

TELEHEALTH WEBINAR 2: BILLING & REIMBURSEMENT



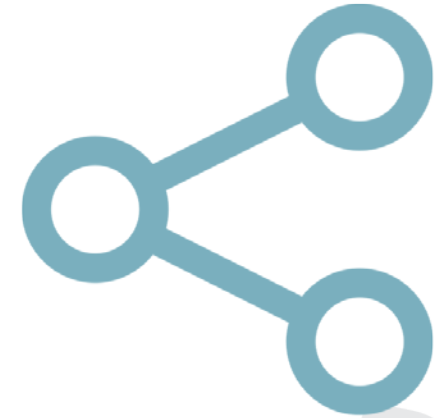


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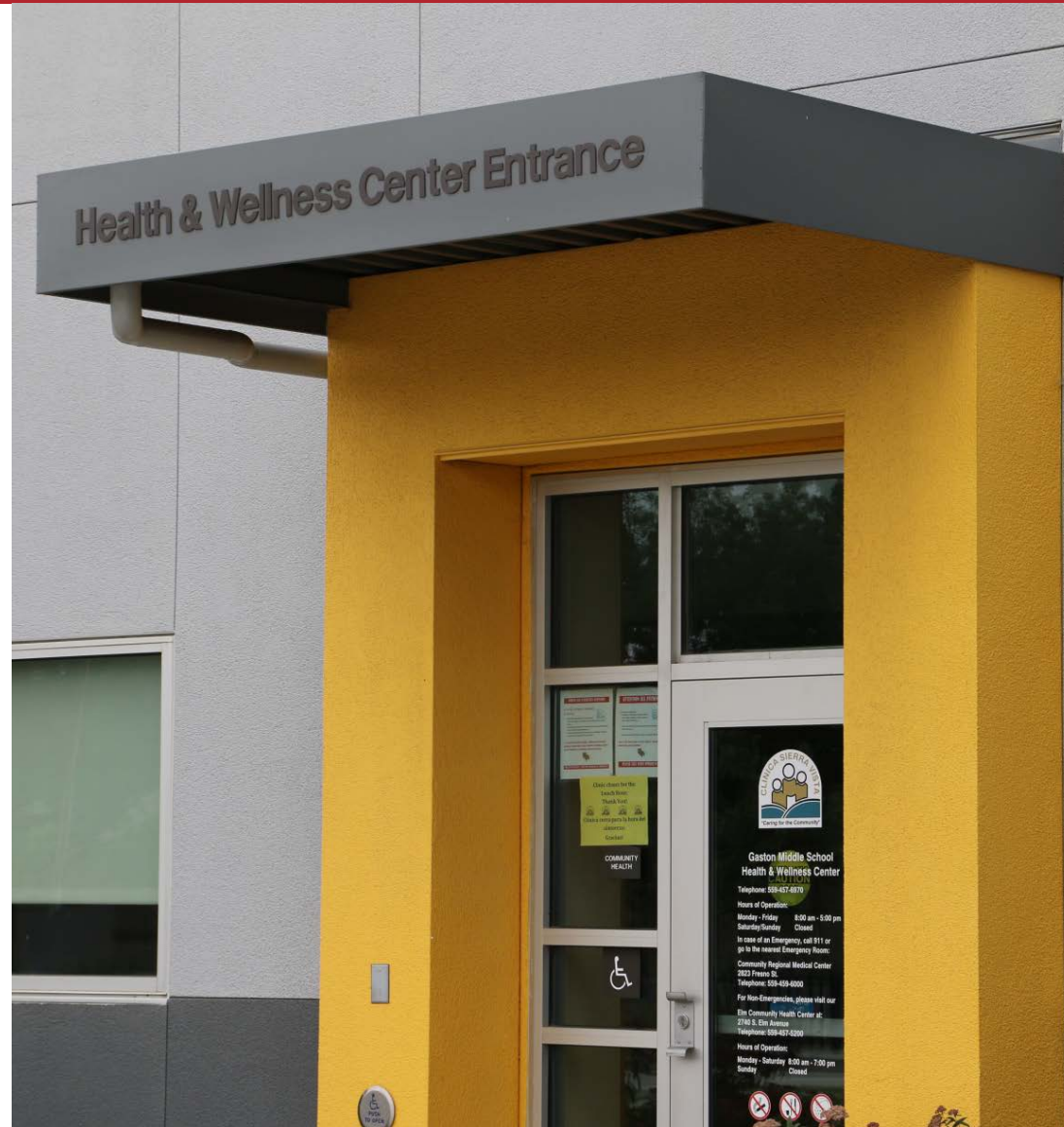


