

## 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

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**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.

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**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](#).

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**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.