judgment;
2. The services delivered via telehealth meet the procedural definition and components in the CPT-4 or HCPCS code(s) associated with the covered service; and
3. The services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to the patient's own medical information.

**Certain types of services *cannot* be appropriately delivered via telehealth. These include services that would otherwise require the in-person presence of the patient for any reason, such as services performed in an operating room or while the patient is under anesthesia, where direct visualization or instrumentation of bodily structures is required, or procedures that involve sampling of tissue or insertion/removal of medical devices. A provider must assess the appropriateness of the telehealth modality to the patient's level of acuity at the time of the service.

Note: A Federally Qualified Health Center (FQHC)/ Rural Health Center (RHC)/Tribal health site may choose to sub-contract with a specialist and pay them directly. Under these circumstances, the FQHC/RHC would bill for the originating site and the specialty service on two separate claims. Designated telehealth specialist providers Referral Authorization Form (RAF) requirements vary, see policy MCUP3124 Referral to Specialists (RAF) Policy. The PHC system would need to be set up for the specific specialty and if not, the Provider Relations Department should be contacted.

J. **Reimbursement for Asynchronous Telehealth Services (Store and Forward) for Teleophthalmology, Teleoptometry, Teledermatology, Radiology, Electrocardiography and E-Consult Program Services**



Billing guidelines for Originating Site Providers:

Originating Site	
Service	**Code**
Site facility fee	Q3014
Licensed provider fee (*if present*)	E&M codes 99201 - 99215 and other CPT codes for services distinct and in addition to those rendered by the Distant Site Provider.

Health care providers are required to document place of service code 02 on the claim, which indicates that services were provided or received through a telecommunications system. The Place of Service Code 02 requirement is not applicable for FQHCs, RHCs or Indian Health Services (IHS).

If a Licensed provider also is present at the telehealth Originating Site, with the patient present and a progress note generated by the originating provider, the visit is reimbursable as a visit. The scope of the interaction with the originating provider should be documented in the progress note, and will be the basis of the CPT code(s) used. If a CPT code is included, the originating site fee and the transmission cost fees may still be billed. No modifier is needed.

Note: Originating site and transmission fee restrictions and billing rules are not applicable for FQHCs, RHCs or IHS. Services provided through telehealth are subject to the same program restrictions, limitations and coverage that exist when the service is provided in-person. For policy information specific to FQHCs, RHCs, or IHS, please see the Medi-Cal provider manual.

Special Billing Guidelines for Asynchronous Retinal Photography - Originating Site Providers:
If a provider uses asynchronous telehealth for diabetic eye exam screenings, through the use of a retinal camera located at the originating site, special billing guidelines apply, when the originating site is paying the specialist directly for reading the results of the retinal photographs. A licensed provider does not need to be present for retinal photography service to be reimbursable. If no provider is present at visit, bill using the following CPT codes:

Originating Store and Forward Site	
Service	**CPT Codes**
Retinal photography with interpretation for services provided by optometrists or ophthalmologists	92250 (Do not use modifier)
OR	
Remote imaging for detection of retinal disease with analysis and report under physician supervision, unilateral or bilateral	92227 (Do not use modifier)
Site facility fee	Q3014
Transmission Cost	T1014 (per minute for maximum of 90 min. per patient)

If provider is present at visit, E&M codes can also be billed as usual. The scope of the interaction with the originating provider should be documented in the progress note. The originating site fee and the transmission cost fees may still be billed. No modifier is needed.

