



June 2, 2023

APL 23-007 Telehealth Services Policy

Dear Provider,

The Department of Health Care Services (DHCS) recently released APL 23-007 Telehealth Services Policy, providing clarification on covered services offered through Telehealth modalities. Telehealth modalities include:

- Audio only (phone call)
- Asynchronous (store and forward)
- Video
- Synchronous (at the same time)

Since the California Telehealth Advancement Act of 2011, some state and federal laws have changed including making permanent some of the Telehealth flexibilities which were allowed during the COVID-19 Public Health Emergency (PHE).

Telehealth Requirements:

- Provider has a California license
- Provider must be enrolled in Medi-Cal
- Provider must meet requirements of Business and Professions Code (BPC) section 2290.5(a)(3)
- No later than August 9, 2023, The U.S. Department of Health and Human Services' Office for Civil Rights (OCR) requires all health care providers be compliant with HIPAA rules related to services performed via Telehealth

Reimbursable Services

Existing Covered Services, identified by CPT (Current Procedural Terminology) or Healthcare Common Procedure Coding System (HCPCS) codes and subject to any existing treatment authorization requirements, may be provided via a Telehealth modality only if **all** the following criteria are satisfied:

- The treating 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 judgement.
- The Member has provided verbal or written consent.
- The Medical Record documentation substantiates that the services delivered via Telehealth meet the procedural definition and components of the CPT or HCPCS code(s) associated with the service.
- The services provided via Telehealth meet all state and federal laws regarding confidentiality of health care information and a Member's right to their own medical information
- The services being rendered via Telehealth are appropriate for a Telehealth visit. Services requiring the presence of a Member should not be rendered or billed with a Telehealth modality.

Providers are **not** required to:

- Document a barrier to an in-person visit for services provided via Telehealth (WIC section 14132.72(d)); or
- Document the cost effectiveness of Telehealth to be reimbursed for services provided via a Telehealth modality



Member Consent

Providers **must** comply with the following to conduct a visit via Telehealth:

- Inform Members about the use of Telehealth **prior** to rendering services via Telehealth and must obtain verbal or written consent.
- Document verbal or written consent in the Member's medical record and made available to Kern Health Systems and The DHCS upon request.
- Explain to the Member their right to access any services in-person which are delivered via Telehealth.
- Explain to the Member Telehealth is voluntary and they can withdraw their consent to receive treatment via Telehealth at any time with no impact to access Medi-Cal covered services in the future.
- Educate Members of their right to obtain Non-Medical Transportation to in-person visits.
- Explain to Members any limitations or risks associated with receiving services via Telehealth versus an in-person visit, if applicable.
- Ensure members do not initiate e-consults

Establishing New Patients via Telehealth

KHS Members can be established as a new patient via Telehealth through the following methods:

- Synchronous video Telehealth visits
- Audio-only synchronous visits if one or more of the following criteria applies:
 - The visit is related to sensitive services defined in Civil Code section 56.06(n)
 - The Member requests an audio-only visit
 - The Member attests they do not have access to video

Federally Qualified Health Centers (FQHCs), Tribal FQHCs, and Rural Health Clinics (RHC)

Federally Qualified Health Centers (FQHCs), Tribal FQHCs, and Rural Health Clinics (RHC) can conduct new patient visits via asynchronous store and forward modality, defined in BPC section 2290.5(a), if the visit meets **all** the following:

- The Member is physically present at the site of the Provider at the time the service is performed
- The person who creates the Member's Medical Record at the originating site is an employee or Subcontractor of the Provider, or other person lawfully authorized by the Provider to create a patient Medical Record.
- The Provider determines the billing Provider can meet the applicable standard of care
- A Member who receives Telehealth services must be eligible to receive in-person services from that Provider

FQHCs, RHCs, and Tribal Health Providers (THPs), are **not** allowed to be reimbursed for consultations provided via Telehealth modality, e-consult.

PROVIDER Bulletin



KERN HEALTH SYSTEMS

Payment

When billing for telehealth services, please bill the cpt/hcpc code which best represents the service rendered. Adding the required, appropriate modifier will identify how the services were rendered.

Modifier 93 is to be used for synchronous telephone or other real-time interactive AUDIO ONLY telecommunications systems.

Modifier 95 is to be used for synchronous interactive audio AND visual telecommunications systems.

Modifier GQ is to be used for asynchronous store and forward telecommunications systems.

Appropriate modifiers and place of service 02 (Telehealth Provided Other than in Patient's Home) must be used to identify when the services are delivered through synchronous and asynchronous store and forward telecommunications. Please reference the Medi-Cal Provider Manual for information:

<https://files.medi-cal.ca.gov/pubsdoco/Publications.aspx>

Unless your contract with KHS states otherwise, the reimbursement rate for Telehealth services will be the same as the rate for providing services in-person.

The DHCS provided model member consent language which can be located here:

<https://www.dhcs.ca.gov/provgovpart/Pages/Patient-Consent.aspx>

KHS posts all bulletins on the KHS website, www.kernfamilyhealthcare.com, choose Provider, then Bulletins.

For any questions, please contact your Provider Relations Representative at 1-800-391-2000.

Sincerely,

Melissa McGuire

Deputy Director of Provider Network

Kern Health Systems