From: DMHC Licensing eFiling
Subject: APL 20-013 – Telehealth Services
Date: Tuesday, April 7, 2020 9:13:39 AM

Attachments: APL 20-13 - Telehealth Services (4.7.2020).pdf
Telehealth APL FAQ.pdf

Dear Health Plan Representative:

Please find the attached APL 20-013, regarding Delivery of Telehealth Services and Billing for Telehealth Services. This APL is meant to increase uniformity and efficiency with respect to provider billing during the COVID-19 State of Emergency to decrease administrative burdens on providers and plans.

Thank you.

Gavin Newsom, Governor
State of California
Health and Human Services Agency
DEPARTMENT OF MANAGED HEALTH CARE
980 9th Street, Suite 500
Sacramento, CA 95814
Phone: 916-324-8176 | Fax: 916-255-5241
www.HealthHelp.ca.gov

ALL PLAN LETTER

DATE: April 7, 2020

TO: All Commercial Health Care Service Plans[1]

FROM: Sarah Ream**,** Acting General Counsel

SUBJECT: APL 20-013 - Billing for Telehealth Services; Telehealth for the Delivery of Services

On March 18, 2020, the Department of Managed Health Care (Department) issued an All Plan Letter (APL 20-009[2]) directing all health plans to:

1. Reimburse providers at the same rate, whether a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim.
2. For services provided via telehealth, not subject enrollees to cost-sharing greater than the same cost-sharing if the service were provided in-person.
3. Provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the enrollee.

Following issuance of APL 20-009, providers and others asked the DMHC how providers should bill the services rendered via telehealth and whether APL 20-009 applies to all types of services, including Applied Behavior Analysis, physical therapy and speech therapy, among others.

Coding

This APL is meant to increase uniformity and efficiency with respect to provider billing during the COVID-19 State of Emergency to decrease administrative burdens on providers and plans. Accordingly, during the COVID-19 State of Emergency, when a provider delivers a service via telehealth that the provider would normally deliver in-person, the provider should document and bill the service(s) as follows:

- Thoroughly document the visit as if the visit had occurred in person.
- Use the CPT codes for the particular services rendered.

[1] This APL does not apply to Medicare Advantage or Medi-Cal Managed Care products.
[2] APL 20-009 can be found by clicking on this link.

- Use Place of Service “02” to designate telehealth.
- Use modifier 95 for synchronous rendering of services or GQ for asynchronous.

Types of Services That Can Be Provided Via Telehealth

During the COVID-19 State of Emergency, a health plan may not exclude coverage for certain types of services or categories of services simply because the services are rendered via telehealth, if the enrollee’s provider, in his/her professional judgment, determines the services can be effectively delivered via telehealth. For example, a health plan may not categorically exclude coverage for Applied Behavioral Analysis services delivered via telehealth (video or telephone) during the State of Emergency.

Likewise, during the COVID-19 State of Emergency a health plan may not place limits on covered services simply because the services are provided via telehealth if such limits would not apply if the services were provided in-person. For example, if a health plan allows an enrollee to receive a particular covered service up to three times per week if the enrollee receives the service in-person, the health plan may not limit the service to only once per week if the service is delivered via telehealth.

Providers Who May Render Telehealth Services

The Department has heard from providers and enrollees that health plans are requiring their enrollees to access services through the plans’ contracted telehealth vendor (e.g., Teledoc) rather than covering telehealth services delivered by providers who have typically delivered services to the enrollees in person. During the COVID-19 State of Emergency, a health plan may not require enrollees to use the plan’s telehealth vendor, or a different provider from the one the enrollee typically sees, if the enrollee’s provider is willing to deliver services to the enrollee via telehealth and the enrollee consents to receiving services via telehealth.

Frequently Asked Questions

Attached to this All Plan Letter is a “Frequently Asked Questions” document which provides answers to common questions the Department has received regarding the provision of telehealth services during the State of Emergency.

If you have questions regarding this APL, please contact Sarah Ream, Acting General Counsel, at (916) 324-2522 or via email at sarah.ream@dmhc.ca.gov.

Delivery of Services via Telehealth During the COVID-19 State of Emergency
Frequently Asked Questions

During the COVID-19 State of Emergency, many health care providers need and want to continue to deliver services to their patients. Because social distancing is necessary to slow the spread of the coronavirus, many providers are using telehealth, when clinically appropriate, to deliver services they would typically deliver to patients in-person. This allows the patients to continue to receive care while limiting both the patients' and providers' exposure to the coronavirus.

On March 18, 2020, the Department of Managed Health Care (DMHC) issued All Plan Letter 02-009 (Letter), which requires the health plans the DMHC regulates to reimburse providers for services they would typically deliver to patients in-person but are now delivering via telehealth at the same rate as an in-person visit. The Letter applies to services delivered on or after March 19, 2020.

