



Local Educational Agency Medi-Cal Billing Option Program

June 9, 2020 Webinar

**Telehealth Policy Relative to the 2019-Novel
Coronavirus (COVID-19)**

TRAINING TO BEGIN AT 9:00am



Background

January 31, 2020

The Secretary of Health and Human Services (HHS) declared a **public health emergency**

March 4, 2020

Governor Newsom declared a **State of Emergency for California**

March 13, 2020

The President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a **national emergency**

April 3, 2020

The Governor issued [Executive Order No. N-43-20](#)

- *Suspends requirements specified in Business and Professions Code section 2290.5(b), related to obtaining consent before the use of telehealth services*

May 11, 2020

The California Department of Health Care Services (DHCS) published [PPL #20-014](#)

- *LEA Providers may provide covered direct medical services to Medi-Cal enrolled students via telehealth whenever possible as outlined in the policy*



Telehealth PPL #20-014

During the national emergency, **LEA Providers may bill for allowable LEA BOP covered direct medical services provided via telehealth**

Covered Services

- Includes all allowable direct medical services covered under the LEA BOP, **except** for services that preclude a telehealth modality (e.g., specialized medical transportation)
- It is **not necessary** that the student's IEP or IFSP identify that the services will be provided via telehealth

Modes of Delivery

- Acceptable remote communication modes include, but are not limited to: telephone, Apple FaceTime, Google Hangouts, Zoom, and Skype
- **Note: public-facing applications are not an allowable mode of remote communication, including: Facebook Live, Twitch, and TikTok**



Billing for Services via Telehealth

✓ DHCS will reimburse for covered services provided via telehealth **in the same manner and at the same rate** as face-to-face services

✓ Claims for **speech services** delivered via telehealth **will continue** to be reimbursed with the modifier '95'

! LEAs must submit **all other telehealth (non-speech services) claims** covered under this PPL to DHCS through the fiscal intermediary **without the telehealth billing changes (modifier '95')** in order to receive reimbursement

NOTE: DHCS will not pay for ancillary costs, such as technical support, transmission charges, and equipment.



Service Authorization and Telehealth Consent

Prescriptions, Referrals, or Recommendations

- Service authorizations that will expire during the national emergency **may be extended** until the end of the national emergency without written authorization
- The authorization and IEP/IFSP/IHSP **does not need to identify** whether services will be delivered via face-to-face contact or via telehealth

Consent for Services via Telehealth

Previous Policy:

- *The health care provider must 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*
- **The written or oral telehealth consent requirement has been waived during this national emergency and is not required for telehealth services covered under this PPL**



Required Service Documentation

- ✓ Documentation is required **to the same standard** as face-to-face services
- ✓ All medical information transmitted via telehealth must be documented and become part of the **student's medical record**
- ✓ All individual medical records of students shall be **retrievable in the case of an audit**
- ✓ **Best Practice: be as specific as possible when describing the necessity of telehealth** (e.g., include social distancing as the reason for providing the service via telehealth, instead of face-to-face)



Medi-Cal Enrollment During the National Emergency

Employed Health Practitioners Providing Telehealth Services

- **Can continue** to deliver services and bill under the LEA Provider's National Provider Identifier (NPI)
- **Do not** need to enroll individually as a Medi-Cal provider (can be credentialed or licensed)
- LEAs will submit claims **as if the services are in-person**

Contracted Health Practitioners Providing Telehealth Services

- **Can be** located in another state or licensed to only practice in another state
- **Must enroll** as a Medi-Cal provider
- **Enrollment will expire** at the termination of the national emergency

DHCS's Provider Enrollment Division (PED) has developed an [emergency enrollment process](#) for providers seeking enrollment in order to treat Medi-Cal beneficiaries during the emergency



Emergency Enrollment Process – Emergency Contracted Providers

- 1 Providers need to **apply through PAVE** using the crossover provider form
- 2 Providers need to **email an attestation** to PED's emergency enrollment email box (*see next slide*)
- 3 Once approved, LEAs will be able to bill for **contracted providers**
- 4 After the national emergency, PED will **deactivate providers** enrolled through this process

Note: Contractors who wish to participate as a “regular” Medi-Cal provider after the national emergency will need to submit a full application package and meet LEA Program requirements.



Emergency Enrollment Process – Email Attestation

Providers need to **email an attestation** to PED's emergency enrollment email box

[Emergency Enrollment Process](#) (page 3):

After you have completed your cross-over only application in [PAVE](#) please email this attestation to PEDEmergencyEnrollments@dhcs.ca.gov with your PAVE Application ID. Please note, the following attestation can be typed out in the email or sent as an attachment.

