

Memorandum

To: Gold Coast Health Plan Providers

From: Steve Peiser, Senior Director of Network Management

Re: **Telehealth for Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) or Tribal 638 Clinics**

Date: April 10, 2020

Considering both the federal Health and Human Services Secretary's January 31, 2020, public health emergency declaration, as well as the President's March 13, 2020, national emergency declaration relative to COVID-19, the Department of Health Care Services (DHCS) has issued guidance for telehealth services to Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal 638 Clinics.

DHCS has requested additional flexibilities in terms of the available modalities for delivering Medi-Cal covered benefits and services, as part of its Section 1135 Waiver, to include telehealth applications and the care and treatment of patients related to COVID-19. Under these limited and extraordinary instances (such as COVID-19), DHCS recognizes the need for Medi-Cal providers – including, but not limited to, physicians, nurses, mental health practitioners, substance use disorder practitioners, FQHCs, RHCs, and Tribal 638 Clinics – to utilize other methods such as telehealth and virtual / telephonic communication to provide medically necessary health care services.

The guidance is listed in two sections which addresses separate issues:

1. Current Medi-Cal policy for FQHCs, RHCs, and Tribal 638 Clinics.
 - Traditional telehealth modalities, i.e., synchronous two-way interactive, audio-visual communication and asynchronous store and forward.
2. DHCS Section 1135 Waiver Request related to the Novel Coronavirus Disease (COVID-19)
 - Additional flexibilities and options relative to traditional telehealth modalities, i.e., synchronous two-way, audio-visual communication and asynchronous store and forward, inclusive of e-consults.

- Additional flexibilities and options relative to other virtual / telephonic communication modalities.

Also included in the guidance is a Frequently Asked Questions that we have included in this guidance as well.

Current Medi-Cal Policy for FQHCs, RHCs, Tribal 638 Clinics

Traditional Telehealth (Synchronous or Asynchronous)

For FQHCs, RHCs, and Tribal 638 Clinics, billable providers may provide Medi-Cal covered benefits or services via synchronous telehealth (audio-visual, two-way communication) to “established” patients. Please note that services rendered via telehealth must be FQHC, RHC, or Tribal 638 covered services.

Synchronous Telehealth: Services provided through synchronous telehealth for an “established patient” are subject to the same program restrictions, limitations, and coverage that exist when the service is provided in-person. For purposes of FQHCs, RHCs, and Tribal 638 Clinics, “established patients” are defined as follows:

- In fee-for-service (FFS), “established patients” are those who have been seen at the FQHC, RHC, or Tribal 638 Clinic within the last three years.
- In managed care, if the patient is “assigned” by the Medi-Cal managed care plan (MCP) to a particular clinic, then the patient is considered to be “established” even if they have never been seen in the FQHC, RHC, or Tribal 638 Clinic. Please note that the majority of clients are MC, so the majority would be assigned and eligible to receive Medi-Cal covered benefits and services via a synchronous telehealth modality.

For Medi-Cal covered benefits or services that may be provided via synchronous telehealth, FQHCs, RHCs, and Tribal 638 Clinics would bill using the applicable Revenue Code and HCPCS code, as described below in detail, which would be paid at the Prospective Payment System (PPS) or All-Inclusive Rate (AIR), respectively. Below is a non-exhaustive list of examples based upon the type of service being provided:

- For medical visits and mental health visits, FQHCs and RHCs bill using Revenue Code 0521 and T1015 for Medi-Cal FFS and T1015SE for managed care.
- For medical visits, Tribal 638 Clinics bill using Revenue Code 0520 and T1015 for Medi-Cal FFS. Managed care visits should be billed consistent with existing DHCS policy.
- For mental health visits, Tribal 638 Clinics bill with Revenue Code 0561 and the appropriate modifier corresponding to the practitioner provider the services.

- For drug and alcohol visits, Tribal 638 Clinics bill using Revenue code 9520 and HCPCS code H0047

Please note that outside of the four walls of the FQHC, RHC, or Tribal 638 Clinic, Medi-Cal covered benefits or services may be provided via synchronous telehealth for certain populations pursuant to applicable federal law, including migrant / seasonal workers, homeless individuals, and homebound individuals. Note: Tribal 638 Clinics can provide services outside of the four walls to homeless individuals only.