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TELEHEALTH WEBINAR SERIES

Telehealth Webinar 3: Telehealth Platforms

Thursday, May 21st, 11:00 AM - Noon

Telehealth Webinar 4: Medical

Wednesday, May 27th, 11:00 AM – Noon

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The Los Angeles Trust
for Children's Health





Presenter

Bao Xiong

Assistant Director of Health Center Operations,
California Primary Care Association



Moderator

Amy Manta-Ranger, MPH

Director of Programs, California
School-Based Health Alliance



**The Los Angeles Trust
for Children's Health**



Telehealth During COVID-19: Billing & Reimbursement for FQHCs

Tuesday, May 19, 2020



Agenda

- Background
- Medi-Cal Telehealth Visits
- Medi-Cal Telephone Visits
- FAQs



Background

- FQHCs can provide care to patients at school sites as:
 - Licensed clinic
 - Intermittent clinic (<40 hours per week)
 - Licensed/intermittent mobile unit
- Both the location and service must be included in the FQHC's federal HRSA scope of project



Background

March 13

President declares COVID-19 national emergency.

March 19

DHCS releases COVID-10 telehealth and telephone guidance.

April 3

DHCS submits SPA to CMS requesting additional flexibilities related to COVID-19.

March 16

DHCS submits 1135 waiver to CMS requesting greater telehealth flexibilities.

March 23

CMS approves the first 1135 for California.

Telehealth Flexibilities During COVID-19

DHCS is temporarily waiving the following limitations/requirements for FQHC telehealth services:



Four-Walls Restrictions

Patient can receive telehealth services from any location including in their home; FQHC providers can render telehealth services from any location, including their home.



Established Patient Requirement

FQHCs can provide telehealth services to both new and established patients.



Face-to-Face Requirement

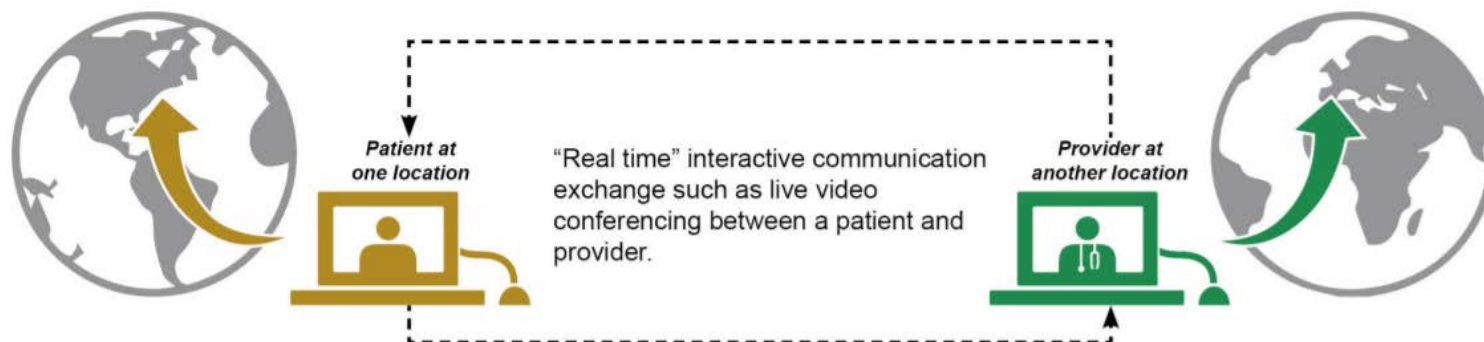
FQHCs can provide audio-only telephone visits.

