

**From:** DMHC Licensing eFiling

**Subject:** APL 20-032 – Continuation of DMHC's All Plan Letters Regarding Telehealth

**Date:** Friday September 4, 2020 9:30 AM

**Attachments:** APL 20-009 (OPL) – Reimbursement for Telehealth Services (3.18.20).pdf; APL 20-013 - Telehealth Services (4.7.2020).pdf; Telehealth APL FAQ.pdf; APL 20-032 – Continuation of DMHC's All Plan Letters Regarding Telehealth (9.4.2020).pdf

Dear Health Plan Representative:

Please see the attached APL 20-032, Continuation of DMHC's All Plan Letters Regarding Telehealth and previous APL's regarding telehealth.

Thank you.



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

## ALL PLAN LETTER

**DATE:** September 4, 2020

**TO:** All Health Care Service Plans

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

**SUBJECT:** APL 20-032 – Continuation of DMHC’s All Plan Letters Regarding Telehealth During the California Declared State of Emergency Due to COVID-19

---

On March 4, 2020, California Governor Gavin Newsom declared a state of emergency in California due to the COVID-19 pandemic. On March 18, 2020, the Department of Managed Health Care (Department) issued All Plan Letter (APL) 20-009, which requires health plans to allow enrollees to obtain health care via telehealth when medically appropriate during the California declared state of emergency due to COVID-19.

On April 7, 2020, the Department issued APL 20-013 to provide guidance regarding coding for telehealth services, the types of services that can be provided via telehealth, and the types of providers who may render telehealth services. In conjunction with APL 20-013, the Department issued a “Frequently Asked Questions” document to respond to questions the Department received regarding the provision of services via telehealth during the declared state of emergency.<sup>1</sup>

### Duration of APLs 20-009 and 20-013

The Department has received questions regarding the duration of APLs 20-009 and 20-013. These APLs remain in effect for the duration of the California declared state of emergency or until further notice from the Department, whichever is earlier.

### Directory reporting of provider’s home addresses

Health and Safety Code section 1367.27 requires health plans to include providers’ practice addresses in the health plans’ provider directories. However, due to COVID-19 many providers who normally provide health care services from locations outside their homes (e.g., offices, clinics) are now providing health care services from their homes

---

<sup>1</sup> For reference, copies of APL 20-009, APL 20-013, and the Department’s Frequently Asked Questions document are attached to this APL.

during the California declared state of emergency. This raises privacy issues for the providers.

Due to these issues, and notwithstanding section 1367.27's requirements, during the California declared state of emergency a health plan shall not include a provider's home address as the provider's "practice address" in the plan's provider directory unless the provider expressly authorizes the plan to do so.

As an alternative to listing the provider's home address as the "practice address," the plan may continue to list the provider's practice address as of March 3, 2020 (the day before the Governor declared a state of emergency in California).

#### Applicability of APL to Delegated Entities

The provisions of this APL and APLs 20-009 and 20-013 apply to delegated entities to the extent the services the health plan delegated to the entity are impacted by this APL. For example, if a health plan delegated the provision of behavioral health services to another entity, that entity must comply with this APL and APLs 20-009 and 20-013.

If you have questions regarding this All Plan Letter, please contact your plan's assigned reviewer in the Department's Office of Plan Licensing.



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

## ALL PLAN LETTER

**DATE:** March 18, 2020  
**TO:** All Health Care Service Plans  
**FROM:** Sarah Ream, Acting General Counsel  
**SUBJECT:** APL 20-009 – Reimbursement for Telehealth Services

In response to the COVID-19 pandemic, it is imperative that people practice “social distancing.” However, people also need to be able to continue to have access to necessary medical care. Accordingly, health plans must take steps to allow people to obtain health care via telehealth<sup>1</sup> when medically appropriate to do so.

Pursuant to the authority granted in the California Emergency Services Act (Gov. Code sections 8566, et seq.), all health plans shall, effective immediately, comply with the following:

1. Health plans shall 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. For example, if a health plan reimburses a mental health provider \$100 for a 50-minute therapy session conducted in-person, the health plan shall reimburse the provider \$100 for a 50-minute therapy session done via telehealth.<sup>2</sup>
2. For services provided via telehealth, a health plan may not subject enrollees to cost-sharing greater than the same cost-sharing if the service were provided in-person.
3. Health plans shall provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video,

---

<sup>1</sup> As used in this All Plan Letter, “telehealth” has the same meaning as that term is defined in Business and Professions Code section 2290.5, subdivision (a).

<sup>2</sup> This provision does not require telehealth reimbursement to be unbundled from other capitated or bundled, risk-based payments.

provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the enrollee.

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



Govin Newsom, Governor  
State of California  
Health and Human Services Agency  
**DEPARTMENT OF MANAGED HEALTH CARE**  
980 9<sup>th</sup> Street, Suite 500  
Sacramento, CA 95814  
Phone: 916-324-8176 | Fax: 916-255-5241  
[www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov)

## ALL PLAN LETTER

**DATE:** April 7, 2020

**TO:** All Commercial Health Care Service Plans<sup>1</sup>

**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<sup>2</sup>) 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.

---

<sup>1</sup> This APL does not apply to Medicare Advantage or Medi-Cal Managed Care products.

<sup>2</sup> 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](mailto: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



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

**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.

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

### **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](#).

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

**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.