

DHCS Telehealth Policy: Executive Summary

Background:

The purpose of this document is to serve as a summary of DHCS' telehealth policies.

DHCS Telehealth Policy At-A-Glance

Prior to the COVID-19 pandemic, the Department of Health Care Services (DHCS) implemented telehealth policies that enabled clinically appropriate care through telehealth. During the COVID-19 pandemic, additional telehealth flexibilities allowed Medi-Cal's health care delivery systems to meet the health care needs of enrollees in an environment where in-person encounters were not recommended and, at times, not available. Pursuant to Section 380 of Assembly Bill (AB) 133 (Committee on Budget, Chapter 143, Statutes of 2021), DHCS convened a Telehealth Advisory Workgroup for the purposes of informing the 2022 – 2023 Governor's Budget and the development of post-public health emergency (PHE) telehealth policies.

The Department has since updated its Medi-Cal telehealth policies, which are reflected through the Department's [Telehealth Policy Paper](#), [Senate Bill No. 184](#), [Assembly Bill No. 32](#), and in the [DHCS Telehealth Provider Manual](#). Highlights of Medi-Cal telehealth policies are reflected below.

Policy Area	Description
Provider Requirements	<p>A health care provider rendering Medi-Cal covered benefits and services via telehealth must be:</p> <ul style="list-style-type: none"> • Licensed in California or otherwise authorized by section 2290.5(a)(3); • Enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP); and, • Affiliated with an enrolled Medi-Cal provider group. <p><i>Note:</i> Unlicensed providers designated by DHCS may provide services through telehealth as specified in the Medi-Cal Provider Manual.</p>
Telehealth Covered Services	<p>Telehealth services are reimbursable if the health care provider believes that the service being provided is clinically appropriate based upon evidence-based medicine or best practices or both. Additionally, the telehealth service must meet the procedural definition of the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code associated with the service, as well as follow any additional guidance provided by the Department (e.g., through the DHCS Provider Manual).</p>
Telehealth Covered Modalities	<p>The Department reimburses for telehealth visits conducted via audio-only telehealth (i.e., telephone), video telehealth, or through asynchronous telehealth (i.e., store and forward and e-consults).</p>
Telehealth Payment Parity	<p>There is payment parity for telehealth services within the Medi-Cal program; the amount paid by the Department and Medi-Cal managed care plans for a service rendered via telehealth is the</p>

	same as the amount paid for the applicable service when rendered in-person.
Coverage of e-Consults, Brief Virtual Communications & Check-ins	The Department reimburses for brief communications of a provider with another practitioner or with a patient not physically present.
Telehealth Modifiers	<p>Providers must designate telehealth modality with an appropriate modifier when billing for telehealth services. For benefits and services provided via synchronous audio-only telecommunications systems (e.g., telephone), the provider bills with modifier 93; for synchronous video, modifier 95; and for asynchronous store and forward (including e-consults), modifier GQ.</p> <p><i>Note:</i> These modifiers are applicable to Medi-Cal medical benefits; there may be different modifiers for different delivery systems. Please see additional information below for an overview of telehealth modifiers based on delivery system: Telehealth Modifier Reference Sheet</p>
Establishment of New Patients via Telehealth	A health care provider may establish a relationship with a new patient via video visits. A health care provider may not establish a relationship with a new patient via audio-only visit, except for in certain circumstances (e.g., when the visit is related to “sensitive services” as defined in subsection (n) of Section 56.06 of the Civil Code, or when the patient requests an audio-only modality or attests they do not have access to video). Additional exceptions may be made by the Department in consultation with stakeholders.
Patient Consent	A health care provider must inform the patient once prior to the initial delivery of telehealth services about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services. For recommended consent language, please visit the DHCS Telehealth Resources Page .

The Department also has policies that are not currently implemented, which will be implemented no sooner than January 1, 2024:

Policy Area	Description
Patient Choice of Telehealth Modality	No sooner than January 1, 2024, the Department will phase in an approach that requires a provider offer both video and audio-only telehealth to ensure patients have their choice of telehealth modality. The Department is developing guidance on exceptions to this requirement.
Patient Right to In-Person Services	No sooner than January 1, 2024, the Department will phase in an approach where providers who offer services via telehealth will be required to either offer those same services in-person or link the enrollee to in-person care.

For more detailed information on the Department’s telehealth policy, please visit: [DHCS Telehealth Resource Page](#), which includes links to the Department’s Telehealth Provider Manual, Frequently Asked Questions about Medi-Cal Telehealth, and Telehealth Definitions.