

## California Medicaid (Medi-Cal) Telehealth Services Billing & Coding Cheat Sheet

### Virtual/Telephonic Communications

Medi-Cal providers, – including but not limited to physicians, nurses, mental health practitioners, substances use disorder practitioners, FQHCs, RHCs, and Tribal 638 Clinics, **will provide and bill for visits consistent with in person visits using the appropriate and regular CPT or HCPCS codes** that would correspond to the visit being done in-person, and include POS 02 and Modifier 95. The virtual/telephonic visit must meet all requirements of the billed CPT or HCPCS code and must meet the following conditions:

- There are documented circumstances involved that prevent the visit from being conducted face-to-face, such as the patient is quarantined at home, local or state guidelines direct that the patient remain at home, the patient lives remotely and does not have access to the internet or the internet does not support Health Insurance Portability and Accountability Act (HIPAA) compliance, etc.
- The treating health care practitioner is intending for the **virtual/telephone** encounter to take the place of a face-to-face visit, and documents this in the patient’s medical record.
- The treating health care practitioner believes that the Medi-Cal covered service or benefit being provided are medically necessary.
- The Medi-Cal covered service or benefit being provided is clinically appropriate to be delivered via virtual/telephonic communication, and does not require the physical presence of the patient.
- The treating health care practitioner satisfies all of the procedural and technical components of the Medi-Cal covered service or benefit being provided except for the face-to-face component, which would include but not be limited to:
  - a detailed patient history
  - a complete description of what Medi-Cal covered benefit or service was provided
  - an assessment/examination of the issues being raised by the patient
  - medical decision-making by the health care practitioner of low, moderate, or high complexity, as applicable, which should include items such as **pertinent diagnosis(es)** at the conclusion of the visit, and any recommendations for diagnostic studies, follow-up or treatments, including prescriptions

Sufficient documentation must be in the medical record that satisfies the requirements of the specific CPT or HCPCS code utilized. The provider can then bill DHCS or the managed care plan as appropriate.

### Modifier 95

### Place of Service 02

### Other Virtual/Telephonic Communication

**For enrolled Medi-Cal providers, including but not limited to physicians, nurses, mental health practitioners, substances use disorder practitioners, dentists, etc., the below policy applies.**

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Virtual/telephonic communication includes a brief communication with another practitioner or with a patient, who in the case of COVID-19, cannot or should not be physically present (face-to-face). Medi-Cal providers may be reimbursed using the below Healthcare Common Procedure Coding System (HCPCS) codes G2010 and G2012 for brief virtual communications.

- HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 hours, not originating from a related evaluation and management (E/M) service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
  - Medi-Cal Fee-For-Service (FFS) Rate: \$10.87
- HCPCS code G2012: Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. G2012 can be billed when the virtual communication occurred via a telephone call.
  - Medi-Cal FFS Rate: \$12.48

### E-Consults

For e-consults, the health care practitioner at the distant site (consultant) may use the following CPT code in conjunction with the modifier GQ:

- CPT Code 99451: **Interprofessional** telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time

**Links used to provide the information for this cheat sheet can be found on the below:**

**California:** [http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom\\_30339\\_02.asp](http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_02.asp)

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):** Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

FAQ link to the federal guideline: <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>