

***A recording of the June 9, 2020 Telehealth Webinar can be accessed here:
[Telehealth Training Webinar](#) (password is eUskqfZ2)***

General Questions

Q1. Will the PowerPoint for this webinar be distributed to all attendees?

A. Yes. The PowerPoint presentation will be distributed to all attendees, along with the questions and answers from the June 9, 2020 Telehealth Webinar.

Q2. How do stakeholders join the LEA Program listserv in order to receive e-blasts?

A. Subscribe to the LEA Program listserv using [this DHCS website link](#).

Telehealth Policy PPL #20-014

Q3. Slide #3: Does this policy apply to occupational therapy/occupational therapists as well?

A. Yes. This policy covers all allowable LEA Program direct medical services covered under the LEA Program, except for services that preclude a telehealth modality (e.g., specialized medical transportation).

Q4. Slide #3: Are audio-only services acceptable modes of delivery for telehealth?

A. Yes. Audio-only modes of delivery, such as telephone, are acceptable for telehealth during the national emergency; interactive video is not required as long as real-time one-on-one services are being delivered.

Q5. Slide #4: Is a Place of Service indicator of '02' required for all telehealth claims?

A. No. The Place of Service indicator for all emergency telehealth services will remain consistent with the previous billing requirements. Only telehealth speech claims are billed with a '95' modifier and '02' place of service indicator. Any claims billed related to the expansion of telehealth services under [Telehealth PPL #20-014](#) will continue to be billed as normal, without a '95' modifier and including a '03' place of service indicator.

Q6. Slide #5: What is considered a service authorization during the national emergency?

A. Service authorizations remain the same during the national emergency. Assessments must still be referred by a parent, teacher, Registered Credentialed School Nurse (RCSN), or appropriate health services practitioner within scope of practice. Treatments must still be prescribed, referred, or recommended by a qualifying Ordering, Referring or Prescribing (ORP) practitioner.

Q7. Slide #6: To clarify, if a psychologist provides a service via telephone and bills for this service, they should document as normal and note that the service was provided via telephone due to social distancing?

A. That is correct. Documentation standards for telehealth services are the same as face-to-face services, and practitioners should be as specific as possible to describe the necessity of telehealth (e.g., include social distancing as the reason for providing the service via telehealth, instead of face-to-face).

Q8. Slide #7: To clarify, a full-time SLP employed by the school district now providing services via telehealth does not need to enroll as a Medi-Cal provider through the Provider Enrollment Division (PED) PAVE process?

A. That is correct. The emergency enrollment process only applies to contracted practitioners providing telehealth services and not LEA employed practitioners.

Q9. Slide #7: Are there any models of service delivery where contracted practitioners do not need to enroll as a Medi-Cal provider?

A. No. If the practitioner performing services via telehealth is contracted by the LEA and not an employee of the LEA, that practitioner will need to be both licensed and enrolled as a Medi-Cal provider.

Q10. Slide #7: Do non-public agency (NPA) providers that are not directly employed by the LEA need to enroll as a Medi-Cal provider through the PED PAVE process?

A. Any practitioner that is not employed by the LEA will need to be both licensed and enrolled as a Medi-Cal provider; however, contracted providers may follow the emergency procedures to enroll in Medi-Cal during the State of Emergency.

Q11. Slide #7: If a contracted practitioner works for an agency, and the agency has an NPI, can the LEA use the agency's NPI to bill for services?

A. No. LEA claims must be submitted under the LEA's NPI and not the NPI of a contracting agency. If a contracting agency does not reassign its right to bill to the LEA, the contractor may separately attempt to claim for the service under the general Medi-Cal Program.

Q12. Slide #10: How can LEAs ensure that the national emergency will be upheld until it is safe to interact with students face-to-face?

A. A separate PPL will be issued by DHCS to announce the termination of the telehealth policy covered under the national emergency and [Telehealth PPL #20-014](#). It is important to note that the policy covered under PPL #20-014 is only for the purposes of billing for LEA Program Medi-Cal covered services, and does not limit or restrict LEA Providers from utilizing face-to-face contact. In all instances, DHCS encourages LEA Providers to take the appropriate precautions to protect students, themselves, and their community's health.

Q13. Slide #16: What are 'Store and Forward' treatments?

A. 'Store and Forward' refers to the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient. The LEA Program does not cover 'Store and Forward' treatments at this time.

Q14. Under this PPL policy, can LEAs also bill telehealth services for students who are Medi-Cal eligible but are not covered under an IEP or IFSP?

A. Yes. This policy applies to non-IEP/IFSP students as well. However, all billable treatment services still require authorization in a "Care Plan" (IHSP, Nursing Plan, 504 Plan, etc.), and Other Health Coverage (OHC) requirements must be met before services are billed to Medi-Cal. If services are provided outside of an IEP or IFSP and the student has OHC, LEAs must bill the OHC first.

Q15. If a student's IEP, IFSP, or Care Plan lists group therapy, are practitioners able to provide individual therapy via telehealth due to the current shelter-in-place policy?