Asynchronous Store and Forward: For FQHCs, RHCs, and Tribal 638 Clinics, billable providers may provide services via asynchronous store and forward to “established” patients, as defined above. Asynchronous store and forward can be used to provide teledermatology, teleophthalmology, teledentistry via store and forward, using the applicable Revenue Code and HCPCS or CPT codes.

- E-Consults and Other Virtual / Telephonic Communication
FQHCs, RHCs, and Tribal 638 Clinics cannot bill for e-consult or virtual / telephonic communication visits.

- Originating Site and Transmission Fee

FQHCs, RHCs, and Tribal 638 Clinics are not eligible to bill an originating site fee or transmission charges. The costs of these services should be included in the PPS/AIR rate, as applicable.

The information below is specific to FQHCs, RHCs and Tribal 638 clinics that had additional restrictions related to their ability to provide telehealth or virtual / telephonic services.

Traditional Telehealth (Synchronous / Asynchronous) for FQHCs, RHCs and Tribal 638 Clinics

For Medi-Cal covered benefits and services provided via traditional telehealth (synchronous, two-way interactive, audio-visual communication, or asynchronous store and forward), DHCS has proposed to waive through its Section 1135 Waiver request existing restrictions / requirements in Medi-Cal’s current telehealth policy due to various federal laws / Medicaid State Plan language, relative to “new” and “established” patients, “face-to-face” / in-person, and “four walls” requirements. Waiving these limitations will allow FQHCs, RHCs, and Tribal 638 Clinics greater flexibility under DHCS’ existing telehealth policy, which is described above.

Billing & Procedure Coding Requirements for Virtual / Telephonic Communications Where FQHCs, RHCs, and Tribal 638 Clinics satisfy the above guidelines / criteria, those entities will be able to bill the Prospective Payment System (PPS) rate or All-Inclusive Rate (AIR), as applicable. Below is a chart that outlines the associated procedure codes (i.e., HCPCS or CPT codes) for purposes of billing either the Medi-Cal FFS rate or PPS/AIR rate, as applicable.

Satisfies Guidance / Criteria				Does not Satisfy Guidance / Criteria
PPS / AIR Rate				FFS Rate
Applicable Revenue Code*	+	HCPCS code T1015* (FFS)/ T1015 SE (Managed Care)***	+	CPT code 99201-99205 (new patient) CPT code 99211-99215 (established patient) HCPCS code G0071**** (\$13.69)

*Corresponding to the type of service being provided, e.g., medical, mental health, alcohol and drug, etc., and whether by an FQHC / RHC or Tribal 638 Clinic

** T1015 Clinic visit / encounter, for PPS and AIR

***T1015 SE for PPS Wrap for FQHCs and RHCs only.

****Payment for communication technology-based services for five minutes or more of a virtual (non-face-to-face) communication between an FQHC / RHC / Tribal 638 Clinic practitioner and new or established patient, or five minutes or more of remote evaluation of recorded video and/or images

- Medi-Cal FFS: For the PPS / AIR rate, FQHCs, RHCs, and Tribal 638 Clinics would need to list HCPCS code T1015 in the “payable” claim line in conjunction with one of the appropriate corresponding CPT codes (i.e., 99201-99203 for “new” patients, and 99212-99214 for “established patients) on the “informational” line relative to the complexity of the virtual / telephonic communication. Please note that the corresponding CPT codes are not separately reimbursed, but instead will be used to identify the virtual / telephonic communication visit as well as by DHCS for tracking and reporting purposes related to COVID-19. Clinics should review the billing guidelines in the Indian Health or FQHC/RHC provider manual. For the Medi-Cal FFS rate when billing with the HCPCS code G0071, clinics should only list the HCPCS code on the “payable” claim line and should not include a corresponding CPT code.
- Medi-Cal Managed Care: FQHCs, RHCs, and Tribal 638 Clinics would receive the PPS rate or AIR, as applicable, for rendering a Medi-Cal covered benefit or service – whether provided through telehealth or virtual / telephonic communication – if they meet the above-established criteria / guidance. DHCS will ensure the FQHCs and RHCs are made whole with an appropriate wrap payment, consistent with existing DHCS policy. Likewise, Tribal 638 Clinics will be reimbursed the AIR consistent with existing DHCS policy.

