

## Local Educational Agency: Telehealth

**Note: This document serves as a draft manual section preview. The information provided is not final policy, and may be subject to change. The final policy will be published in a future *Medi-Cal Update*.**

This section contains information about telehealth and telemedicine services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

### Telehealth Background

The Telehealth Advancement Act of 2011 defines telehealth as the mode of delivering health care services and public health utilizing information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health care while the patient is at the originating site and the health care provider is at the distant site. The Centers for Medicare & Medicaid Services defines telemedicine as the use of medical information exchanged from one site to another using interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time, interactive communication between the patient and physician or practitioner at the distant site to improve a patient's health. Medi-Cal uses the term telemedicine when it makes a distinction from telehealth.

In-person contact between a health care provider and a student is not required for services provided through telehealth, subject to reimbursement policies adopted by the Department of Health Care Services to compensate a licensed health care provider who provides health care services through telehealth that are otherwise reimbursable pursuant to the Medi-Cal program (*Welfare and Institutions Code* [W&I Code], Section 14132.72[c]).

For purposes of reimbursement for covered treatment or services provided through telehealth, the type of setting where services are provided for the student or by the health care provider is not limited (W&I Code Section 14132.72[e]). The health care provider is not required to document a barrier to an in-person visit for Medi-Cal coverage of services provided via telehealth (W&I Code, Section 14132.72[d]). The allowable telehealth service must be documented in the student's Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP). Non-IEP or non-IFSP services provided via telemedicine are not reimbursable.

The student's written consent to telehealth services is not required. Prior to a student receiving services via telehealth, the health care provider at the originating site shall inform the student's parent or legal guardian, where appropriate, of the option to utilize a telehealth modality and then obtain oral consent from the student's parent or legal guardian.

## **Guidelines for Services via Telemedicine**

Qualified services as defined in the *Local Educational Agency (LEA) Service: Speech Therapy* section of this manual may be reimbursed when performed via telemedicine. All of the following conditions must be met:

- A telemedicine service must use interactive audio, video or data communication to qualify for reimbursement. The qualified service must be in real-time or near real-time (delay in seconds or minutes) to qualify as an interactive two-way transfer of medical data and information between the student and health care provider. Medi-Cal does not reimburse for telephone calls, electronic mail messages or facsimile transmissions.
- The audio-video telemedicine system used must, at a minimum, have the capability of meeting the procedural definition of the CPT-4 code provided through telemedicine. The telecommunication equipment must be of a quality to adequately complete all necessary components to document the level of service for the CPT-4 code billed. If a peripheral diagnostic scope is required to assess the student, it must provide adequate resolution or audio quality for decision-making.
- The health care provider who has the ultimate responsibility for the care of the student must be licensed in the state of California and enrolled as a Medi-Cal provider. The provider performing services via telemedicine, whether from California or out of state, must be licensed in California and, if contracted by the LEA to provide a direct medical service, must be enrolled as a Medi-Cal provider.
- The health care provider at the originating site must first obtain oral consent from the student's parent or legal guardian prior to providing service via telehealth and shall document oral consent in the student's medical record, including the following:
  - A description of the risks, benefits and consequences of telemedicine
  - The student's parent or legal guardian retains the right to withdraw the student from services via telemedicine at any time
  - All existing confidentiality protections apply, including HIPAA requirements
  - The student's parent or legal guardian has access to all transmitted medical information
  - No dissemination of any student images or information to other entities without further written consent
- All medical information transmitted during the delivery of health care via telemedicine must become part of the student's medical record maintained by the licensed health care provider.

## Transmission Sites

An “originating site” is where the student is located at the time health care services are provided via a telecommunications system.

A “distant site” is where the health care provider is located while providing services via a telecommunication system.

## Modifier GT

Qualified services provided by interactive telehealth must be billed with modifier GT (service rendered via interactive audio and video telecommunications systems). Only the portion(s) of the telehealth service rendered from the distant site are billed with modifier GT.

Qualified services provided at the originating site (in-person with the student) during a telehealth transmission are billed according to standard Medi-Cal practices (without modifier GT).

The use of modifier GT does not alter reimbursement for the CPT-4 code billed.

## Required Documentation

Providers at the distant site must document the service performed during the telehealth transmission to the same standard as an in-person visit using modifier GT.

Professional services provided at the originating site must also be documented to the same standard as an in-person visit. The health care provider at the originating site may be reimbursed for services if it is medically necessary for the health care provider to be with the student and they perform a billable service. Health care providers may not bill for time spent simply supervising the student.

Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider’s Guide* section of this manual.

## Interactive Telemedicine Reimbursable Services

Speech therapy services are reimbursable when performed according to telemedicine guidelines and billed with modifier GT and the appropriate CPT-4 code.

Facility fee and transmission costs incurred while providing telehealth services via audio/video communication are not reimbursable.

Refer to the *Local Educational Agency (LEA) Service: Speech Therapy* section of this provider manual for CPT-4 codes and descriptions.