I _____, understand that approval of my application
(Name of applicant or provider)

is dependent upon the treatment that I provided to a Medi-Cal beneficiary who has been affected by the COVID-19 national public health emergency. By submitting this application, I acknowledge that this attestation is incorporated into my application by reference.

Attested to on _____ of _____,
(Day) (Month) (Year)

By:

(Printed name and title of person authorized to legally bind the applicant or provider)



Effective Dates and Termination

[PPL #20-014](#) is effective March 1, 2020 until
the end of the national emergency

- This PPL **will cease to be in effect** upon the termination of the national emergency
- Upon termination of the national emergency, DHCS will revert back to the previous telehealth billing policy and will assess future telehealth policy changes
- DHCS will **issue a PPL notifying all LEA Providers** that the national emergency has ended



FAQs

Question #1: If a student's IEP or IFSP lists group therapy, are practitioners able to provide individual therapy via telehealth due to the current shelter-in-place policy?

- **Answer:** Yes. If a student's IEP or IFSP identified that group services will be provided to the student, for billing purposes it is permissible to substitute an individual telehealth service for the group service during the national emergency. DHCS recommends the reason for the substitution be documented in the treatment notes and requires the service to be billed at the appropriate service rate.

Question #2: If a health practitioner provided non-speech services via telehealth in February, would that practitioner still be eligible to bill under the current telehealth policy?

- **Answer:** No. The telehealth policy outlined in [PPL #20-014](#) is only effective retroactive to March 1, 2020.



FAQs (continued)

Question #3: If a health practitioner provided services via telehealth in April, does the telehealth claim need to be submitted before the end of the State of Emergency?

- **Answer:** Consistent with current Program requirements, LEAs will have one year from the month of service to submit their claims to the fiscal intermediary.

Question #4: Can a credentialed speech provider or Speech Language Pathology Assistant (SLPA) bill for telehealth services?

- **Answer:** Yes. Under the current emergency telehealth policy outlined in [PPL #20-014](#), these providers may provide telehealth services, as long as they have the appropriate supervision. Note that if a SLPA provides the service, the LEA must wait to bill for the service until the new procedure codes and modifiers included in State Plan 15-021 have been implemented in the claims processing system.



FAQs (continued)

Question #5: Are all face-to-face services prohibited by DHCS?

- **Answer:** DHCS policy does not limit or restrict LEA Providers from utilizing face-to-face contact when the LEA Provider determines, on a case-by-case basis, that face-to-face contact is necessary or that providing a service via telehealth is not feasible. In all instances, DHCS encourages LEA Providers to take the appropriate precautions to protect students, themselves, and their community's health.



FAQs (continued)

Question #6: Can a Speech Language Pathologist (SLP) hired by the LEA bill therapy and assessments via telehealth without enrolling individually as a Medi-Cal Provider?

- **Answer:** Yes, during the State of Emergency, LEA employed practitioners may provide services via telehealth without enrolling as a Medi-Cal Provider.

Note that if a speech language pathologist or licensed audiologist refers for services pursuant to a physician-based standards protocol, it is the physician who developed the physician-based standards protocol that is considered the Medi-Cal ORP provider, and it is their NPI that must be included on the claim for Medi-Cal reimbursement.



FAQs (continued)

Question #7: Will A&I audit telehealth claims to the standards outlined during this training?

- **Answer:** A&I will audit to the LEA Program policy that is in place on the date of service. The policies contained in this training and PPL #20-014 will be applicable to telehealth claims billed during the national emergency. All policies covered during this training have a start and end date that LEAs must adhere to, and A&I will audit to the policy that is in place on the date of service.



FAQs (continued)

Question #8: Will practitioners be able to bill for ‘Store and Forward’ treatments?

- **Answer:** No. LEAs may not bill for ‘Store and Forward’ treatments as these services are not billable under the LEA Program. In order to bill for telehealth services, a real-time connection with the student is **required**.

Question #9: How does PPL 20-014 impact supervision requirements?

- **Answer:** PPL 20-014 does not address supervision requirements during the national emergency. LEAs are encouraged to visit the California Department of Consumer Affairs (DCA) Waivers webpage for practitioner specific waivers related to supervision and other flexibilities in practitioner standards: https://www.dca.ca.gov/licensees/dca_waivers.shtml



FAQs (continued)

Question #10: Can a supervisor conduct supervisory duties, including observation of a student's session, via telemedicine?

- **Answer:** Yes, supervision may be performed via telemedicine. Consistent with current LEA Program policy, the supervision time should not be billed to the LEA Program.



QUESTIONS

**Please submit additional questions
to the LEA Program inbox:**

LEA@DHCS.CA.gov



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