Please note that for all services, the virtual / telephonic visit must meet all requirements of the billed CPT or HCPCS code and must meet the following conditions:

- There are documented circumstances involved that prevent the visit from being conducted face-to-face, such as the patient is quarantined at home, local or state guidelines direct that the patient remain at home, the patient lives remotely and does not have access to the internet or the internet does not support Health Insurance Portability and Accountability Act (HIPAA) compliance, etc.
- The treating health care practitioner is intending for the virtual / telephone encounter to take the place of a face-to-face visit, and documents this in the patient’s medical record.
- The treating health care practitioner believes that the Medi-Cal covered service or benefit being provided are medically necessary.
- The Medi-Cal covered service or benefit being provided is clinically appropriate to be delivered via virtual / telephonic communication and does not require the physical presence of the patient.
- The treating health care practitioner satisfies all the procedural and technical components of the Medi-Cal covered service or benefit being provided except for the face-to-face component, which would include, but not be limited to:
 - a detailed patient history.
 - a complete description of what Medi-Cal covered benefit or service was provided.
 - an assessment / examination of the issues being raised by the patient.
 - medical decision-making by the health care practitioner of low, moderate, or high complexity, as applicable, which should include items such as pertinent diagnosis(es) at the conclusion of the visit, and any recommendations for diagnostic studies, follow-up or treatments, including prescriptions.

Sufficient documentation must be in the medical record that satisfies the requirements of the specific CPT or HCPCS code utilized. The provider can then bill DHCS or the MCP as appropriate.

For virtual / telephonic visits that do not meet the requirements above, the billing entity should bill the corresponding virtual / telephonic visit CPT or HCPCS code(s) listed in Section I and will be reimbursed the Medi-Cal FFS rate on file for the applicable procedure code or bill their managed care plan as appropriate.

Frequently Asked Questions

(Current as of March 24, 2020)

Current Medi-Cal Telehealth and Virtual / Telephonic Communication Policy

- 1. Does Medi-Cal allow FQHCs, RHCs, and Tribal 638 Clinics to provide covered services via telehealth?**
Yes, billable providers may utilize a telehealth modality to provide FQHC, RHC, or Tribal 638 covered services via synchronous telehealth (audio-visual, two-way communication) to “established” patients. Please see the Provider Manuals for [RHCs, FQHCs](#) and [Tribal 638 Clinics](#) for scenarios about billing for services provided by telehealth.
- 2. Do FQHCs, RHCs, or Tribal 638 Clinics bill their telehealth claims the same as if the visit was in-person?**
Yes, FQHC, RHC, or Tribal 638 covered services provided via a synchronous telehealth modality to an established patient are subject to the same program restrictions, limitations, and coverage that exist when the service is provided in-person.
- 3. Can FQHCs, RHCs, and Tribal 638 Clinics bill for originating site or transmission fees?**
No, FQHCs, RHCs, and Tribal 638 Clinics may not bill for originating site or transmission fees.
- 4. Can FQHCs, RHCs, and Tribal 638 Clinics bill for e-consults?**
No, FQHCs, RHCs, and Tribal 638 Clinics may not bill for e-consults.
- 5. Can FQHCs, RHCs, and Tribal 638 Clinics submit claims for Medi-Cal covered benefits or services provided via a virtual / telephonic communication modality using HCPCS codes G2012 or G2010 and be paid?**
No. FQHCs, RHCs, and Tribal 638 Clinics cannot bill using HCPCS codes G2012 or G2010.
- 6. Are Medi-Cal covered Comprehensive Perinatal Services Program (CPSP) services able to be provided via telehealth?**
Yes. Medi-Cal’s telehealth policy applies to all Medi-Cal providers – which includes CPSP providers – subject to any specific requirements and/or limitations as articulated in the policy.

Additional Section 1135 Waiver Temporary Flexibilities for Telehealth and Virtual / Telephonic Communications

7. Are any existing Health Insurance Portability and Accountability Act (HIPAA) requirements relaxed during the COVID-19 situation?

Yes. On March 17, 2020, the federal Health and Human Service agency [issued a limited waiver](#) of certain HIPAA sanctions to improve data sharing and patient care during the pandemic. Similarly, on March 18, 2020, HHS' Office for Civil Rights [announced](#) it would not impose penalties for noncompliance with HIPAA regulations against providers leveraging telehealth platforms that may not comply with the privacy rule during the COVID-19 pandemic. DHCS recommends you review that guidance relative to providing services via telehealth and virtual / telephonic communications during the COVID-19 situation.

