

MEDI-CAL FEE-FOR-SERVICE

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Interactive Synchronous Audio-Video Telehealth

The amount paid by DHCS and Medi-Cal managed care plans for a service rendered via telehealth is the same as the amount paid for the applicable service when rendered in-person. To view a comprehensive list of Medi-Cal rates, [use this resource from the California DHCS website](#).

While Medi-Cal providers are required to offer both video and telephone telehealth modalities, Medi-Cal recipients may freely choose, and change at any time, their desired telehealth modalities, which includes the ability to decline video modalities and select audio-only (telephone) modalities if preferred and/or necessary given the recipient's needs.

For example, if the visit is related to sensitive services as defined in subsection(s) of Section 56.05 of the Civil Code, then the Medi-Cal recipient may prefer to utilize an audio-only (telephone) modality.

Medi-Cal covered benefits provided via a digital health modality are reimbursable when billed in one of three ways:

- › For services or benefits provided via synchronous, interactive audio and visual telecommunications systems, the health care provider bills with modifier **95**.
- › For services or benefits provided via asynchronous store and forward telecommunications systems, the health care provider bills with modifier **GQ**.
- › For services or benefits provided via synchronous telephone or other real-time interactive audio-only telecommunications systems, the health care provider bills with modifier **93**.

Originating Site

Medi-Cal does not limit the type of setting where telehealth services may be provided to a patient by a health care provider. For example, the type of setting where a patient may be seen (i.e., "originating site") includes, but is not limited to a medical office, community clinic, or the patient's home. Medi-Cal does not place limits on the type of distant sites but

requires providers to ensure and maintain patient privacy in any location from where they are delivering services.

Source: [DHCS Telehealth FAQ](#)

The originating site facility fee is reimbursable only to the originating site when billed with HCPCS code Q3014 (telehealth originating site facility fee). Transmission costs incurred from providing telehealth services via audio/video communication are reimbursable when billed with HCPCS code T1014 (telehealth transmission, per minute, professional services bill separately). Medi-Cal will only pay providers at the originating site if they perform a medically necessary professional service for the patient, as determined by the physician or practitioner at the distant site. Providers at the originating site should not use modifiers for telehealth on their claims for professional services.

Source: [DHCS Payment and Claims FAQ](#)

Table 1: Medi-Cal FFS Originating/Distant Site Codes

HCPCS Code	Transmission Site	Frequency Limit
Q3014	Originating Site	Once per day, same patient, same provider.
T1014	Originating and Distant Sites	Maximum of 90 minutes per day, same patient, same provider.

Distant Site

Medi-Cal does not place limits on the type of distant sites but requires providers to ensure and maintain patient privacy in any location from where they are delivering services. Medi-Cal pays the distant site a transmission fee up to 90 minutes interactive telecommunications system (synchronous). The HCPCS code is T1014.

Source: [DHCS Payment and Claims FAQ](#), [DHCS Telehealth FAQ](#)

Patient Consent

Health care providers must inform the patient prior to the initial delivery of virtual care services about the use of digital health and obtain verbal or written consent from the patient for the use of digital health as an acceptable mode of delivering health care services.

If a health care provider, whether at the originating site or distant site, maintains a general consent agreement that specifically mentions use of digital health as an acceptable modality for delivery of services and includes the required information, as explained below, then this is sufficient for documentation of patient consent and should be kept in the patient's medical file. Providers also need to document when a patient consents to receive services via audio-only prior to initial delivery of services.

Enhance existing consent requirements to require additional information be shared with beneficiaries regarding:

- Right to in-person services.
- Voluntary nature of consent.
- Availability of transportation to access in-person services when other available resources have been reasonably exhausted.
- Limitations/risks of receiving services via telehealth, if applicable.
- Notification of the beneficiary's right to make complaints about the offer of virtual care services in lieu of in-person care or about the quality of care delivered through digital health.

Providers

Medi-Cal does not limit the type of provider who may provide services via digital health. Medi-Cal has added to its permanent policy doulas, community health workers (CHWs), and unlicensed asthma preventive service providers in its January 2023 updated virtual care provider manual.

Place of Service

02-Digital Health: Indicates the billed service was provided as a professional digital health service when the originating site is other than the patient's home. This will be reimbursed at the facility rate.

10-Digital Health: Indicates the billed digital health service took place when the patient was in their home. This will be reimbursed at the non-facility rate.

