

Bill Telehealth Services Correctly to Receive Timely Payment

Use the right code and modifier to avoid delays

Please use specific modifiers with the appropriate CPT-4 or HCPCS codes when you bill for telehealth services. This applies to both synchronous interactions and asynchronous store and forward telecommunications.

Place of service and required modifier codes

You must have the place of service (POS) 02 code with one of the below modifiers when billing for covered telehealth services:

- Modifier 95 (via synchronous, interactive audio and telecommunications systems)
- Modifier GQ (via asynchronous store and forward telecommunications systems)
- Modifier GT (required for distant site telehealth services billed under critical access hospital (CAH) method II institutional claims)

The POS 02 code does not apply to federally qualified health centers (FQHCs), rural health clinics (RHCs) or Indian Health Services – Memorandum of Agreement (IHS-MOA) clinics.

Additional information

For more information on telehealth services policy, refer to the Department of Health Care Services (DHCS All Plan Letter (APL) 19-009, issued on August 5, 2019.

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com