**To:** Mental Health System of Care Providers **Date**: **12/06/19**

**From:** Heather Parson, LMFT, Interim BHPC - Quality Management

**Re:** DHCS Revised Telehealth Policies

DHCS recently revised [the Medi-Cal telehealth policy](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mednetele_m01o03.doc) to increase flexibility in the delivery of telehealth services to their patients. This policy was effective as of July 1, 2019. Additionally, DHCS [All Plan Letter 19-009](https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx) provides further clarification on services covered and documentation requirements regarding telehealth modality. Telehealth is the provision of services via audio-visual two-way real time communication. Refer to Section D.12 in the OPOH to obtain further information regarding videoconferencing guidelines.

Each telehealth provider is required to be licensed in California and enrolled as a Medi-Cal provider. If the provider is not located in California, they must be affiliated with an enrolled Medi-Cal provider group (or border community) as indicated in the Medi-Cal Provider Manual. Each telehealth provider must meet the requirements of BPC Section 2290.5(a)(3), or equivalent requirements under California law in which the provider is licensed.

Medi-Cal covered services may be provided via telehealth modality if all the following criteria are met:

* 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 judgment;
* The member has provided verbal or written consent;
* The presence of a health care provider is not required at the originating site unless determined medically necessary by the provider at the distant site;
* The medical record documentation substantiates the services delivered via telehealth meet the procedural definition 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.

When billing Telehealth, providers must use the following billing indicators:

* Place of Service: T - Telehealth
* Contact Type: E - Telehealth

Billing telehealth services for Medi-Medi Clients:

* Medicare will only reimburse services provided via telehealth modality if the beneficiary is in a rural area. This condition does not apply to San Diego County. Therefore, any Medicare services provided via telehealth, it is recommended to use the GY modifier. The GY modifier flags the claim as not eligible for payment due to the rural condition not being met.
  + Medi-Medi billed with the GY modifier alerts Medicare not to process the claim for payment as Medicare will deny the payment and the claim can be crossed to Medi-Cal.

Please direct any questions and/or comments to [**QIMatters.HHSA@sdcounty.ca.gov**](mailto:QIMatters.HHSA@sdcounty.ca.gov)