Definition of Telehealth

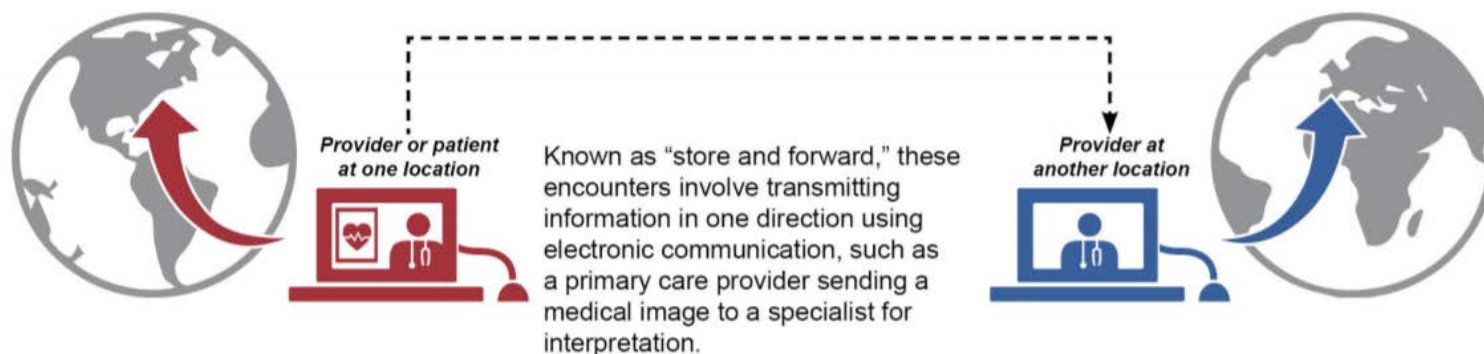
Medi-Cal: The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health care.

Synchronous vs. Asynchronous Telehealth

SYNCHRONOUS TELEHEALTH ENCOUNTER



ASYNCHRONOUS TELEHEALTH ENCOUNTER



Source: GAO analysis of Department of Defense documents. | GAO-18-108R

Medi-Cal Telehealth Services



Medi-Cal Synchronous and Asynchronous Telehealth Services

- FQHCs can serve as originating or distant site providers and bill PPS rate for synchronous and asynchronous telehealth services.



Medi-Cal Telephone Services

- FQHCs can provide and bill their PPS for telephone visits that meet documentation criteria.
- FQHCs can provide and bill FFS for telephone visits that DO NOT meet documentation criteria.

Medi-Cal Telehealth During COVID-19 Public Health Emergency

Service	Synchronous Telehealth	Asynchronous Telehealth
Modality	<ul style="list-style-type: none"> • Real-time live interaction 	<ul style="list-style-type: none"> • Store and forward technology
Eligible provider	<ul style="list-style-type: none"> • FQHC/RHC billable providers 	<ul style="list-style-type: none"> • FQHC/RHC billable providers
Eligible service	<ul style="list-style-type: none"> • FQHC or RHC covered services 	<ul style="list-style-type: none"> • Teledentistry • Teledermatology • Teleophthalmology
Eligible patient	<ul style="list-style-type: none"> • Established patient restriction temporarily waived; patient can be “new” or “established” 	<ul style="list-style-type: none"> • Established patient restriction temporarily waived; patient can be “new” or “established”
Patient’s location	<ul style="list-style-type: none"> • Restrictions on patient’s location temporarily waived; patient can be located anywhere including the patient’s home. 	<ul style="list-style-type: none"> • Restrictions on patient’s location temporarily waived • Face-to-face requirement temporarily waived

