PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

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<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 02/12/2025</td></tr>
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I. RELATED POLICIES:

A. MCUP3124 - Referral to Specialists (RAF) Policy
B. MCUP3052 - Medical Nutrition Services
C. MCUP3028 - Mental Health Services
D. MCUP3101 - Screening and Treatment for Substance Use Disorders
E. MCUP3137 - Palliative Care: Intensive Program (Adult)
F. MCUP3140 - Palliative Care: Pediatric Program for Members Under the Age of 21
G. MPCR200 - Credentials Committee and CMO Credentialing Program Responsibilities
H. MCND9006 - Doula Services Benefit
I. MCCP2033- Community Health Worker (CHW) Services Benefit
J. MCCP2032- CalAIM Enhanced Care Management (ECM)

II. IMPACTED DEPTS:

A. Health Services
B. Provider Relations
C. Claims

III. DEFINITIONS:

A. Asynchronous store and forward means the transmission of a patient's medical information from an originating site to the health care provider at a distance without the presence of the patient.
B. Distant site means a site where a health care provider who provides health services is located while providing these services via telecommunications system
C. E-Consult means an asynchronous electronic consultation service between health care providers to coordinate multidisciplinary case review, advisory opinion, and recommendations of care for complicated symptoms or illnesses.
D. E&M: Evaluation and Management
E. Health care provider means a person who is licensed by the State of California Department of Health Care Services (DHCS) and a Medi-Cal certified provider.
F. Medical Necessity means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.
G. Originating site means the site where a patient is located at the time health services are provided via a telecommunications system or where the asynchronous store and forward services originates.
H. Synchronous interaction means a real-time interaction between a patient and health care provider located at a distant site.

Policy/Procedure Number:		Lead Department: Health Services Business Unit: Utilization Management
Policy/Procedure Title: Telehealth Services		☒ **External Policy** ☐ **Internal Policy**
Original Date: 03/14/2012	**Next Review Date: 02/12/2026** **Last Review Date: 02/12/2025**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

I. Telehealth means the mode of delivering health care and public health services utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from health care providers.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

The goal of telehealth is to improve both healthcare access and quality of health services through information and telecommunications technologies. The purpose of this policy is to define the telehealth services available to Partnership HealthPlan of California Members and the general policies for reimbursement of those services.

VI. POLICY / PROCEDURE:

A. Telehealth Services
   1. Services provided by telehealth must still meet state and federal guidelines for "medical necessity" and the documentation should support this.
   2. Partnership fully supports the advancement of telehealth services in our region as a means of improving access and quality of care to Members,, as well as providing expert advice and specialty consultation to primary care providers (PCPs) in the Partnership network.
      a. Current Partnership referral and authorization requirements apply to telehealth services per policy MCUP3124 Referral to Specialists (RAF) Policy.
      b. Telemedicine services may be used to provide Non-Specialty Mental Health Services to Partnership Members. Such services are provided through Partnership's delegated Managed Behavioral Healthcare Organization. See policy MCUP3028 Mental Health Services for additional information.
      c. Substance Use Disorder treatment services may be provided via telemedicine through Partnership's Wellness & Recovery Program. See policy MCUP3101 Screening and Treatment for Substance Use Disorders for additional information.

B. Telehealth Services Models
   1. Synchronous Telehealth Services
      In this model, a licensed provider is present at the telehealth Originating Site when a patient is connected with a distant provider of health services through audio-video equipment on a real-time basis. This model is commonly used between specialty centers such as University of California (UC) San Francisco or UC Davis with outlying physician offices or community health centers.
   2. Synchronous Patient to Provider Telehealth Services
      This model connects a single provider (primary care or specialty provider) to a patient using audio-visual equipment on a real-time basis. The patient can be in a health facility, residential group home, private residence or other setting, provided that the appropriate equipment is used.
   3. Asynchronous Telehealth Services ("Store and Forward" and E-Consult)
      In the asynchronous telehealth model, a patient's medical information is electronically forwarded to a distant provider for review, but not on a real-time basis. The case may be reviewed as follows:
      a. Store and Forward: Images, videos, photos, labs, and/or other relevant patient information are electronically forwarded to a specialty provider for review at a later time. (Applies to radiology, electrocardiography, ophthalmology, dermatology or certain optometric procedures.)
      b. E-Consult (electronic consultation): In an electronic exchange of information, healthcare providers at the originating site transmit patient information to the distant site to coordinate multidisciplinary case review for complicated symptoms or illnesses, without the patient being present in real time.