Billing guidelines for Distant Store and Forward Site Providers:

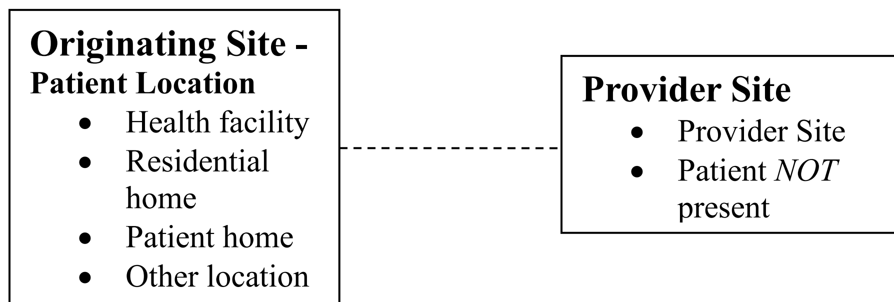
Distant Store and Forward Site	
Service	**CPT Codes**
Office consultation, new or established patient Follow up hospital visit	99241 – 99243 99231 – 99233
Remote evaluation of recorded video and/or images submitted by the patient.	G2010
Retinal photography with interpretation for services provided by optometrists or ophthalmologists (should not be used if originating site is submitting claims with this code).	92250
Required Modifier:	All asynchronous, store-and-forward services are billed with a "GQ" modifier

Special Billing Guidelines for Asynchronous E-Consult service - Distant Site Providers:
The health care provider at the distant site must:

1. Create and maintain record of the review and analysis of the transmitted information with written documentation of data of service and time spent (between 5-30 minutes)
2. Record of preparing a written report of case findings and recommendations with conveyance to the originating site
3. Record of maintenance of transmitted medical records in patient's medical record.
   Only approved specialists participating in PHC's E-Consult Program can bill using the following CPT code:

Distant Store and Forward Site	
Service	**CPT Codes**
E-Consult, electronic consultation	99451
Required Modifier:	"GQ" modifier

K. **Reimbursement for Synchronous: Provider to Patient Telehealth Services**
Telehealth Advancement Act of 2011 allows for telehealth services to be provided between a qualified provider and patient at a distant location. The location may be a health facility, residential home, patient's home or other location.



Billing Guidelines for the Provider Site:

Provider Site	
Service	**Code**
Transmission Cost	T1014 (per minute for maximum of 90 min. per patient, per day, same provider)
Licensed provider fee (*if present*)	E&M codes 99201 – 99215
Nutrition Counseling per PHC Guidelines (See Policy MCUP3052)	97802, 97803, 97804, 99539
Required Modifier	95 modifier required for all CPT-Codes except Transmission Cost codes

A licensed provider who provides E&M services for a patient utilizing telehealth technology to access the provider's office may submit claims for this service using the E&M code, without the modifier. The contracted arrangements for primary care providers and specialty providers continue to apply. T1014 Transmission Cost fee may also be billed.

L. **Telephone visits**
Any clinician eligible to bill for office visits may conduct a telephone visit with a patient in lieu of an office visit. Such telephone visits must last at least 5 minutes, and be documented in the medical record. Note that these are the same codes used for video visits with the patient at home.

Billing guidelines for Distant Site Providers	
Service	**Code**
Telephone visit with provider in office and patient remote from office (in lieu of office visit)	**G0071 (FQHC and RHC)** **G2012 (other providers)**
Required modifier	**Modifiers are not required on G0071 and G2012 services.**

M. **Exclusions**
PHC does not cover communication between providers outside that described above as E-Consult. PHC does not cover patient-provider communication via email, text, or written communication. Video communication of poor resolution and phone communication are only covered if they meet the criteria in section L. above.

VII. REFERENCES:

A. Medi-Cal Provider Manual: Medicine: Telehealth (medne tele) Last updated January 2019
B. Title 42 of the Code of Federal Regulations Sections 482.12, 482.22 and 485.616
C. Department of Health Services (DHCS) All Plan Letter (APL) 19-009 *Revised*: Telehealth Services Policy (10/16/2019)

VIII. DISTRIBUTION:

A. PHC Provider Manual
B. PHC Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

3/14/12, 2/18/15; 01/20/16; 04/20/16; 09/21/16; 9/20/17; *10/10/18; 08/14/19; 02/12/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.