Medi-Cal Telehealth During COVID-19 Public Health Emergency

Service	Synchronous Telehealth	Asynchronous Telehealth
Documentation	<ul style="list-style-type: none"> • Maintain appropriate documentation to substantiate the corresponding technical and professional components of billed CPT or HCPCS codes. • Documentation for benefits or services delivered via telehealth should be the same as for a comparable in-person service. 	<ul style="list-style-type: none"> • Similar documentation requirements to synchronous telehealth services • Ensure that the documentation, typically images, sent via store and forward be specific to the patient's condition and adequate for furnishing or confirming a diagnosis or treatment plan.
Patient consent	<ul style="list-style-type: none"> • Must inform patient about use of telehealth and obtain verbal or written patient consent • Consent must be documented in patient's medical file 	<ul style="list-style-type: none"> • In addition to patient consent requirements under synchronous, asynchronous telehealth providers must: <ul style="list-style-type: none"> - Notify patients their rights to receive interactive communication with the distant specialist physician, optometrist or dentist. - Receive an interactive communication upon request during the visit or within 30 days.

Medi-Cal Telehealth During COVID-19 Public Health Emergency


Service	Synchronous Telehealth	Asynchronous Telehealth
Reimbursement	<ul style="list-style-type: none"> • PPS rate 	<ul style="list-style-type: none"> • PPS rate
Billing guidance	<ul style="list-style-type: none"> • FQHCs and RHCs bill using the same process as other billable visits where the patient is in-person, using the appropriate all-inclusive billing code sets and related claims submission requirements. Examples: <ol style="list-style-type: none"> 1. Medical visit (FFS): 0521/T1015 2. Wrap claim: 0521/T1015SE 3. Mental health (MCP does not cover service): 0900/T1015 AH • FQHC, RHC, and Tribal 638 Clinics do not bill with POS 02 or Modifier 95. • This guidance only applies to Medi-Cal claims. Check with your managed care plans for their specific billing requirements. 	<ul style="list-style-type: none"> • Same as synchronous telehealth billing

Medi-Cal Telehealth During COVID-19 Public Health Emergency

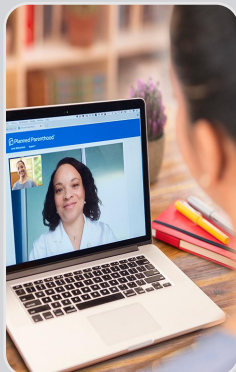
Revenue Code	Procedure Code & Modifier	Description	Explanation
0521	T1015	Medical, per visit	Medi-Cal FFS patient
0521	T1015 SE	Managed care differential rate	RHC and FQHC services covered by and rendered to recipients enrolled in Medi-Cal managed care plans or Denti-Cal managed care plan
0900	T1015 AJ	Licensed Clinical Social Worker	Services not covered by recipient's managed care plan
0900	T1015 AH	Psychologist	Services not covered by recipient's managed care plan
0900	T1015 AG	Psychiatrist	Services not covered by recipient's managed care plan

Telehealth Reimbursement Requirements for Medi-Cal

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

- 
- Medically necessary services must be provided by a FQHC billable provider to an eligible Medi-Cal patient
 - Services must be FQHC covered services
 - Same day limitations apply
 - Out-of-network policy applies

Factors That Determine Billing

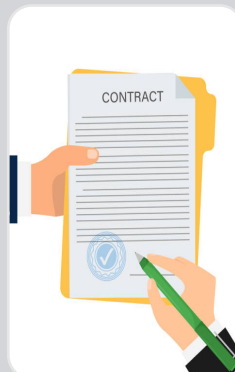


Where the patient is physically located

COVID-19:
Patient and provider can be located anywhere



Characteristics of the distant provider site (FFS vs. FQHC)



