PRIVATE PAYERS: TELEMEDICINE AND TELEHEALTH

Updates and Information

Prepared and updated by the American Society of Clinical Oncology (ASCO)
<table>
<thead>
<tr>
<th>Payer</th>
<th>Coronavirus Information</th>
<th>Telemedicine/Telehealth Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>[COVID-19: Telemedicine FAQs (Updated 7.10.20)]</td>
<td>Through September 30, 2020, Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for their Commercial Plans. Self-insured plans offer this waiver at their own discretion. Aetna’s liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will now extend through December 31, 2020. For Medicare members, primary care and behavioral health telemedicine visits are covered with no cost-sharing to the member through September 30, 2020. Aetna reimburses all providers for telemedicine at the same rate as in-person visits. Medicaid providers are encouraged to check with their state Medicaid agency for more information on regulations pertaining to telehealth guidelines. Telephone only services 99441 – 99443 are now set to equal 99212 – 99214 (e.g. 99441 is set to equate to 99212). This change will remain in effect until further notice. Please note, for telephone only codes (98966-98968, G2010, G2012), there are reimbursement rates in the fee schedule that are not the same as E&amp;M office visits 99201- 99215. Given those telephone only codes do not equate to an office visit, they will not result in an office visit reimbursement rate.</td>
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<td>Blue Cross Blue Shield Association</td>
<td>[Media Statement: Blue Cross and Blue Shield Companies Announce Coverage of Telehealth Services for Members]</td>
<td>All 36 independently - operated BCBS companies and the Blue Cross and Blue Shield Federal Employee Program® (FEP®) are expanding coverage for telehealth services. The expanded coverage includes waiving cost-sharing for telehealth services.</td>
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</tbody>
</table>
## Coronavirus (COVID-19) Updates

### COVID-19: Easing administrative burdens for healthcare workers

Amidst the COVID-19 pandemic, many providers lack the necessary resources to effectively triage and treat the increasing volumes of patients. Blue Cross Blue Shield (BCBS) companies across the country are taking action to speed care to patients and support doctors and hospitals on the front lines of the pandemic.

BCBS companies are helping healthcare professionals focus on care by waiving or eliminating prior authorizations, suspending clinical review requirements and providing much-needed digital resources. These digital solutions include platforms to enable telehealth services, systems and applications that support patient assessment and triage and online support.

Providers will need to check the [BCBS payer](https://www.bcbs.com) they are contracted with for further guidance.

### CIGNA

- **Cigna’s Response to COVID-19 (Updated 8.27.20)**
- **MEDICARE INFORMATION AND TOOLS FOR HEALTH CARE PROVIDERS (Updated 7.24.20)**
- **COVID-19 MEDICARE ADVANTAGE BILLING & REFERRAL GUIDELINES FOR PROVIDERS (Updated 7.24.20)**

COVID-19 Telehealth Services

In and out-of-network providers can be reimbursed for telehealth services related to COVID-19. Customer cost-share (if applicable depending on the customer’s benefit plan) is waived for these visits until 12/31/2020.

Non COVID-19 Telehealth Services

In-network Providers. Effective 6/1/2020, Cigna is waiving customer cost-share for non-COVID-19 related telehealth services when the service is performed by a contracted provider. Customer-cost share is waived until 12/31/2020. Customer cost-share applies for non COVID-19 related telehealth services received prior to 6/1/2020.


### Geisinger Health Plan

- **Coronavirus Update for Providers (Updated 8.4.20)**

GHP will cover and waive member cost sharing for any in-network providers who offer telehealth and virtual care services that allow members to avoid unnecessary trips to the office. This includes telehealth services for any physical
or behavioral health diagnosis, virtual screenings for COVID-19, and other routine medical needs such as cold, flu, allergy, rash, sinus infection, etc.

**Telehealth billing advice**

To bill standard E&M codes or outpatient behavioral health therapy codes as telehealth services, providers should both:

- Bill the same location code that would be billed for an in-person visit, and
- Add modifier 95 to indicate telehealth services.

Providers can also choose to continue billing telehealth services with location code 02. Services billed with location code 02 are generally paid at a lesser rate. For a brief virtual visit, bill code G2012.

Medicare has approved the initial Annual Wellness Visit (AWV) code G0438 as a telehealth service. GHP will also accept subsequent AWV code G0439 as a telehealth service for Geisinger Gold members.