8. Can physicians / health care practitioners in a FQHC, RHC, and Tribal 638 Clinic provide FQHC, RHC, Tribal 638 covered services via a virtual / telephonic communication and receive the Medi-Cal fee-for-service (FFS) rate for HCPCS code G0071?

Yes, the billing / reimbursement policy for HCPCS code G0071 applies to Medi-Cal FFS. For the Medi-Cal FFS rate when billing with HCPCS code G0071, FQHC, RHC, and Tribal 638 Clinic should only list the HCPCS code on the "payable" claim line and should not include a corresponding CPT code.

9. Can physicians / health care practitioners in FQHCs, RHCs, and Tribal 638 Clinics provide FQHC, RHC, Tribal 638 covered services via a virtual / telephonic communication and receive the Medi-Cal FFS rate for HCPCS code G0071 in the managed care delivery system? For example, if the patient were enrolled in managed care, then the Medi-Cal MCP would be billed.

No, the billing / reimbursement policy for HCPCS code G0071 does not apply to Medi-Cal managed care; however, unless otherwise agreed to by the MCP and the provider, MCPs must reimburse Medi-Cal providers at the same rate, whether a service is provided in- person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim.

Further, please note that MCPs must offer members and providers the option to utilize telehealth services to deliver care when medically appropriate. In addition, MCPs must act proactively to ensure members can access all medically necessary screening and testing of COVID-19, which includes working with their contracted providers to use telehealth services to deliver care when medically appropriate, as a means to limit members' exposure to others who may be infected with COVID-19, and to increase provider capacity. Additionally, DHCS strongly encourages MCPs to offer covered benefits and services utilizing telehealth and other virtual / telephonic

communication modalities, and must be compliant with existing timely access standards. For more information, please refer to Supplement to [All Plan Letter 19-009](#), which discusses reimbursement requirements relative to MCPs, as well as [DHCS' March 16, 2020 Memorandum](#) to all Medi-Cal MCPs, which also discusses telehealth.

- 10. Are Registered Nurses (RNs) able to provide Medi-Cal covered benefits or services via a virtual / telephonic communication modality and bill the Medi-Cal FFS rate?**
No. Virtual / telephonic communication modalities are billable by FQHCs, RHCs, and Tribal 638 Clinics only when the discussion requires the skill level of an FQHC, RHC, or Tribal 638 practitioner, which includes physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists, clinical social workers, and marriage and family therapist. If the virtual / telephonic communication were conducted by a RN, health educator, or other clinical personnel, it would not be billable. Medi-Cal has not changed its policies on billable providers / practitioners.
- 11. Are licensed Vocational Nurses (LVNs) able to provide Medi-Cal covered benefits or services via a virtual / telephonic communication modality and bill the Medi-Cal FFS rate?**
No, virtual / telephonic communication modalities are billable by FQHCs, RHCs, and Tribal 638 Clinics only when the discussion requires the skill level of an FQHC, RHC, or Tribal 638 practitioner, which includes physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists, clinical social workers, and marriage and family therapist. If the virtual / telephonic communication were conducted by a LVN, health educator, or other clinical personnel, it would not be billable. Medi-Cal has not changed its policies on billable providers / practitioners.
- 12. Do FQHCs, RHCs, or Tribal 638 Clinics bill using Place of Service (POS) Code 02 and/or Modifier 95 modifier for telehealth claims?**
No, FQHC, RHC, and Tribal 638 Clinics do not bill with POS 02 or Modifier 95.
- 13. Do FQHCs, RHCs, or Tribal 638 Clinics bill covered services provided via a virtual / telephonic communication modality the same as if it was in-person?**
Yes, if the services provided satisfy all of the identified conditions outlined in the above Section III guidance then the FQHC, RHC, or Tribal 638 provider would submit claims using the applicable Revenue Code, HCPCS T1015 or T1015 SE (managed care patient only), and appropriate CPT code for reimbursement at PPS / AIR. In those instances, FQHC, RHC, or Tribal 638 covered services provided via a virtual / telephonic communication modality are subject to the same program restrictions, limitations, and coverage that exist when the service is provided face-to-face.

14. Can FQHCs, RHCs, or Tribal 638 Clinics bill for a RN’s telephone visit (Medi-Cal FFS beneficiary) and an eligible PPS / AIR visit with a billable provider for the same patient on the same day?

