

# Telehealth Assistance Program Documentation Tip Sheet

## General Guidelines:

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.

## Well-Child Visits

Medi-Cal covers recommended vaccines, preventive care, and screening for infants and children as recommended by the American Academy of Pediatrics (AAP)/Bright Futures, and in accordance with the AAP Periodicity Schedule.

AAP guidance suggests that well-child care should occur in person whenever possible. Where community circumstances require pediatricians to limit in-person visits, this guidance encourages clinicians to prioritize in-person newborn care, and well visits and immunizations of infants and young children (through 24 months of age) whenever possible. Further, the AAP guidance indicates: "Well visits for children may be conducted through telehealth, recognizing that some elements of the well exam should be completed in clinic once community circumstances allow. These elements include, at a minimum: the comprehensive physical exam; office testing, including laboratory testing; hearing, vision, and oral health screening; fluoride varnish; and immunizations."

If there are components of the comprehensive well-child visit provided in person due to those components not being appropriate to be provided via telehealth (e.g., those requiring direct visualization and/or instrumentation of bodily structures, or that otherwise require the in-person presence of the patient for any reason) and those components are a continuation of companion services provided via virtual/telephonic communication, the provider should only be billing for one encounter/visit.

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FAQ:

**1. Does Medi-Cal allow FQHCs, RHCs, and Tribal 638 Clinics to provide covered services via telehealth?**

Yes, billable providers may utilize a telehealth modality to provide FQHC, RHC, or Tribal 638 covered services via synchronous telehealth (audio-visual, two-way communication) to “established” patients.

**2. Do FQHCs, RHCs, or Tribal 638 Clinics bill their telehealth claims the same as if the visit was in-person?**

Yes, FQHC, RHC, or Tribal 638 covered services provided via a synchronous telehealth modality to an established patient are subject to the same program restrictions, limitations, and coverage that exist when the service is provided in-person.

**3. Can FQHCs, RHCs, and Tribal 638 Clinics bill for originating site or transmission fees?**

No, FQHCs, RHCs, and Tribal 638 Clinics may not bill for originating site or transmission fees.

**4. Can FQHCs, RHCs, and Tribal 638 Clinics bill for e-consults?**

No, FQHCs, RHCs, and Tribal 638 Clinics may not bill for e-consults.

**5. Can FQHCs, RHCs, and Tribal 638 Clinics submit claims for Medi-Cal covered benefits or services provided via a virtual/telephonic communication modality using HCPCS codes G2012 or G2010 and be paid?**

No, FQHCs, RHCs, and Tribal 638 Clinics cannot bill using HCPCS codes G2012 or G2010.

**6. Are Medi-Cal covered Comprehensive Perinatal Services Program (CPSP) services able to be provided via telehealth?**

Yes, Medi-Cal’s telehealth policy applies to all Medi-Cal providers – which includes CPSP providers – subject to any specific requirements and/or limitations as articulated in the policy.