1) The following codes should be used for E-Consults: 99451 for the specialist site and 99452 for the referring (originating) site, noting the minimum time requirement for 99451 is 5 minutes, and the minimum time requirement for 99452 is 16 minutes.
2) A health care provider at a distant site may bill for an E-consult with the appropriate Current Procedural Terminology (CPT) / Healthcare Common Procedure Coding System (HCPCS) code when the benefits or services delivered meet the procedural definition and components of the national CPT/HCPCS code as defined by the American Medical Association (AMA) or any other extended guideline described in the Medi-Cal provider manual.

C. Consent for Telehealth Services
1. Prior to the delivery of health care services via synchronous telehealth, the healthcare provider at the originating site must verbally inform the patient that telehealth may be used and obtain written or verbal consent from the patient for this use.
a. The verbal consent must be documented in the patient's medical record.
b. Providers are required to share additional information with Partnership Members such as:
1) Right to in-person services
2) Voluntary nature of consent
3) Availability of transportation to access in-person services
4) Limitations/risks of receiving services via telehealth
5) Availability of translation services
2. Synchronous telehealth services can be provided to Partnership members by any Partnership credentialed healthcare provider with the Member's written or verbal consent, as documented in the patient's medical record.

D. Confidentiality
1. All federal and state laws regarding the confidentiality of health care information and a patient's rights to his or her medical information apply to telehealth services.

E. New Patient Relationships
a. All Providers may establish new patient relationships via synchronous video Telehealth visits.
b. All Providers may establish new patient relationships via audio-only synchronous interaction only if one or more of the following criteria applies:
1) Healthcare services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, and intimate partner violence.
2) The patient requests audio-only modality.
3) The patient attests they do not have access to video.

F. Credentialing of Providers Who Provide Telehealth Services to Partnership Members in a Hospital Setting
1. Licensed healthcare providers providing telehealth services to hospitalized Partnership Members from outside the hospital setting must be Medi-Cal certified providers in the State of California and qualified providers credentialed through Partnership or through an organization with delegated authority for credentialing, as approved by the Partnership Credentials Committee.
2. The governing body of the hospital whose patients are receiving telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant site hospital or telehealth entity, as described in Sections 482.12, 482.22 and 485.616 of Title 42 of the Code of Federal Regulations.

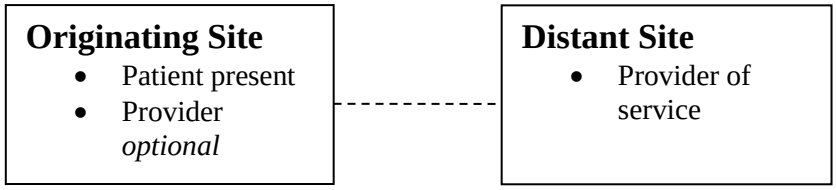
G. Required Equipment
1. The audio-video telemedicine system used must, at a minimum, have the capability of meeting the procedural definition of the CPT/HCPCS code for the benefits or services being delivered through

telehealth. The telecommunication equipment must be of a quality to adequately complete all necessary components to document the level of service for the CPT/HCPCS code billed.

H. Reimbursement for Telehealth Services

Unless otherwise agreed to by Partnership and provider, Partnership will reimburse providers at the same rate whether a covered service is provided in-person or through Telehealth, when the service is the same regardless of the modality of delivery, as determined by the Provider's description of the service on the claim. (Applies to both video and audio-only visits as medically appropriate. The reimbursement terms for each of the three models are summarized below:

1. Reimbursement for Traditional Synchronous Telehealth Services



a. If a licensed provider is also present at the telehealth Originating Site with the patient and a progress note is generated by the originating provider, the visit is reimbursable.
   1) The scope of the interaction with the originating provider should be documented in the progress notes that is distinct from those provided by the Distant Site and will be the basis of the Evaluation and Management (E&M) and other CPT/HCPCS code(s) billed.
   2) If an E&M code is included, the transmission cost fees may be billed. No modifier is needed at the Originating Site.

b. Health care providers (with the exception of Federally Qualified Health Centers [FQHCs], Rural Health Centers [RHCs] and Tribal Health Centers as noted below) are required to document Place of Service Codes on claims, which indicate that services were provided or received through a telecommunications system. A place of service (POS) code is a two-digit code that indicates the location where a medical service was provided. The Centers for Medicare & Medicaid Services (CMS) maintains the POS code set, which is used by healthcare providers and insurance companies to determine the correct payment amount for a service
   1) Place of Service Code 02 indicates that telehealth services were provided to a patient in a location other than their home.
   2) Place of Service Code 10 indicates that the patient was in their home while receiving telehealth services.
   3) The Place of Service Code requirement is not applicable for FQHCs, RHCs or Tribal Health Centers as noted in the Originating Site table below.

