



Important Reminder: Billing for Telehealth Services

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We appreciate the access to care and services you continue to provide via in-person and telehealth visits. We are sharing an important reminder about Medi-Cal billing requirements for telehealth services and newly established criteria to provide services via telehealth.

Video and Audio Requirements

Effective Monday, January 1, 2024, all providers conducting telehealth via audio-only synchronous interactions must also offer those same services via video synchronous interactions.

Provider furnishing services through video or audio-only synchronous interaction must also do one (1) of the following:

- Offer those same services via in-person, face-to-face contact.
- Arrange for a referral to and facilitation of in-person care that does not require a member independently contact a different provider to arrange for that care.
- Document member consent prior to the initial delivery of covered services via telehealth.
- Inform the member telehealth is voluntary, and consent for telehealth may be withdrawn at any time without affecting their ability to access Medi-Cal-covered benefits and services in the future.
- Inform the member about the ability to use non-medical transportation (NMT) for in-person visits. Please direct Alliance members to call the Alliance Transportation Services toll-free at **1.866.791.4158**.
- Inform the member of the potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

Model Language for Telehealth Patient Consent

We included a copy of the California Department of Health Care Services (DHCS) Telehealth Policy Implementation Patient Consent – Model Language with this notice. An electronic copy can also be found on the DHCS website at **www.dhcs.ca.gov/provgovpart/Documents/Patient-Consent-Model-Written-Verbal-Language.pdf**. Providers can use the DHCS language as a resource.

Please Note: Providers must document when a member consents to receive covered services via telehealth before the initial delivery of the services. Member consent can be obtained verbally or in writing and then documented by the provider.

Requirements to Provide Telehealth Services

Telehealth modality may only be provided and reimbursed if all of the following criteria are satisfied:

1. The treating provider at the distant site believes the covered services being provided are clinically appropriate to be delivered via telehealth based on evidence-based medicine and/or best clinical judgment.
2. The member has provided verbal or written consent.
3. The medical record documentation substantiates that the covered services delivered via telehealth meet the procedural definition and components of the CPT-4 or HCPCS code(s) associated with the covered service.

Providers are not required to:

- a. Document a barrier to an in-person visit for covered services provided via telehealth (WIC section 14132.72(d)); or
 - b. Document the cost-effectiveness of telehealth reimbursement for covered services provided via a telehealth modality.
4. The covered services provided via telehealth meet all state and federal laws regarding the confidentiality of health care information and a member's right to their medical information.

Telehealth Billing – Place of Service Codes and Modifiers

Telehealth visits may ONLY use CPT codes for an office visit with the appropriate place of service and/or modifier option, regardless of the modality. Providers will continue to be reimbursed at the contracted rate for office visits for these services and are responsible for determining the appropriate place of service code and modifier option to use based on the visit and guidance by DHCS.

Place of Service Code	Modifier Options	Modifier Description
02 – Telehealth Provided Other than in Patient's Home. Or 10 – Telehealth Provided in Patient's Home.	95	For services or benefits provided via synchronous, interactive audio and visual telecommunications systems . Synchronous means a real-time interaction between a patient and a health care provider located at a distant site.
	GQ	For services or benefits provided via asynchronous store and forward telecommunications systems . Asynchronous store and forward means the transmission of a patient's medical information from an originating site to the health care provider at a distant site.
	93	For services or benefits provided via synchronous telephone or other real-time interactive audio-only telecommunications systems . Synchronous means a real-time interaction between a patient and a health care provider located at a distant site.

Telehealth Resources

- DHCS website www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx
- DHCS Telehealth Resource Page for Providers
www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx
- California Code, Business and Professions Code - BPC § 2290.5
- Senate Bill 184

Thank you for your continued partnership. We appreciate you for all your hard work and for providing high-quality care to our members and community. Together, we are creating a healthier community for all.

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Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org