Payment arrangement with the distant site provider



If there is a medical reason for FQHC provider to be present with the patient

COVID-19:
Provider does not need to be physically present with patient in patient's home



If patient is new or established

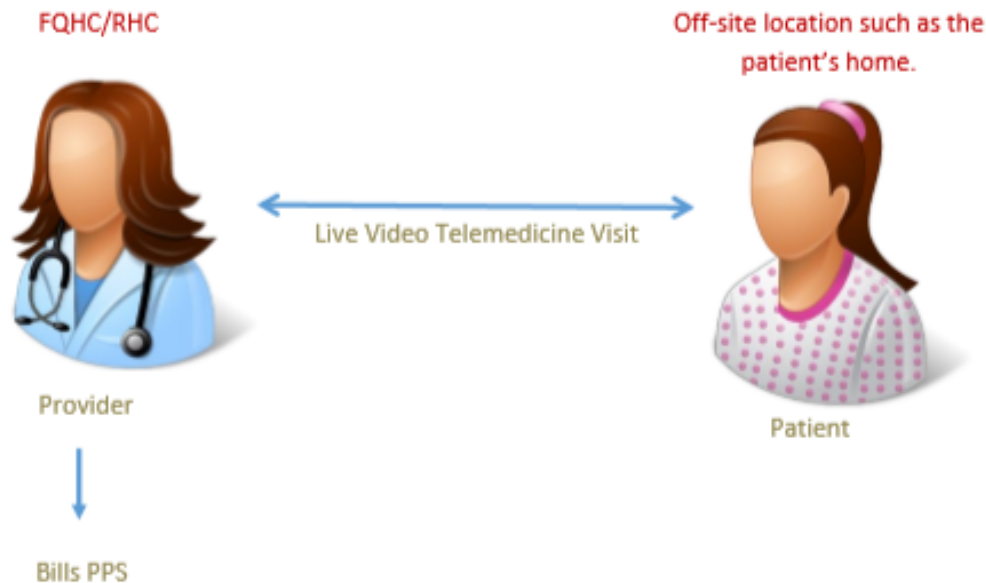
COVID-19:
Telehealth services can be rendered to both new and established patients

Scenario 9 FQHC/RHC to HHMS Patient Home

- Provider is physically located at and receives compensation from FQHC/RHC.
- Patient is an established patient, and either *homebound*, *homeless*, or a *migratory or seasonal worker*.
- Patient is not physically present at FQHC/RHC. In this example we will use the patient's home.

Outcome

- FQHC/RHC is the Distant Site (or Provider Site) and can bill PPS for a face-to-face visit.



During COVID-19, DHCS waives the established patient requirement and restrictions to allow new and established patients to receive telehealth services anywhere, including their home.

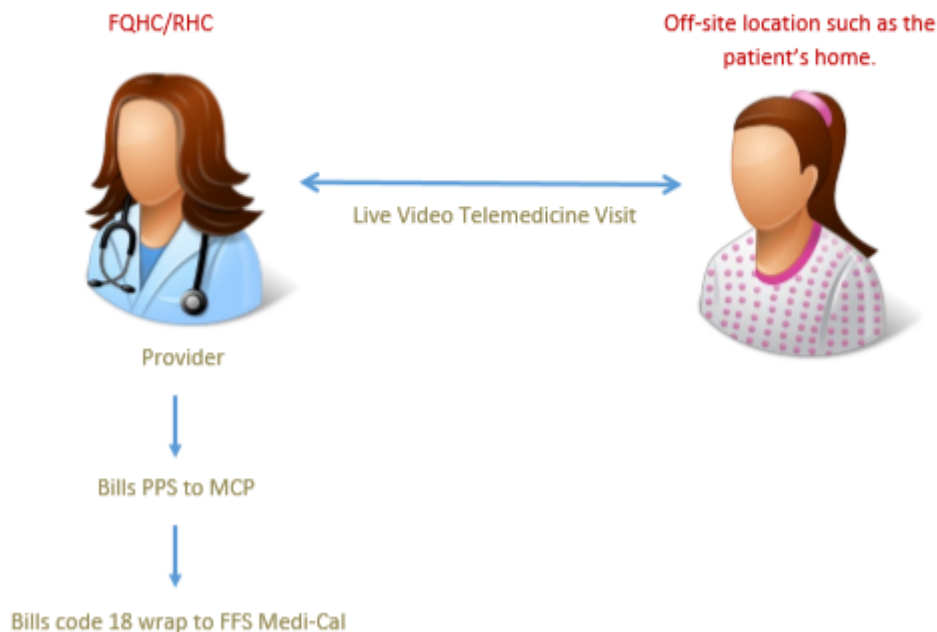
Medi-Cal Managed Care Plan (MCP)

