

## MEDI-CAL

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# Interactive Synchronous Audio-Video and Audio-Only Telehealth

## *FQHCs, RHCs, and Tribal FQHCs*

Services rendered via telehealth must be Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) covered services. For a list of services covered by FQHCs/RHCs, along with procedure codes, [view this resource from the California Department of Health Care Services](#). For the same information for Tribal FQHCs, [view here](#) on pages 39-42.

### Establish New Patient

FQHCs and RHCs are not prevented from establishing a new patient relationship through a synchronous video interaction or asynchronous store and forward if all the following conditions are met:

- The patient is physically present at an originating site that is a licensed or intermittent site of the FQHC or RHC at the time the service is performed.
- The individual who creates the patient records at the originating site is an employee or contractor of the FQHC or RHC, or another person lawfully authorized by the FQHC or RHC to create a patient record.
- The FQHC or RHC determines that the billing provider can meet the applicable standard of care.
- An FQHC or RHC patient who receives telehealth services shall otherwise be eligible to receive in-person services.

Source: [DHCS FQHC/RHC Provider Manual](#)

### Established Patient

A Medi-Cal eligible recipient who meets one or more of the following conditions:

- The patient has a health record with the FQHC or RHC that was created or updated during a visit that occurred in the clinic or during a synchronous telehealth visit in a patient's residence or home with a clinic provider and a billable provider at the clinic. The patient's health record must have been created or updated within the previous three years.
- The patient is homeless, homebound or a migratory or seasonal worker (HHMS) and has an established health record that was created from a visit occurring within the last three years that was provided outside the originating site clinic, but within the FQHC's or RHC's service area. All consent for telehealth services for these patients must be documented.
- The patient is assigned to the FQHC or RHC by their managed care plan (MCP) pursuant to a written agreement between the plan and the FQHC or RHC.

Source: [DHCS FQHC/RHC Provider Manual](#)

### Originating Site and Transmission Fee

FQHCs, Tribal FQHCs, and RHCs are not eligible to bill an originating site fee or transmission charges. The costs of these services should be included in the PPS/APM/AIR rate, as applicable.

Source: [DHCS FQHC/RHC Provider Manual](#)

### Telehealth Interactive Audio-Video

**Table 1. Medi-Cal FQHC/RHC/Tribal FQHC Telehealth Interactive Audio-Video Codes, Coverage Requirements, and Rates**

Focus Area	CPT/ HCPCS Codes	Modifiers	Coverage Requirements	Basic Rate
Medical Services	*	95	For services provided by APCCs, under the supervision of a licensed billable practitioner, FQHCs, RHCs and Tribal FQHCs should submit claims in accordance with existing Medi-Cal coverage and reimbursement policies for billable FQHC, RHC and Tribal FQHC encounters.	*
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
Behavioral Health	G0469, G0470	GT	Crossover claims, new and established patient. Requires the Medicare EOMB/MRN/ RA be attached to the claim. A deductible is not included in the crossover reimbursement. Do not complete Condition Codes fields (Boxes 24-30) for Medicare status.	*

\* 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.

### Telehealth Audio-Only

Table 2. Medi-Cal FQHC/RHC/Tribal FQHC Telehealth Audio-Only Codes, Coverage Requirements, and Rates

Focus Area	CPT/ HCPCS Codes	Modifiers	Coverage Requirements	Basic Rate
Medical Services	*	93	A patient may not be established using audio-only unless the visit is related to a sensitive service or if the patient requests audio-only or does not have access to video.	*
Behavioral Health	G0469, G0470	SC	Crossover claims, new and established patient. Requires the Medicare EOMB/MRN/RA be attached to the claim. A deductible is not included in the crossover reimbursement. Do not complete Condition Codes fields (Boxes 24-30) for Medicare status.	

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