



State of California—Health and Human Services Agency  
Department of Health Care Services



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DIRECTOR

September 27, 2021

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GOVERNOR

### Highlights of Current and Planned Medi-Cal Telehealth Coverage:

The following Medi-Cal telehealth policies are approved in state law through December 31, 2022. The Department intends for these policies to be continued on a permanent basis after 2022 and expanded as specified below:

- **Baseline coverage of synchronous telehealth:** Synchronous video and audio-only telehealth is covered by Medi-Cal across multiple services and delivery systems, including physical health, dental, specialty mental health, and Drug Medi-Cal Organized Delivery System (DMC-ODS). In addition to continuing this policy after 2022, DHCS intends to add baseline coverage of synchronous telehealth coverage to State Plan Drug Medi-Cal, 1915(c) waivers, Targeted Case Management (TCM) Program and Local Education Agency Medi-Cal Billing Option Program (LEA-BOP).
- **Baseline coverage of asynchronous telehealth:** Asynchronous telehealth (e.g., store and forward and e-consults) is covered by Medi-Cal across many services and delivery systems, including physical health, dental, and DMC-ODS. In addition to continuing this policy after 2022, DHCS intends to expand baseline coverage of asynchronous telehealth to 1915(c) waivers, TCM and LEA-BOP.
- **Virtual communications:** Brief virtual communications are covered by Medi-Cal for physical health. In addition to continuing this policy after 2022, DHCS intends to expand coverage of virtual communications to 1915(c) waivers, TCM and LEA-BOP.
- **Payment parity:** Parity in reimbursement levels between in-person services and telehealth modalities (synchronous video, synchronous audio-only, or asynchronous store and forward, as applicable), so long as those services meet billing code requirements. In addition to continuing this policy after 2022, DHCS intends to continue the use of cost-based reimbursement for TCM and LEA BOP telehealth services. Payment parity excludes virtual communications.
- **Telehealth in Federally Qualified Health Centers (FQHC)/ Rural Health Clinics (RHCs):** FQHCs/RHCs are reimbursed at the PPS rate for synchronous video, synchronous audio-only, and store and forward (excluding e-consults), and are not subject to site limitations for either beneficiary or provider. DHCS intends to continue these flexibilities after 2022.



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**Policies Already Implemented or In Process:**

- **Remote patient monitoring:** Remote patient monitoring is covered by Medi-Cal for dates of service on or after July 1, 2021; request for federal approval is under development.
- **Telephonic enrollment for Minor Consent:** Telephonic enrollment for minor consent will continue after the PHE. This will be done through the Medi-Cal Eligibility Procedures Manual Updates as permanent policy and MEDIL I21-09 has been issued to reflect the policy.

**Focus of Telehealth Stakeholder Advisory Workgroup and DHCS January 2022-23 Governor's Budget Recommendations:**

The charge of the workgroup is to advise DHCS on how to refine the aforementioned telehealth policies to ensure the policies are designed optimally for a post-PHE world. This includes advising on the following:

- **Billing and coding protocols:** What codes and modifiers should be used to delineate when services are delivered by telehealth and whether services are video or audio-only.
- **Ongoing monitoring and evaluation:** How DHCS should measure and review telehealth utilization to facilitate consumer protection and Medi-Cal program stewardship.
- **Utilization management:** What standards and protections should be in place to ensure expanded telehealth coverage increases access, supports high-quality care, and reduces health disparities, among other goals.