Scenario 12 FQHC/RHC to HHMS Patient Home

- Provider is physically located at and receives compensation from FQHC/RHC.
- Patient is an established patient, and either *homebound*, *homeless*, or *a migratory or seasonal worker*.
- Patient is not physically present at FQHC/RHC. In this example we will use the patient's home.

Outcome

- FQHC/RHC is the Distant Site (or Provider Site) and can bill MCP.
- Patient is homebound, homeless, or a migratory or seasonal worker, therefore the code 18 wrap CAN be billed to the state.



During COVID-19, DHCS waives the established patient requirement and restrictions to allow new and established patients to receive telehealth services anywhere, including their home.

1. Billing Example: Telehealth Visit with Patient Enrolled in Medi-Cal FFS

	42 Rev.CD	43 Description	44 HCPCS/RATE/ HIPPS Code	45 Serv.Date	46 Serv. Units	47 Total Charges	48 Non-covered charges
1	0521	Medical Visit	T1015	XXXXXX	01	10000	<- payable line
2	0521		99213	XXXXXX	01	000	<- informational

2. Billing Example: Telehealth Visit with Patient Enrolled in Medi-Cal Managed Care

	42 Rev.CD	43 Description	44 HCPCS/RATE/ HIPPS Code	45 Serv.Date	46 Serv. Units	47 Total Charges	48 Non-covered charges
1	0521	Managed Care Differential Rate	T1015 SE	XXXXXX	01	10000	<- payable line
2	0521		99213	XXXXXX	01	000	<- informational

Disclaimer: billing examples are for demonstration purposes only.

Medi-Cal FQHC/RHC Telehealth Billing Guidance

See the FQHC/RHC Section of the Medi-Cal Provider Manual for more information:

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/rural_o01o03.doc

<u>SYNCHRONOUS TELEHEALTH</u>		
<u>Originating Site Location of Patient</u>	<u>Distant Site Location of Telehealth Provider</u>	<u>Billing and Reimbursement Policy</u>
<u>FQHC/RHC Corporation (Corp) A – Site 1</u> <u>Established patient with non-billable provider</u>	<u>FQHC/RHC Corp A – Site 2</u> <u>Billable provider</u>	<u>FQHC/RHC Corp A – Site 2 can bill one visit at the PPS rate.</u>
<u>FQHC/RHC Corp A – Site 1</u> <u>Established patient with billable provider</u>	<u>FQHC/RHC Corp A – Site 2</u> <u>Billable provider</u>	<u>Only one site can bill one visit at the PPS rate.</u>
<u>FQHC/RHC Corp A</u> <u>Established patient with non-billable provider</u>	<u>FQHC/RHC Corp B</u> <u>Billable provider</u>	<u>FQHC/RHC Corp B can bill one visit at the PPS rate.</u> <u>No PPS rate reimbursement is permitted for FQHC/RHC Corp A.</u>
<u>FQHC/RHC Corp A</u> <u>Established patient with billable provider</u>	<u>FQHC/RHC Corp B</u> <u>Billable provider</u>	<u>FQHC/RHC Corp A can bill one visit at the PPS rate if it is medically necessary for a billable provider to be present.</u> <u>FQHC/RHC Corp B can bill one visit at the PPS rate.</u>

Questions about telehealth services?



