

Telehealth Guidelines

Telehealth is the use of secure technology (video, phone, or asynchronous communication) to provide health care services such as diagnosis, treatment, follow-up care, and patient education.

Provider Requirements

Contracted and credentialed CenCal Health providers are able to deliver services via telehealth.

Telehealth Modalities & Coverage:

- **Video (synchronous):** Allowed for new and established patients. Can be used to establish care.
- Audio-only (synchronous): Not allowed for new patients unless:
 - The service involves sensitive services.
 - The patient requests audio-only or lacks access to video.
- Asynchronous (store-and-forward): Only FQHCs and RHCs may use this to establish new patient relationships, under specific conditions.

Patient Access & Choice Requirements

Members have the right to request services in-person. If they do, providers must either transition to in-person services or support the member in transitioning to another provider to deliver in-person care.

Consent Requirements

- Providers must obtain **verbal or written consent** from the patient prior to the start of telehealth services.
- Consent must be documented in the medical record and made available upon request.
- Consent must include the following explanations:
 - 1. The patient's right to in-person services.
 - 2. That telehealth is voluntary and consent can be withdrawn at any time.
 - 3. Non-Medical Transportation is available for in-person visits if needed.
 - 4. Potential risks or limitations of receiving services via telehealth.
- Group practices may document consent on behalf of the entire group.

Limitations on Telehealth Services

Telehealth is not appropriate for services that require:

- Physical examination or instrumentation of body structures.
- Tissue sampling or removal.
- Insertion or removal of medical devices.

These services must be delivered in person.

CenCal Health Reimbursement & Billing Guidelines

- Capitated Providers: Telehealth services are included in the monthly capitation payment.
- Fee-for-Service (FFS) Providers: Paid at the provider's contracted rate.
- Telehealth billing requires a modifier to show the service type:
 - **Use modifier 93** for synchronous audio-only (telephone).
 - **Use modifier 95** for synchronous video (live video visit).
 - **Use modifier GQ** for asynchronous store-and-forward (including e-consults).
- Originating site and transmission fees:
 - Available for most providers using HCPCS codes Q3014 (originating site) and T1014 (transmission).
 - Not available for FQHCs, RHCs, or THPs.

Resources

Please visit www.dhcs.ca.gov/provgovpart/Pages/ TelehealthFAQ.aspx for more information on:

- DHCS Telehealth Provider Manual
- California Telehealth Resource Center (CTRC)
- Center for Connected Health Policy (CCHP)
- Telehealth Modifier Reference Sheet

For claims and billing questions please contact CenCal Health Claims Department at 805-562-1083 or cencalclaims@cencalhealth.org.

For additional support please contact CenCal Health Provider Relations Department at **805-562-1676**.





Providers planning to offer services via telehealth must notify CenCal Health Provider Services at: psrgroup@cencalhealth.org.