c. Each telehealth provider must be licensed in the State of California (if a licensure pathway is available), enrolled as a Medi-Cal Provider or Non-Physician Medical Practitioner, and affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and be located in California or a border community.

d. Partnership covered services, identified by Current Procedural Terminology – 4th Revision (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) codes and subject to any existing treatment authorization requirements, may be provided via a telehealth modality if all of the following criteria are satisfied:
   1) The treating health care 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 judgment

2) The services delivered via telehealth meet the procedural definition and components in the CPT-4 or HCPCS code(s) associated with the covered service; and
3) The services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to the patient's own medical information.

e. Certain types of services *cannot* be appropriately delivered via telehealth. These include services that would otherwise require the in-person presence of the patient for any reason, such as services performed in an operating room or while the patient is under anesthesia, where direct visualization or instrumentation of bodily structures is required, or procedures that involve sampling of tissue or insertion/removal of medical devices. A provider must assess the appropriateness of the telehealth modality to the patient's level of acuity at the time of the service.

f. An FQHC/ RHC/ Tribal Health Center may choose to sub-contract with a specialist and pay them directly. Under these circumstances, the FQHC/ RHC/ Tribal Health Center would bill for the originating site and the specialty service on two separate claims.
1) Designated telehealth specialist providers Referral Authorization Form (RAF) requirements vary, see policy MCUP3124 Referral to Specialists (RAF) Policy.
2) The Partnership system would need to be set up for the specific specialty, and if not, the Network Services Department should be contacted.

Billing guidelines for Originating Site Providers (Traditional Synchronous Telehealth Services):

Originating Site (Traditional Synchronous Telehealth Services)	
Service	**Code(s)**
Site facility fee	Q3014 (once per day, per patient, same provider)
Transmission Cost	T1014 (per minute for maximum of 90 min. per patient, per day, same provider)*
Licensed provider fee (*if present*)	E&M codes 99201 – 99205; 99211 – 99215, T1015 (for health centers) and other CPT codes for services distinct and in addition to those rendered by the Distant Site Provider.

***** FQHCs/ RHCs/ Tribal Health Centers cannot bill for site fee or transmission charges. These charges are included in their FQHC/RHC Prospective Payment System (PPS) rate or the IHS Memorandum of Agreement (MOA) rate.

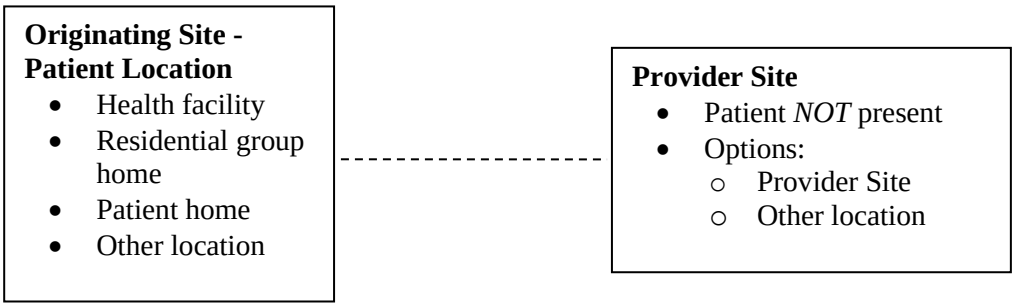
Billing guidelines for Distant Site Providers (Traditional Synchronous Telehealth Services):

Distant Site (Traditional Synchronous Telehealth Services)	
Service	**Code(s)**
Transmission Cost	T1014 (per minute for maximum of 90 min. per patient, per day, same provider)
Initial hospital care or subsequent hospital care, critical care (new or established patient)	Inpatient hospital: 99221 – 99233 Critical care: 99291 or G0508; 99292 or G0509
Extended Inpatient Care	99418
Consultations: Office or other outpatient (initial or follow-up) Inpatient, and confirmatory	99242 – 99245; 99252 - 99255
Genetic Counseling	S0265

