



### TELEHEALTH REIMBURSEMENT FOR CONTRACTED PROVIDERS

#### Telehealth Reimbursement Requirements

Telehealth services will only be reimbursed by CHCN if in accordance with Department of Health Care Services (DHCS) Medi-Cal telehealth requirements and meet the following criteria:

- Telehealth providers are licensed in the State of California and enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP);
- 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 judgement;
- The medical record documentation substantiates the services delivered via telehealth meet the procedural definition and components of the CPT-4 or HCPCS code(s) associated with the covered service; and
- 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.
- The member has provided verbal or written consent, and the consent is documented in the patient's medical record.

#### 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](http://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.

#### 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.



## Setting the Standard for Community Health Care

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- Inform members about 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 of the potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

**CHCN will ONLY reimburse telehealth services for contracted providers at the contracted reimbursement rate as outlined in the provider contract. Services must be billed with the following codes:**

SERVICE	CODE
Place of Service	<b>02</b> – Telehealth or <b>10</b> – Telehealth Provided in Patient’s Home.
Transmission Cost	<b>T1014</b> (per minute for maximum of 90 min. per patient, per day, same provider, for two-way real time interactive communication).
Licensed provider fee ( <i>if present</i> )	<b>Appropriate CPT or HCPCS code</b> (Codes 99201-05 and 99211-99215)
Virtual Check-in: Telephone visit with provider in office and patient remote from office (in lieu of office visit)	<b>G2012</b> – Virtual check-in <i>Limited to:</i> <ul style="list-style-type: none"> <li>✓ <i>established patients,</i></li> <li>✓ <i>can't be related to an office visit in the previous seven (7) days,</i></li> <li>✓ <i>can't result in being seen for a next available office appointment or within 24 hours, and</i></li> <li>✓ <i>must have 5 to 10 minutes of medical discussion.</i></li> </ul>
Required Modifier	<b>95</b> Modifier required for all CPT-Codes except Transmission Cost codes <b>93</b> Modifier required for synchronous, telephone or other interactive audio-only telecommunications systems <b>GQ</b> Modifier required for asynchronous store



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### Telehealth Resources

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

For any questions, please contact the Provider Service Department via email at [providerservices@chcnetwork.org](mailto:providerservices@chcnetwork.org).

Thank you.  
Provider Service Department  
Community Health Center Network