



TELEHEALTH POLICY UPDATES

October 2019

The Department of Health Care Services defines telehealth as “the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient’s health care while the patient is at the originating site, and the health care provider is at a distant site.”

The following is effective for dates of service on or after July 1, 2019:

- 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).
- 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).

The health care provider at the distant site must:

- Create and maintain record of the review and analysis of the transmitted information with written documentation of date of service and time spent (between 5 and 30 minutes).
- Record a written report of case findings and recommendations with conveyance to the originating site.
- Record the maintenance of transmitted medical records in patient’s medical record.

Covered benefits or services provided via a telehealth modality are reimbursable when billed in one of two ways:

- For services or benefits provided via synchronous, interactive audio and telecommunications systems, the health care provider at the distant site bills with modifier 95.
- For services or benefits provided via asynchronous store and forward telecommunications systems, the health care provider at the distant site bills with modifier GQ.

Telephone or video visits: Any clinician eligible to bill for office visits may conduct a telephone or video visit with a patient in lieu of an office visit. Such visits must last at least 5 minutes, and be documented in the medical record.

- Required Codes – telephone or video visits with provider in office and patient remote from office (in lieu of office visit).
 - G0071 (FQHC)
 - G2012 (other providers)