
Local Educational Agency (LEA): Telehealth

Page updated: June 2023

This section contains information about telehealth services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program. In addition to this section, refer to the Part 1 Medi-Cal provider manual section titled *Medicine: Telehealth* for additional detail on rendering services via telehealth to Medi-Cal beneficiaries.

LEA Services Reimbursable by Telehealth

The policy in this section is established pursuant to *Welfare and Institutions Code* (W&I Code) section 14132.725. Note that the term “practitioner” in this section of the provider manual has the same meaning as a “health care provider,” as defined in this statute. All health care practitioners rendering Medi-Cal covered benefits or services under this policy must comply with all applicable state and federal laws.

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” when the telehealth service is reimbursable under the LEA Medi-Cal Billing Option Program.

Definitions

For purposes of this policy, the following definitions shall apply:

Telehealth

“Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous, real-time interactions between a patient and a health care provider located at a distant site.

Distant Site

“Distant site” means a site where a health care practitioner who provides health care services is located while providing these services via a telecommunications system. The distant site for purposes of telehealth can be different from the administrative location.

Originating Site

“Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system. For purposes of reimbursement for covered treatment or services provided through telehealth, the type of setting where services are provided for the patient or by the health care practitioner is not limited (*Welfare and Institutions Code* [W&I Code], Section 14132.72[e]). The type of setting may include a school site.

School Site

Title 22 of the California Code of Regulations, section 51491(i) states that LEA services shall be reimbursable only when provided at specific sites, including a school site within the LEA Provider’s domain in accordance with section 51270. “School site” means a physical school site or student’s usual and customary remote learning environment. DHCS considers a remote learning environment as a “school site” within the LEA Provider’s domain. All billable LEA BOP services rendered will be allowable when delivered in accordance with LEA BOP telehealth and all other program requirements.

Border Community

“Border community” means border areas adjacent to the State of California where it is customary practice for California residents to use medical resources in adjacent areas outside the state. Under these circumstances, program controls and limitations are the same as for services rendered by health care providers within the state.

Guidelines for Services Rendered via Telehealth Only During the COVID-19 PHE (Dates of Service On or After March 1, 2020 through May 11, 2023)

For dates of service on or after March 1, 2020, through the termination of the COVID-19 PHE on May 11, 2023, 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

The health care provider with 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 speech and audiology services, the physician who developed the protocol is the ORP practitioner.

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/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

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. Allowable services delivered via telehealth are reimbursable in the same manner and at the same rate as face-to-face services as 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

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 practitioner is located while providing services via a telecommunication system.

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.

Required Documentation

Practitioners 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 practitioner at the originating site may be reimbursed for services if it is medically necessary for the health care practitioner to be with the student and the health care practitioner performs a billable service. Health care practitioners 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

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 (Dates of Service on or After May 12, 2023)

For dates of service on or after May 12, 2023, 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 that preclude a telehealth modality, such as specialized medical transportation services. Services delivered via telehealth must meet the requirements described in the Medi-Cal provider manual.

Rendering Practitioners

All licensed, credentialed or registered practitioners employed or contracted by LEAs may render telehealth services and bill under the LEA provider's NPI, consistent with LEA Medi-Cal Billing Option Program policy for providing face-to-face services. The practitioner rendering Medi-Cal covered services via a telehealth modality must be licensed, credentialed or registered in California. Telehealth services provided by Trained Health Care Aides are not reimbursable under the LEA Medi-Cal Billing Option Program.

Rendering practitioners do not need to be separately enrolled in Medi-Cal unless they are ORP practitioners. As the enrolled Medi-Cal provider or provider group for which the health care practitioner renders services, the LEA must meet all Medi-Cal requirements and must be located in the State of California or a border community. The rendering practitioner may be located outside of the State of California or a border community. Providers who do not have a path to enroll in Fee-for-Service (FFS) Medi-Cal do not need to enroll with DHCS in order to provide services via telehealth. (Welfare and Institutions Code [W&I Code], Section 14132.725)

Ordering, Referring or Prescribing (ORP) Practitioners

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

Authorization

Refer to the “Authorization” information on a preceding page in this section.

Billing

Refer to the “Billing” information on a preceding page in this section.

Telehealth Modality

Refer to the “Telehealth Modality” information on a preceding page in this section.

Transmission Sites

Refer to the “Transmission Sites” information on a preceding page in this section.

Consent to Provide Services Via Telehealth

All of the following shall be communicated by a health care provider to a Medi-Cal beneficiary, in writing or verbally, on at least one occasion prior to, or concurrent with, initiating the delivery of one or more health care services via telehealth to a Medi-Cal beneficiary:

- An explanation that beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit;
- An explanation that the use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time by the Medi-Cal beneficiary without affecting their ability to access covered Medi-Cal services in the future;
- An explanation of the availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted; and
- The potential limitations or risks related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the provider.

Documentation of written or verbal consent to receive services via telehealth must be maintained in the student's file.

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 must also be followed.

Required Documentation

Refer to the "Required Documentation" information on a preceding page in this section.

Interactive Telehealth Reimbursable Service

Refer to the "Interactive Telehealth Reimbursable Service" information on a preceding page in this section.

Legend

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

Symbol	Description
«	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.