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## Local Educational Agency (LEA): Telehealth

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

### **LEA Services Reimbursable by Telehealth**

Practitioners must use the “LEA Services Billing Codes Chart” in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* provider manual section to find LEA services that are reimbursable when rendered by telehealth. The first column of the chart indicates “Add modifier 95 if via telehealth.”»

### **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.

In-person contact between a health care provider and a student is not required for services appropriately provided through telehealth, subject to reimbursement policies adopted by the Department of Health Care Services (DHCS) 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]).

## **«Guidelines for Speech Therapy Services Rendered via Telehealth Prior to the COVID-19 Public Health Emergency (PHE)»**

For dates of service on July 1, 2016 up to March 1, 2020, LEAs may only bill for covered speech therapy services provided via telehealth under the LEA Medi-Cal Billing Option Program according to the following guidelines.

### **Covered Services**

Covered speech therapy assessment and treatment services, including individual and group treatments, may be billed by participating LEAs when performed via telehealth and part of a student's Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP). No other covered services provided via telehealth are reimbursable under the LEA Medi-Cal Billing Option Program.

### **Rendering Practitioners**

Covered speech therapy services delivered via telehealth must be rendered by a licensed speech-language pathologist. The rendering licensed speech-language pathologist, whether located in California or out of state, must be licensed in California. If the licensed speech-language pathologist is contracted by the LEA to provide a direct medical service, they must be individually enrolled as a Medi-Cal provider. Licensed speech-language pathologists who are employed by the LEA do not need to be individually enrolled as Medi-Cal providers.

### **Ordering, Referring or Prescribing (ORP) Practitioners**

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 through the Provider Enrollment Division. If the LEA is utilizing the physician-based protocol to authorize services, the physician who developed the protocol is the ORP practitioner.»

## «Authorization

Only speech services that are authorized in an eligible student's IEP or IFSP are reimbursable via telehealth when provided by a licensed Speech-Language Pathologist. The IEP or IFSP does not need to indicate whether the service will be delivered via telehealth or face-to-face.

## Billing

Speech therapy services delivered via telehealth must be billed with modifier 95 (synchronous telehealth service rendered via a real-time interactive audio and video telecommunications system) and the appropriate CPT® code.

## Telehealth Modality

A telehealth 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 telehealth system used must, at a minimum, have the capability of meeting the procedural definition of the CPT code provided through telehealth. The telecommunication equipment must be of a quality to adequately complete all necessary components to document the level of service for the CPT code billed. If a peripheral diagnostic scope is required to assess the student, it must provide adequate resolution or audio quality for decision-making.>>

## 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.

## «Consent to Render Services Via Telehealth

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. Written consent to telehealth services is not required. If oral consent from the student's parent or legal guardian is received, the health care provider must document oral consent in the student's medical record, including the following:

- A description of the risks, benefits and consequences of telehealth
- The student's parent or legal guardian retains the right to withdraw the student from services via telehealth 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»

## Place of Service Code '02'

«Providers are not required to include a Place of Service code on telehealth claims. The telehealth modifier 95 will be used to designate that the service was provided via telehealth.»

## 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.»

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 the health care provider performs a billable service. Health care providers may not bill for time spent simply supervising the student.

«All medical information transmitted during the delivery of the health care service via telehealth must be documented and become part of the student's medical record maintained by the LEA.»

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

## «Interactive Telehealth Reimbursable Service

Speech therapy services are reimbursable when performed according to telehealth guidelines and billed with modifier 95 and the appropriate CPT code.

Ancillary costs, such as equipment, technical support, facility fee and transmission charges while providing telehealth services via audio/video communication are not reimbursable.

## **Guidelines for Services Rendered via Telehealth Only During the COVID-19 PHE**

For dates of service on or after March 1, 2020, until the termination of the COVID-19 PHE, LEAs may bill for covered direct medical services under the LEA Medi-Cal Billing Option Program according to the following guidelines.