Definition of Telephonic Visits

Medi-Cal: A telephonic visit is the delivery of health care services via an audio-only telephone with a patient who cannot or should not be physically present. A telephonic visit is a reimbursable service at PPS rate for FQHC billable providers if provided and billed consistently with in-person visit.

**IS NOW OFFERING
TELEPHONE VISITS!**



Medi-Cal Telephone Visits During COVID-19 Public Health Emergency

Service	Telephone Visits
Modality	<ul style="list-style-type: none"> • Audio-only
Eligible provider	<ul style="list-style-type: none"> • FQHC/RHC billable providers
Eligible service	<ul style="list-style-type: none"> • FQHC or RHC covered services
Eligible patient	<ul style="list-style-type: none"> • Established patient restriction temporarily waived – can be “new” or “established”
Patient’s location	<ul style="list-style-type: none"> • Restrictions on patient’s location temporarily waived; patient can be located anywhere including the patient’s home.

Medi-Cal Documentation Criteria for PPS Eligible Telephonic Visits

1

Provider must document circumstances involved that prevent the visit from being conducted face-to-face. For example, local or state guidelines direct that the patient remain at home.

2

Provider must document the telephone visit to take place of a face-to-face visit in the patient record.

3

Provider must document the service is medically necessary and clinically appropriate to be delivered via telephonic communication.

4

Provider must ensure sufficient documentation be in the medical records that satisfies the requirements of the specific CPT or HCPCS.

5

Provider must meet all other procedure and technical components similar to an in-person visit, including providing a patient history, complete description of provided services, assessment/examination notes, diagnosis, treatments, etc.

Medi-Cal Billing Requirements for Telephonic Visits

FQHCs bill Medi-Cal for telephonic visits that meet the documentation criteria at the PPS rate using the following mechanisms:

- Use **applicable revenue code** corresponding to type of service and **HPCS code T1015**
- Include **appropriate corresponding CPT codes** (i.e., 99201-99203 for “new” patients, and 99212-99214 for “established patients) on the “informational” line relative to the complexity of the virtual/telephonic communication

Medi-Cal FFS Patients

- Bill wrap claim using **revenue code 0521, procedure code T1015, and modifier SE**
- DHCS will ensure FQHCs and RHCs are made whole with an appropriate wrap payment, consistent with existing DHCS policy

Medi-Cal Managed Care Patients

Medi-Cal Billing Requirements for Telephone Visits

Telephonic services that do not meet the documentation criteria will not be reimbursed at PPS rate. These visits should be billed as follows:

- Use **HCPCS code G0071** on the “payable” claim line. Do not include a corresponding CPT code.
- The FFS rate for virtual/telephonic communications is \$13.69.

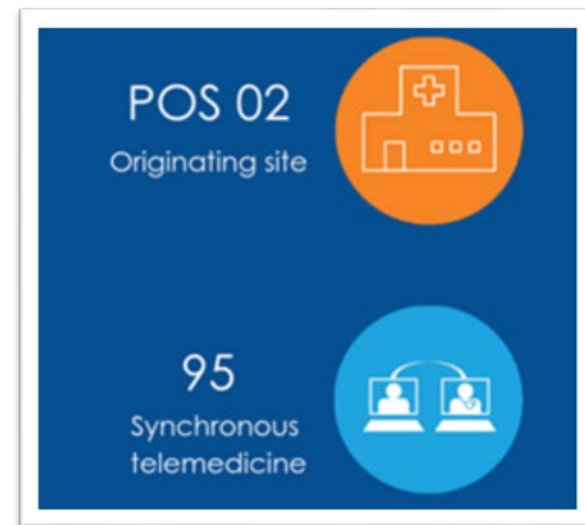
Medi-Cal FFS
Patients

- Billing the Medi-Cal FFS rate (HCPCS code G0071) does not apply to Medi-Cal managed care. Check with your managed care plan for their billing instructions.
- Telephonic visits that do not meet the documentation criteria are not eligible for wrap payment.

