



**OFFICIAL NOTICE: TELEHEALTH REIMBURSEMENT FOR CONTRACTED PROVIDERS
INTERIM TERMS, SUBJECT TO REVISION, DATE: 03/13/2020**

TELEHEALTH REIMBURSEMENT TERMS

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 member has provided verbal or written consent, and the consent is documented in the patient’s medical record.
- 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.

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	02 - Telehealth
Transmission Cost	T1014 (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>)	Appropriate CPT or HCPCS code (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)	G2012 – Virtual check-in <i>Limited to:</i> <ul style="list-style-type: none"> • <i>established patients,</i> • <i>can't be related to an office visit in the previous seven (7) days,</i> • <i>can't result in being seen for a next available office appointment or within 24 hours, and</i> • <i>must have 5 to 10 minutes of medical discussion.</i>
Required Modifier	95 modifier required for all CPT-Codes except Transmission Cost codes

For questions or more information, contact Ariel Cooper, Community Partnerships Manager, acooper@chcnetwork.org