### **Covered Services**

All LEA services covered under the LEA Medi-Cal Billing Option Program may be billed by participating LEAs when performed via telehealth, except for services, such as specialized medical transportation services, that preclude a telehealth modality.

### **Rendering Practitioners**

All licensed and credentialed practitioners employed or contracted by LEAs may render telehealth services and bill under the LEA provider's National Provider Identifier (NPI), consistent with LEA Medi-Cal Billing Option Program policy for providing face-to-face services. Rendering practitioners may treat Medi-Cal recipients via telehealth and be reimbursed for covered services even if they are located in another state or are only licensed to practice in another state.

Employed or contracted practitioners delivering LEA services via telehealth do not need to individually enroll as a Medi-Cal provider. However, in this scenario, contractors must have voluntarily reassigned their right to bill to the LEA, who would then bill for services and receive reimbursement for covered services.

### **Ordering, Referring or Prescribing (ORP) Practitioners**

Refer to the "Ordering, Referring or Prescribing (ORP) Practitioners" information on a preceding page in this section.>>

## «Authorization

Allowable services delivered via telehealth may be provided to Medi-Cal enrolled students, including students with and without an IEP or IFSP. For students without an IEP or IFSP, the LEA must meet all existing LEA Medi-Cal Billing Option Program requirements related to non-IEP or non-IFSP services, including that the student has an IHSP or other care plan that authorizes treatment services and that the student's other health coverage must be billed before billing Medi-Cal. The IEP, IFSP or IHSP does not need to indicate whether the service will be delivered via telehealth or face-to-face.

## Billing

For dates of service on or after July 1, 2021, allowable services delivered via telehealth must be billed with modifier 95 (synchronous telehealth service rendered via a real-time interactive audio and video telecommunications system) and the appropriate CPT code.

For dates of service on March 1, 2020 up to July 1, 2021, only speech therapy services delivered by a licensed speech-language pathologist via telehealth should be billed with modifier 95, consistent with telehealth policy prior to the COVID-19 PHE. All other telehealth claims must be submitted through the fiscal intermediary without modifier 95 to receive reimbursement. Allowable services delivered via telehealth are reimbursable in the same manner and at the same rate as for face-to-face services so long as all other requirements are met.

## Telehealth Modality

A telehealth 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.

The system used must, at a minimum, have the capability of meeting the procedural definition of the CPT code provided through telehealth. The telecommunication equipment must be of a quality to adequately complete all necessary components to document the level of service for the CPT code billed. If a peripheral diagnostic scope is required to assess the student, it must provide adequate resolution or audio quality for decision-making. So long as all the requirements are met, LEAs may utilize any appropriate non-public facing remote communication products available in their delivery of allowable telehealth services, including platforms such as Google Hangouts video, WhatsApp video chat, Zoom or Skype. Use of public-facing remote communication products, such as TikTok, Facebook Live, Twitch or a public chat room are unacceptable forms of remote communication for telehealth.»

## «Transmission Sites

Refer to the “Transmission Sites” information earlier in this section.

## Consent to Provide Services Via Telehealth

The requirement to have oral consent from the student’s parent or legal guardian to utilize a telehealth modality is waived during the COVID-19 PHE. However, the PHE does not waive the consent requirements outlined in the *Local Educational Agency* provider manual section related to accessing public benefits or insurance, or releasing medical information in personally identifiable form from the student’s education record.

## Place of Service Code ‘02’

Refer to the “Place of Service Code ‘02’ ” information earlier in this section.

## Required Documentation

Refer to “Required Documentation” information earlier in this section.

## Interactive Telehealth Reimbursable Service

Services are reimbursable when performed according to telehealth guidelines and billed with the appropriate CPT code.

Ancillary costs, such as equipment, technical support, facility fee, and transmission charges incurred while providing telehealth services via audio/video communication are not reimbursable.

## **Guidelines for Services Rendered via Telehealth Following Termination of the COVID-19 PHE**

Upon termination of the COVID-19 PHE, DHCS will provide guidance to LEAs on the permanent telehealth policy by which LEAs will be reimbursed for services delivered via telehealth.>>

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.