Nutrition Counseling per Partnership Guidelines (See Policy MCUP3052)	97802, 97803, 97804, G0108, G0109
ACE Screenings	G9919, G9920
Mental Health Assessment (by Non-Physician)	H0031 (may be billed up to 1 hour, once per year)
Perinatal Educational Counseling (by Partnership approved Perinatal Services Providers/Practices)	Z6400-Z6414 Z6500 Z6200-Z6208 Z6300-Z6308
Other Covered Procedures that can be provided by telemedicine	All CPT/HCPCS codes are potentially allowed if they meet requirements as described in section VI.H.1.d. of this policy.
Procedures that are Excluded from Telehealth:	**<u>These Codes are Excluded:</u>** **Anesthesia:** 00100 - 01999 and 99100 - 99157 **Surgery:** 10021 - 69990 **Speech/Occupational/Physical Therapy:** 96101 to 97546, 97750 - 97799, 97161 - 97164, and 98970 - 98972vie **Wound care:** 97597 - 97610; **Acupuncture, osteopathic manipulation, chiropractic manipulation**: 97810 - 98943 **Refer to section VI.H.1.e. of this policy for other codes that may be excluded.**
Virtual/Telephonic Communications (Brief video or phone visit with a patient or a provider in office and patient remote from office [in lieu of office visit])	**G2012 -** Brief virtual/telephonic communication with another practitioner or with a patient (5-10 minutes of medical discussion. **Place of Service Code "02"** - must be documented on the claim to indicate that services were provided through a telecommunications system in a location other than the patient's home. **Place of Service Code "10"** - must be documented on the claim to indicate that services were provided through a telecommunications system while the patient was in their home.
Required Modifier - video	95 modifier required for all CPT-Codes except Transmission T1014 Cost code and G2012 code.
Required Modifier – audio-only	93 modifier required for all CPT-Codes except Transmission T1014 Cost code and G2012 codes.**

** Effective January 1, 2024, all Providers furnishing applicable Covered Services via audio-only synchronous interactions must also offer those same services via video synchronous interactions to preserve Member choice.

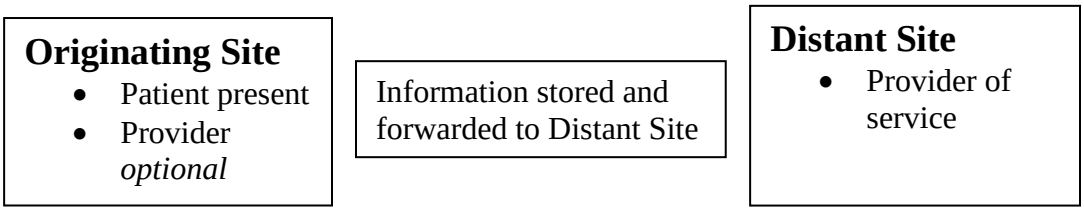
2. Reimbursement for Synchronous: Provider to Patient Telehealth Services



Billing Guidelines for the Provider Site (Synchronous: Provider to Patient Telehealth Services):

Provider Site	
Service	**Code(s)**
Transmission Cost	T1014 (per minute for maximum of 90 min. per patient, per day, same provider)
Licensed provider fee (*if present*)	E&M codes 99201 – 99205; 99211 – 99215, T1015 and other non-excluded codes.
Nutrition Counseling (per policy MCUP3052 Medical Nutrition Services)	97802, 97803, 97804, 99539
Required Modifier	95 modifier required for all CPT-Codes except Transmission Cost codes

3. Reimbursement for Asynchronous Telehealth Services (Store and Forward and E-Consult)



a. Asynchronous telehealth visits are reimbursable if a licensed provider is also present at the telehealth Originating Site, with the patient present, and a progress note is generated by the originating provider.
b. The scope of the interaction with the originating provider should be documented in the progress note, and will be the basis of the CPT code(s) used. If a CPT code is included, the originating site fee and the transmission cost fees may still be billed. No modifier is needed.
c. Health care providers (with the exception of FQHCs, RHCs, and Tribal Health Centers as noted below) are required to document Place of Service Codes on the claim, which indicate that services were provided or received through a telecommunications system. A place of service (POS) code is a two-digit code that indicates the location where a medical service was provided. The Centers for Medicare & Medicaid Services (CMS) maintains the POS code set, which is

used by healthcare providers and insurance companies to determine the correct payment amount for a service.

1) Place of Service Code 02 indicates that telehealth services were provided to a patient in a location other than their home.
2) Place of Service Code 10 indicates that the patient was in their home while receiving telehealth services.
3) The Place of Service Code requirement is not applicable for FQHCs, RHCs or Tribal Health Centers as per "c." below.

d. Originating site and transmission fee restrictions and billing rules are not applicable for FQHCs, RHCs or Tribal Health Centers. Services provided through telehealth are subject to the same program restrictions, limitations and coverage that exist when the service is provided in-person. For policy information specific to FQHCs, RHCs, or Tribal Health Centers, please see the Medi-Cal provider manual.