Medi-Managed
Care Patients

Additional Billing Requirements for Telephone Visits

- FQHCs should not use POS 02 or the 95 modifier when billing Medi-Cal for telephonic visits.
- If your MCP is requiring their encounters to have POS 2 and 95/GQ Modifier, you will need to follow their guidance.
- Health centers may need to implement a mapping that allows the POS and modifier for their MCP claims and NOT for the wrap-around claims for Medi-Cal.



FAQs

1. Can FQHCs and RHCs bill mental health and medical visits via telephone same day?

FQHCs and RHCs may not bill Medi-Cal for mental health and medical visits on the same day. FQHC, RHC, or Tribal 638 covered services provided via a virtual/telephonic visit are subject to the same program restrictions, limitations, and coverage that exist when the service is provided face-to-face.

2. Are Registered Nurses (RNs) able to provide Medi-Cal covered benefits or services via a virtual/telephonic communication modality and bill the Medi-Cal FFS rate?

No, virtual/telephonic communication modalities are billable by FQHCs, RHCs, and Tribal 638 Clinics only when the discussion requires the skill level of an FQHC, RHC, or Tribal 638 practitioner, which includes physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists, clinical social workers, and marriage and family therapist. If the virtual/telephonic communication were conducted by a RN, health educator, or other clinical personnel, it would not be billable. Medi-Cal has not changed its policies on billable providers/practitioners.

FAQs

- 3. Can providers utilize a hybrid model to deliver well child care (CHDP) visits, i.e., combining a virtual visit where the provider would review all questionnaires, conduct counseling, review anticipatory guidance, and then conduct a brief in-person visit for vitals, weight/height, vision/hearing, point of care tests, vaccines, and basic physical exam, etc.?**

To the extent there are components of the comprehensive CHDP/well child visit services provided in-person due to those components not being appropriate to be provided via telehealth (e.g., those requiring direct visualization and/or instrumentation of bodily structures, or that otherwise require the in-person presence of the patient for any reason) and those components that are a continuation of companion services provided via virtual/telephonic communication, the provider should only be billing for one encounter/visit. For more information, please see [DHCS' guidance](#) relative to well child care/CHDP visits.

- 4. What can or may be billable for school-based LEA Medi-Cal program?**

See the [Local Educational Agency section](#) of the Medi-Cal Provider Manual for LEA billing and reimbursement guidance.

FQHC/RHC Billing and Reimbursement Resources

- DHCS Telehealth/Telephonic Visits Guidance: http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_02.asp
- Medi-Cal Provider Manual: FQHC/RHC Section: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/rural_o01o03.doc
- Medi-Cal Provider Manual: FQHC/RHC Billing Codes Section: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/ruralcd_o01o03.doc
- CTRC Telehealth Reimbursement Guide: <http://caltrc.org/wp-content/uploads/2020/02/CTRC-Telehealth-Reimbursement-Guide-Spring-2020.pdf>
- Medi-Cal Telehealth Resource Webpage: <https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx>
- Medi-Cal Telehealth FAQs: <https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx>
- Center for Connected Health Policy Resource Library: <https://www.cchpca.org/resources/search-telehealth-resources#>
- California School-Based Health Alliance: <https://www.schoolhealthcenters.org/healthlearning/covid-19/telehealth-updates/>

Thank You



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Gracias

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Thank you

Cảm ơn

Salamat

Bao Xiong

bxiong@cpcsa.org

Amy Manta-Ranger, MPH

aranger@schoolhealthcenters.org

510.350.3290