No, RN visits are not reimbursable in FQHCs, RHCs, or Tribal 638 Clinics. Additionally, physicians / health care practitioners who simply triage a patient-initiated telephone call for a future visit would not satisfy the criteria / guidance for being in lieu of a face-to-face visit, and thus not be eligible for reimbursement at PPS / AIR, as applicable. In that case, FQHCs, RHCs, and Tribal 638 Clinics would bill for services delivered to fee for service patient using HCPCS G0071 code, and be reimbursed at \$13.69, for the telephone call. That said, a subsequent physician’s visit either face-to-face or via telehealth that meets all of the criteria / guidance for being in lieu of a face-to-face visit, would be eligible for reimbursement at PPS / AIR, as applicable.

15. How should FQHCs, RHCs, and Tribal 638 Clinics bill for virtual / telephonic communications when the service satisfies criteria / guidance, as outlined in Section III, for being in lieu of a face-to-face visit?

For purposes of the temporary flexibilities under this policy, FQHCs and RHCs would continue to bill with a Revenue Code (0521) in conjunction with a HCPCS code (T1015/T1015 SE), but would also include the appropriate corresponding CPT codes (i.e., 99201-99205 for “new” patients, and 99211-99215 for “established” patients) on the “informational” line relative to the complexity of the virtual/telephonic communication.

Similarly, for purposes of the temporary flexibilities under this policy, Tribal 638 Clinics would continue to bill with a Revenue Code (0520) in conjunction with a HCPCS code (T1015), but would also include the appropriate corresponding CPT codes (i.e., 99201- 99205 for “new” patients, and 99211-99215 for “established patients”) on the “informational” line relative to the complexity of the virtual/telephonic communication.

16. How do FQHCs, RHCs, or Tribal 638 Clinics bill for virtual / telephonic communications when the service does not satisfy the criteria / guidance, as outlined in Section III, for being in lieu of an in-person visit?

DHCS will establish a method to enable FQHCs, RHCs, and Tribal 638 Clinics to bill for appropriate Medi-Cal covered benefits or services provided via a virtual / telephonic communication modality for Medi-Cal FFS beneficiaries utilizing HCPCS code G0071 when the service does not meet the Section III criteria / guidelines for reimbursement at the PPS / AIR. This method will allow for claiming separate from the PPS / AIR. In Medi-Cal managed care, unless otherwise agreed to by the MCP and FQHC, RHC, or Tribal 638 Clinic, MCPs must reimburse Medi-Cal providers at the same rate, whether a service is provided in-person or through telehealth, if the

service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim.

17. How should FQHCs, RHCs, and Tribal 638 Clinics bill for a dental visit provided via a virtual / telephonic communication modality?

For dental services provided via a virtual / telephonic communication modality, FQHCs, RHCs, and Tribal 638 Clinics should bill using HCPCS code G0071 (\$13.69) since dental services provided via virtual / telephonic communication would not meet all requirements of the applicable CDT code that would correspond to the visit being done in-person, and would also not satisfy all of the identified conditions outlined in the guidance. As a result, it would not be appropriate to bill using Local Code 03 (dental visit) and be reimbursed at PPS / AIR.

18. For specialty services, such as prenatal visits, behavioral health, etc., provided via virtual / telephonic communication modalities, how should FQHCs, RHCs, and Tribal 638 Clinics bill?

Please see response to question 15 above.

19. Can Medi-Cal covered CPSP services be provided via a virtual / telephonic communication modality?

In order for a CPSP service via virtual / telephonic communication to be billed and reimbursed at PPS / AIR, it would have to be rendered by a billable provider, meet all requirements of the corresponding CPSP-covered HCPCS codes that would correspond to the visit being done in-person, and satisfy all of the identified conditions outlined in the above Section III guidance. If the CPSP visit does not satisfy the conditions for a face-to-face visit, FQHC, RHC, Tribal 638 Clinics can be reimbursed using HCPCS code G0071 (\$13.69) for FFS patients.

20. Where can I find information specific to Specialty Mental Health Services (SMHS), i.e. those contracted with county Mental Health Plans, and the Drug Medi-Cal Organized Delivery System (DMC-ODS)?

For information specific to SMHS and DMC-ODS, please see [Behavioral Health Information Notice 20-009](#) and [FAQs](#) on the DHCS COVID-19 Response website.

If you have any questions, please contact GCHP's Provider Relations Department at ProviderRelations@goldchp.org. Thank you.