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JUST THE FAX

December 23, 2019

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THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

- ⋈ Riverside/San Bernardino
- ☐ Orange

LINES OF BUSINESS:

- ☐ Molina Medicare Options Plus
- ☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:

Primary Care

- ☑ IPA/MSO
- □ Directs

Specialists

- $\ \ \square$ Directs
- \boxtimes IPA

Ancillary

- □ CBAS
- ✓ SNF/LTC✓ DMF
- ☐ Other

FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles/Orange Counties

X111113 X123071 X127657

Riverside/San Bernardino Counties

X127684 X120618 X121805

Sacramento County

X121360

San Diego County

X123006 X121401 X127709 X121413 X121599

Imperial County

X125682 X125666

Telehealth Services Policy (APL 19-009)

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding policy on Medi-Cal services offered through a telehealth modality as outlined in the Department of Health Care Services (DHCS) Medi-Cal Provider Manual. This includes clarification on the services that are covered, and the expectations related to documentation for the telehealth modality.

This notification is based on an All Plan Letter (APL) 19-009, which can be found in full on the DHCS website at:

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-009.pdf

BACKGROUND

The California Telehealth advancement Act of 2011, as described in Assembly Bill (AB) 415, Codified requirements and definitions for the provision of Telehealth Services in Business and Professions Code (BPC)

BPC Requires:

- Documentation of either verbal or written consent for the use of telehealth from the patient.
- Compliance with all state and federal laws regarding the confidentiality of health care information.
- A Patient's rights to the patient's own medical information apply to telehealth interactions.
- A Patient not to be precluded from receiving in-person health care services after agreeing to receive telehealth services.

Health and Safety Code (HSC) states there is no limitation on the type of setting between a health care provider and a patient when proving covered services appropriately through a telehealth modality.

POLICY

Each telehealth provider must be licensed in the State of California and enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP). If the provider is not located in California, they must be affiliated with a Medi-Cal enrolled provider group in California (or a border community) as outlined in the Medi-Cal Provider Manual. Each telehealth provider providing Medi-Cal covered services to an MHC member via a telehealth modality must meet the requirements of the BPC. or equivalent requirements under California law in which the provider is considered to be licensed, such as providers who are certified by the Behavior Analyst

Certification Board, which is accredited by the National Commission on Certifying Agencies. Existing Medi-Cal covered services, identified by Current Procedural Terminology – 4th Revision (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) codes and subject to any existing treatment authorization requirements, may be provided via a telehealth modality if all of the following criteria are satisfied:

- 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 medical record documentation substantiates the services delivered via telehealth meet the procedural definition and components of the CPT-4 or HCPCS code(s) associated with the covered service.
- 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.

Certain types of services cannot be appropriately delivered via telehealth. These types of services cannot be appropriately delivered via telehealth. These include services that would otherwise require the in-person presence of the patient for any reason, such as services performed in an operating room or while the patient is under anesthesia, where direct visualization or instrumentation of bodily structures is required, or procedures that involve sampling of tissue or insertion/removal of medical devices. A provider must assess the appropriateness of the telehealth modality to the patient's level of acuity at the time of the service. A health care provider is not required to be present with the patient at the originating site unless determined medically necessary by the provider at the distant site.

MHC providers must use the modifiers defined in the DHCS Medi-Cal Provider Manual with the appropriate CPT-4 or HCPCS codes when coding for services delivered via telehealth, for both synchronous interactions and asynchronous store and forward telecommunications. Consultations via asynchronous electronic transmission cannot be initiated directly by patients. Electronic consultations (e-consults) are permissible using CPT-4 code 99451, modifier(s), and medical record documentation as defined in the Medi-Cal Provider Manual. E-consults are permissible only between health care providers. Telehealth may be used for purposes of network adequacy as outlined in APL 19-002: Network Certification Requirements, or any future iterations of this APL, as well as any applicable DHCS guidance.

MHC is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by MHC to all delegated entities and subcontractors.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.