Table 2. Medi-Cal Telehealth Modifiers

Delivery System	Telehealth Modifiers Utilized	Modifier Description
Medical (Fee-for-service (FFS)/ Managed Care)	95	Video synchronous (synchronous service rendered via a real-time interactive audio and video interaction)
	93	Audio-only synchronous (synchronous service rendered via telephone or other real-time interactive audio-only interaction)
	GQ	Asynchronous interaction. Used to denote store-and-forward modality.
Dental	D9995	Video synchronous (synchronous service rendered via a real-time interactive audio and video interaction)
	D9996	Asynchronous interaction. Used to denote store-and-forward modality.
Specialty Mental Health/Substance Use Disorder (SMH/SUD)	GT	Video synchronous (synchronous service rendered via a real-time interactive audio and video interaction)
	SC	Audio-only synchronous (synchronous service rendered via telephone or other real-time interactive audio-only interaction)
	GQ	Synchronous interaction. Used to denote store-and-forward modality.
Local Educational Agency (LEA) billing	95	Video synchronous (synchronous service rendered via a real-time interactive audio and video interaction)
Transitional Case Management (TCM)	N/A	Telehealth modalities will be captured in the TCM Online System. The TSM Online System is scheduled to be updated in early 2023 to allow case managers from Local Governmental Agencies to select audio and video telehealth modalities among dropdown menu options for the location in which the TCM encounter took place.
Office of Family Planning	95	Video synchronous (synchronous service rendered via a real-time interactive audio and video interaction)
	GQ	Asynchronous interaction. Used to denote store-and-forward modality.

Table Source:

[Department of Health Care Services \(DHS\) Telehealth Modifier Reference Sheet](#)

Telehealth Interactive Audio-Video

Table 3. Medi-Cal Telehealth Interactive Audio-Video Codes, Coverage Requirements, and Rates

Focus Area	CPT/ HCPCS Codes	Modifiers	Coverage Requirements	Basic Rate
Medical Services	*	95	Services or benefits provided via synchronous, interactive audio and visual telecommunications systems. Providers may establish care for a new patient using Audio-Video.	*
Medical Services – All Inclusive	T1015	**SE	This denotes a general clinic visit/ encounter and should be used in conjunction with the appropriate corresponding CPT codes that would be used for in-person services.	\$71.50
Brief Virtual Communications and Check-ins	G2012		Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5 to 10 minutes of medical discussion.	\$12.71

Focus Area	CPT/ HCPCS Codes	Modifiers	Coverage Requirements	Basic Rate
Dental	D9995		<p>Identifies claim as Synchronous Teledentistry. CDT code D9995 is for synchronous encounters, meaning any telephone call or video call/chat, teledentistry encounter. This code is for Medi-Cal patient-initiated contact with a Medi-Cal dental provider.</p> <p>This code is not for:</p> <ol style="list-style-type: none"> 1. Dental assistant time 2. Dental hygienist time 3. Provider-initiated calls to the patient 4. Time spent contacting pharmacies on a patient's behalf 	\$0.24/minute - payable up to 90 minutes
Dental Diagnostic procedures	D0100 - D0999, D9995, D9430		<p>Limited to 90 minutes per member, per provider, per day. Providers can bill for services in the Diagnostic (D0100-D0999) and Preventive (D1000- D1999) categories when utilizing Teledentistry as a modality.</p> <p>Teledentistry is NOT allowable for all other service categories and CDT codes (D2000-D9999) except D9995 and D9996, which are the teledentistry modality codes and D9430, which can only be rendered through Synchronous Teledentistry (D9995).</p>	\$0

Focus Area	CPT/ HCPCS Codes	Modifiers	Coverage Requirements	Basic Rate
Opioid Use Disorder	G2086, G2087, G2088		<p>Outpatient treatment services for opioid use disorder (OUD), which include management, care coordination, psychotherapy and counseling.</p> <p>Each code has a frequency limit of once per month, except G2088 which is two per month. One provider can be reimbursed for each code per month.</p> <p>These codes are not reimbursable for treatment in state-licensed Opioid Treatment Programs.</p>	\$355.35, \$316.29, \$61.69
Behavioral Health	*	GT	Synchronous Audio-Video telehealth behavioral health services.	*

* When billing for health services provided via telehealth, use the same CPT or HCPCS codes that would be used for in-person services.

** Managed care differential rate, covered by managed care and rendered to recipients enrolled in Medi-Cal managed care plans and Medi-Cal Dental managed care plans.