A. Yes. If a student's IEP, IFSP, or Care Plan identified that group services will be provided to the student, it is permissible to substitute an individual telehealth service for the group service during the national emergency. DHCS recommends the reason for the substitution

be documented in the treatment notes and requires the service to be billed at the appropriate service rate.

Q16. Can a credentialed speech language pathologist (SLP) or a SLP assistant (SLPA) bill for telehealth services? Under prior policy, only licensed SLPs could bill for telehealth services.

A. Expansion of telehealth services under [PPL #20-014](#) due to the national emergency applies to all LEA licensed and credentialed practitioners, not only licensed SLPs. For SLPAs (and any other new SPA 15-021 practitioners), all claims will be denied until updates to the claims processing system are complete. Since DHCS will not pay denied claims via EPC for new services or new practitioners allowable under SPA 15-021, LEAs must wait to bill for new services/practitioners until claims processing system changes are complete. DHCS will notify stakeholders when the updates are complete and claims for new services and practitioners under SPA 15-021 can be processed.

Q17. Can a practitioner bill for the time spent prepping and/or reviewing the work or responses on the therapy session that is delivered via demonstration video or other means?

A. No. DHCS does not consider this a billable service as this is under the 'store and forward' model. The practitioner must be interacting with the student through real-time audio and/or video in order for the service to be billable via telehealth.

Q18. If a practitioner is giving instructions to a parent via phone and the parent is then providing the service (such as OT exercise) to the student, is this considered billable via telehealth?

A. No. DHCS does not consider parent instruction to be a billable service. The practitioner must be interacting with the student through real-time audio and/or video in order for the service to be billable via telehealth. However, if the parent is part of the session and the student is also attending an interactive therapy session (via an acceptable modality, such as a Zoom meeting), this service would be considered billable.

Q19. If a practitioner is interacting with both the parent and student via Zoom and the practitioner gives instructions to the parent who then assists with the exercise (such as an OT exercise) while the practitioner watches, is this considered billable via telehealth?

A. Yes. If the student is present in the interactive session and the parent is assisting, this would be considered billable (assuming minimum time increments required to bill the service are met).

Q20. If both an occupational therapist and SLP are in a telehealth session with one student, can both the occupational therapist and SLP bill?

A. If there are two practitioners in one session, both practitioners may bill for the session, as long as both practitioners are delivering continuous direct services that meet the minimum time requirements for each service.

Q21. If vision and hearing screenings cannot be conducted in-person, are functional assessments via parent/guardian questionnaire acceptable?

A. Although parent feedback can inform practitioner recommendations, it should not be used as a substitute for a health service practitioner's assessment of the student. LEAs should wait to bill for services requiring a hearing and/or vision screening until the screening can be rendered. LEAs have one year from the month of service to bill for services before claims deny due to timeliness requirements.

Q22. Will A&I be auditing telehealth claims submitted during the national emergency? If so, what type of documentation is needed?

A. A&I will be auditing claims submitted during the national emergency based on LEA Program policy that is in place on the date of service. The policies presented in this webinar and [Telehealth PPL #20-014](#) will be applicable to claims billed during the national emergency. Documentation standards for telehealth services are the same as face-to-face services, and it is recommended to be as specific as possible when describing the necessity of telehealth (e.g., include social distancing as the reason for providing the service via telehealth, instead of face-to-face).

Q23. Are group occupational therapy services now billable under the LEA Program?

A. Yes. However, claims for group occupational therapy will be denied until updates to the claims processing system are complete. Since DHCS will not pay denied claims via EPC for new services or new practitioners allowable under SPA 15-021, LEAs must wait to bill for new services/practitioners until claims processing system changes are complete. DHCS will notify stakeholders when the updates are complete and claims for new services and practitioners under SPA 15-021 can be processed.

Additional Telehealth FAQs from Previous Trainings

Q24. Do Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) services need to be identified as remote/telehealth in order to be billed?

A. No. LEAs do not need to amend an IEP or IFSP to bill for a telehealth service during the national emergency. As a best practice, DHCS recommends that practitioners are as specific as possible when describing the necessity of telehealth. Please refer to [Policy and Procedure Letter \(PPL\) #20-014](#) for additional guidance.

Q25. To clarify, even employed practitioners who normally provide speech services face-to-face will need to bill speech services with modifier '95'?

A. Yes. Since speech services provided by licensed practitioners are currently billable via telehealth under the LEA Program, the claims processing system is set up to accept claims with modifier '95'. Therefore, speech services provided by licensed practitioners via telehealth will continue to be billed with modifier '95'.

Q26. Can speech services provided by licensed practitioners also be billed without modifier '95'?

A. If licensed speech practitioners are providing services via telehealth, the services should be billed with modifier '95'.

Q27. Can nurses still bill for health assessments when they are unable to do vision and hearing screens face-to-face?

A. DHCS suggests that nurses may complete components that they are able to do remotely now, then wait to bill the assessment until they are able to conduct the screenings. LEAs have twelve months from the month of service to bill for the service, so this approach should allow for LEAs to meet the existing claim filing timeliness requirements.