

The “Medicine: Telehealth” policy was established pursuant to Assembly Bill 415 (Logue, Chapter 547, Statutes of 2011), known as the Telehealth Advancement Act of 2011 (Act). Please refer to the revised “Medicine: Telehealth” section of the Provider Manual for additional information

I. Definitions

For purposes of this policy, the following definitions shall apply:

| | |
|------------------------------------|---|
| Telehealth | See “Medicine: Telehealth” section of the Medi-Cal Provider Manual. |
| Asynchronous/ Store and Forward | See “Medicine: Telehealth” section of the Medi-Cal Provider Manual. |
| Synchronous Interaction | See “Medicine: Telehealth” section of the Medi-Cal Provider Manual. |
| Distant Site | See “Medicine: Telehealth” section of the Medi-Cal Provider Manual. |
| Originating Site | See “Medicine: Telehealth” section of the Medi-Cal Provider Manual. |
| Documentation Requirements | See “Medicine: Telehealth” section of the Medi-Cal Provider Manual. |
| Non-Covered Services | See “Medicine: Telehealth” section of the Medi-Cal Provider Manual. |
| Visit | Please refer to “Visit Defined” section in this manual |
| Billable Provider | Refer to “RHC/FQHC Covered Services” section of this manual |

II. Telehealth Reimbursement

Services provided through telehealth are subject to the same program restrictions, limitations and coverage that exist when the service is provided in-person.

1. FQHCs and RHCs may bill for a “visit” when the following conditions exist:
 - It must be medically necessary for a billable provider to be present with a patient at the originating site
 - FQHC/RHC Billable provider furnishes services at a distant site
2. A fee for service (FFS) provider that does not have a payment arrangement with the FQHC or RHC may bill the FFS rate. The FFS provider is not entitled to the Prospective Payment System (PPS) rate.

3. FQHCs and RHCs must submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service
4. FQHCs and RHCs are not eligible to bill an originating site fee, or transmission charges. The costs of these services should be included in the PPS rate.

**Telehealth
Reimbursement for
Medicare
Beneficiaries**

All claims for Medicare recipients should be in accordance with the Centers for Medicare and Medicaid Services (CMS) Medicare policies and requirements. Claims must first be billed to the appropriate Medicare carrier or intermediary for processing. To determine appropriate billing for Medicare patients, please refer to the CMS Provider Manual. Additional reference includes:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf>

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

rural

| Scenario | Originating Site Location of Patient | Distant Site Location of Telehealth Provider | Payment |
|----------|---|--|--|
| 1 | FQHC/RHC A- site 1 Patient with Non-Billable provider | FQHC/RHC A- site 2 Billable provider | FQHC/RHC A- site 2 can bill 1 Prospective Payment System (PPS) visit |
| 2 | FQHC/RHC A- site 1 Patient with Billable provider | FQHC/RHC A- site 2 Billable provider | FQHC/RHC A- site 1 and 2 can bill 1 PPS visit each |
| 3 | FQHC/RHC A Patient with Non-Billable provider | FQHC/RHC B Billable provider | FQHC/RHC B can bill 1 PPS visit |
| 4 | FQHC/RHC A Patient with Billable provider | FQHC/RHC B Billable provider | FQHC/RHC A and B can bill 1 PPS visit each |
| 5 | FQHC/RHC A Patient with Non-Billable provider | Non FQHC/RHC Specialist or Billable Provider | Non FQHC/RHC Billable provider may bill managed care plan or (Fee for Service) FFS directly. No PPS reimbursement permitted by either FQHC/RHC A or Non FQHC/RHC |
| 6 | Non FQHC/RHC Patient Non-Billable provider | FQHC/RHC A Billable provider | FQHC/RHC A can bill PPS visit |
| 7 | Non FQHC/RHC Patient with a Billable provider | FQHC/RHC A Billable provider | FQHC/RHC A can bill PPS visit. Non FQHC/RHC can bill their managed care plan or FFS directly |
| 8 | FQHC/RHC A Patient w/ Billable provider | Non FQHC/RHC Specialist or Billable Provider | FQHC/RHC A can bill PPS visit. Physician at Non FQHC/RHC can bill their managed care plan or FFS directly |
| 9 | FQHC/RHC A- home of patient Homebound patient with Non-Billable provider | FQHC/RHC A- Site 1 Billable provider | FQHC/RHC A- site 1 can bill 1 PPS visit |
| 10 | FQHC/RHC A- home of patient Homebound patient with FQHC/RHC Billable provider | FQHC/RHC B Billable provider | FQHC/RHC A and B can bill 1 PPS visit each |