The DMHC has received numerous questions from providers about the Letter. This FAQ addresses those questions.

Question 1: Does the DMHC's Letter apply to all payers (e.g., health plans, health insurers, self-insured employers, Medicare, Medi-Cal)?

Answer: The DMHC's Letter applies only to the health plans the DMHC regulates. DMHC-regulated plans cover the majority of people in commercial health care coverage in California. The DMHC also regulates most of the Medi-Cal managed care plans.

However, there are types of health care coverage to which the Letter does not apply. These include:

- Health insurers regulated by the California Department of Insurance. The Department of Insurance issued guidance regarding telehealth services.
- Medi-Cal fee-for-service and Medi-Cal Managed Care. The Department of Health Care Services issued guidance regarding reimbursement for telehealth services.
- Medicare. The Centers for Medicare and Medicaid Services issued guidance regarding the use of telehealth for Medicare patients.
- Self-insured plans (also referred to as ERISA plans)
- TRICARE

Question 2: How should a provider bill for services delivered via telehealth during the State of Emergency, when the provider would normally deliver the services in-person?

Answer: During the COVID-19 State of Emergency, when a provider delivers a service via telehealth that the provider would normally deliver in-person, the provider should document and bill the service(s) as follows:

- Thoroughly document the visit as if the visit had occurred in person.
- Use the CPT code(s) for the particular service(s) rendered.
- Use Place of Service "02" to designate telehealth.
- Use modifier 95 for synchronous rendering of services or GQ for asynchronous.

Question 3: Is the option to deliver services via telehealth available for all types of services?

Answer: Yes, so long as it is medically appropriate to render the services via telehealth.

During the COVID-19 State of Emergency, a health plan may not exclude coverage of certain types services or categories of services simply because those services are delivered via telehealth, if the enrollee's provider, in their professional judgment, determines the services can be effectively delivered via telehealth. For example, a health plan may not categorically exclude coverage for Applied Behavioral Analysis services provided via telehealth (video or telephone) during the State of Emergency.

Question 4: My patient's health plan says it covers telehealth only when the service is provided by the health plan's telehealth vendor. Does my patient need to change providers to receive covered services via telehealth?

Answer: No. If you believe, in your professional judgment, that it is medically appropriate for you to provide services to your patient via telehealth and you can effectively provide the services via telehealth, the health plan must cover the services as if you had provided them in-person.

Please note: As stated above in Answer to Question 1, the DMHC's APL and this FAQ does not apply if your patient receives his/her health care coverage from a self-insured plan, an insurer licensed by the California Department of Insurance, Medicare, Medi-Cal or TRICARE.

Question 5: Can the plan deny coverage for telehealth if the plan has not yet approved/credentialed the provider to deliver services via telehealth?

Answer: No, the plan cannot impose credentialing or approval requirements specific to telehealth if the provider is otherwise appropriate to render services to the enrollee and the health plan would cover the provider's services if the provider had rendered the services in-person. However, the plan may continue to have approval and/or credentialing requirements a provider must satisfy for inclusion in the health plans network.

Question 6: My patient's Evidence of Coverage says the plan covers telehealth only in certain circumstances. During the COVID-19 State of Emergency, does the plan have to cover services I provide to my patient via telehealth if I would normally deliver the services in-person?

Answer: Yes. Notwithstanding language to the contrary in an Evidence of Coverage, the health plan must cover services delivered via telehealth if:

1) the health plan would cover the services if they were delivered in-person by the provider;

2) the provider, in their professional judgment, determines it is appropriate to deliver the services via telehealth and the provider can effectively deliver the services via telehealth; and,

3) the enrollee consents to receiving the services via telehealth.

Question 7: Are there restrictions on the platforms or modalities providers can use to deliver services via telehealth?

Answer: During the COVID-19 State of Emergency, health plans may not require providers to use particular platforms or modalities to deliver services via telehealth as a condition for covering the services.

However, providers must keep in mind their obligations to protect the confidentiality of their patients. The federal Office of Civil Rights recently issued guidance relaxing enforcement of certain HIPPA requirements involving the use of telehealth. On April 3, 2020, California Governor Gavin Newsom issued an Executive Order to expand the use of telehealth to deliver care during the COVID-19 State of Emergency. The Order relaxes certain state privacy and security laws for medical providers, so they can provide telehealth services without the risk of being penalized. The Executive Order can be found at this link.

Question 8: Does the provider have to be physically present in their office when providing services via telehealth?

Answer: No. If the provider can effectively deliver services via telehealth from another location (e.g., the provider's home), while also maintaining the patient's privacy, the health plan may not deny coverage of the services because the service was delivered outside the provider's usual place of business.