Billing guidelines for Originating Site Providers (Asynchronous Telehealth Services):

Originating Site (Asynchronous Telehealth Services)	
Service	**Code(s)**
Site facility fee	Q3014
Licensed provider fee (*if present*)	E&M codes 99201 – 92205; 99211- 99215; T1015, and other CPT codes for services distinct and in addition to those rendered by the Distant Site Provider, not on the excluded list

e. Special Billing Guidelines for Asynchronous Retinal Photography - Originating Site Providers: If a provider uses asynchronous telehealth for eye exam screenings through the use of a retinal camera located at the originating site, special billing guidelines apply when the originating site is paying the specialist directly for reading the results of the retinal photographs. A licensed provider does not need to be present for retinal photography service to be reimbursable. If no provider is present at visit, bill using the following CPT codes:

Originating Store and Forward Site (Retinal Photography)	
Service	**Code**
Retinal photography with interpretation for services provided by optometrists or ophthalmologists	92250 (Do not use modifier)
OR	
Remote imaging for detection of retinal disease with analysis and report under physician supervision, unilateral or bilateral	92227 (Do not use modifier)
Site facility fee	Q3014

1) If provider is present at visit, E&M codes can also be billed as noted in the chart above for

"Originating Site (Asynchronous Telehealth Services)." The scope of the interaction with the originating provider should be documented in the progress note. The originating site fee and the transmission cost fees may still be billed. No modifier is needed.

Billing Guidelines for Distant Store and Forward Site Providers (Asynchronous Telehealth Services):

Distant Store and Forward Site	
Service	**Code(s)**
Office consultation, new or established patient Follow up hospital visit	99242 – 99243 99231 – 99233
Remote evaluation of recorded video and/or images submitted by the patient.	**G2010 –** Remote evaluation of recorded video and/or images submitted by an established patient including interpretation, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an E&M service or procedure
Retinal photography with interpretation for services provided by optometrists or ophthalmologists (should not be used if originating site is submitting claims with this code).	92250
Required Modifier:	All asynchronous, store-and-forward services are billed with a "GQ" modifier

f. Special Billing Guidelines for Asynchronous E-Consult service - Distant Site Providers:
   1) In order to bill for E-Consults, the health care provider at the distant site (consultative provider) must create and maintain the following:
      a) A record of the review and analysis of the transmitted medical information with written documentation of date of service and time spent (between 5 - 30 minutes) and
      b) A written report of case findings and recommendations with conveyance to the originating site
   2) The health care provider at the distant site (consultant) who meets Medi-Cal standards may bill for E-Consult services provided using the following CPT code in conjunction with modifier "GQ":

Distant Store and Forward Site (E-Consult)	
Service	**Code**
E-Consult, electronic consultation	99451
Required Modifier:	"GQ" modifier

   3) In some cases, the originating site may bill for Store and Forward (E-Consults) if at least 16 minutes are required to complete the E-Consult.

Originating Store and Forward Site (E-Consult)	
Service	**Code**

E-Consult, electronic consultation	99452
Required Modifier:	"GQ" modifier

I. Exclusions
1. Partnership does not cover communication between providers outside that described in this policy as E-Consult.
2. Partnership does not cover patient - provider communication via email, text, or written communication.
3. Video communication of poor resolution and phone communication are only covered if they meet the criteria stated in section VI.F. and in the chart labeled "Billing Guidelines for Distant Site Providers (Traditional Synchronous Telehealth Services)" in section VI.H.1.

VII. REFERENCES:

A. Medi-Cal Provider Manual: Medicine: Telehealth *(medne tele)*; Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) *(rural)*; Tribal Federally Qualified Health Centers *(tribal fqhc)*; Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics *(ind health)*
B. Title 42 of the Code of Federal Regulations Sections 482.12, 482.22 and 485.616
C. Welfare and Institutions Codes (WIC) § 14132.725
D. Department of Health Services (DHCS) All Plan Letter (APL) 23-007 Telehealth Services Policy (4/10/2023)

VIII. DISTRIBUTION:

A. Partnership Provider Manual
B. Partnership Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

3/14/12, 2/18/15; 01/20/16; 04/20/16; 09/21/16; 9/20/17; *10/10/18; 08/14/19; 02/12/20; 01/13/21; 01/12/22; 01/11/23; 11/08/23; 02/12/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits

covered under Partnership.

Partnership authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.