<table>
<thead>
<tr>
<th>Harvard Pilgrim</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coronavirus Information for Providers (Updated 6.18.20)</strong></td>
</tr>
<tr>
<td><strong>Updates for Providers Related to COVID-19 (Updated 8.19.20)</strong></td>
</tr>
<tr>
<td><strong>Interim Telemedicine/Telehealth Payment Policy (COVID – 19 Pandemic)</strong></td>
</tr>
<tr>
<td>Harvard Pilgrim is emphasizing telemedicine services to its members and expanded the scope of telemedicine coverage for telephone only, audio/video, and e-visits. Please refer to the Harvard Pilgrim interim Telemedicine and Telehealth Payment Policy for guidance on commercial products, and to CMS guidelines for Medicare Advantage. They will continue to evaluate market conditions and will inform the network in advance of an end date or any further changes to this interim policy.</td>
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<tr>
<td>Harvard Pilgrim is waiving the cost share for all telemedicine services, not only COVID-19 services (no copays, deductibles, or coinsurance) delivered by in network providers for dates of service of 3/6/2020 – 9/30/2020 for commercial and 3/1/2020 through 12/31/2020 for Medicare Advantage</td>
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<td>Referral requirements for all telemedicine/telehealth services, not only COVID-19 claims, are waived through 9/28/2020.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Humana</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coronavirus: Protecting members and reducing the spread of COVID-19</strong></td>
</tr>
<tr>
<td><strong>Telehealth - Expanding access to care</strong></td>
</tr>
<tr>
<td>To support providers with caring for their Humana patients while promoting both patient and provider safety, Humana has updated their existing telehealth policy. At a minimum, Humana will always follow CMS telehealth or state-specific requirements that apply to telehealth coverage for insurance products. This policy will be reviewed periodically for changes based on the evolving COVID-19 public</td>
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<tr>
<td>Administrative Updates</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| health emergency and updated CMS or state specific rules based on executive orders. Please refer to the applicable CMS or state specific regulations prior to any claim submissions and check the page regularly for the latest information. | Kaiser members can access care through several forms of telemedicine, including phone and email. Go to [https://healthy.kaiserpermanente.org/get-care](https://healthy.kaiserpermanente.org/get-care) and select the region for specific information. Kaiser is proactively extending the use of telehealth appointments via video and phone where appropriate. If you provide virtual care, Kaiser Permanente covers telehealth, telemedicine and virtual medicine delivered by contracted providers that meet our published payment policies. Please refer to our Telehealth Services (Medicare), Telemedicine Services (Commercial), and Virtual Care payment policies for details. | Molina will pay providers for a variety of modalities in lieu of in-person visits to support evaluation, assessment and treatment of members. These modalities include telemedicine for HIPAA compliant, interactive, real-time audio and video telecommunications, which are already covered, and other forms of telehealth such as online digital exchange through a patient portal, telephone call, FaceTime, Skype or email. When billing for telehealth for all lines of business for Molina Healthcare:  
• As you provide telehealth services to your patients who are our members, please bill as you normally would but use POS 02. The claims will process for payment at the same rate as regular, in-person visits. Cost share will apply if applicable.  
• This guidance applies to Physicians, Physician Assistants, Nurse Practitioners, Psychologists, Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), Board Certified Behavioral Analysts (BCBA), and Board-Certified Behavioral Analysts-Doctoral (BCBA-D) only  
• This also applies to Rural Health Clinics, Federally Qualified Health Centers, Indian Health Service Clinics, and Community Mental Health/Private Mental Health facilities |
<table>
<thead>
<tr>
<th>Tufts Associated Health Plans</th>
<th>Coronavirus (COVID-19) Updates for Providers (Updated 8.17.20)</th>
</tr>
</thead>
</table>

- The provider types listed above should bill with the E&M Code that represents the level of work most appropriate as if the patient was seen face to face. RHCs, FQHCs, IHSCs, and Community/Private Mental Health Clinics should follow their normal billing process but simply adjust the POS to 02.
- Documentation should follow normal guidelines established and described in the CPT-Manual.

Telehealth/Telemedicine Guidelines for In-Network Providers - Effective until further notice
The following telehealth/telemedicine policy has been implemented for all Tufts Health Plan products to prevent members from needing to leave their home to receive care. This policy applies for all diagnoses and is not specific to a COVID-19 diagnosis.

- Tufts Health Plan will compensate in-network providers at 100% of their contracted rate for services rendered in person, as specified in provider agreements, until further notice. The telehealth reduction will not apply.
- All Tufts Health Plan contracting providers, including specialists and urgent care facilities, may provide telemedicine services to members for all medical (well visits/preventive, sick visits, preadmission screenings), behavioral health, ancillary health and home health care visits (i.e. skilled nursing, PT, OT and ST) for both new and existing patients. Prior authorization is not required.
- Tufts Health Plan will waive member cost share for in-network telehealth services. This includes both facility and professional services. Providers should not collect a copay from members.
- Telehealth also includes telephone consultation. **Note:** For Medicare products, under CMS rules, special codes already exist for certain telephonic services and those codes will be paid at the CMS fee schedule.
- Documentation requirements for a telehealth service are the same as those required for any face-to-face encounter, with the addition of the following:
  - A statement that the service was provided using telemedicine or telephone consult;
  - The location of the patient;
Last Updated on 9/3/2020. This resource will be updated periodically. Check with private payers directly for updates and information.

<table>
<thead>
<tr>
<th>United Healthcare</th>
<th>COVID-19 Telehealth Services (Updated 7.24.20)</th>
<th>UnitedHealthcare Telehealth Services: Care Provider Coding Guidance (Updated 6.26.20)</th>
<th>COVID-19 Information &amp; Resources (Updated 7.24.20)</th>
</tr>
</thead>
</table>

- The location of the provider; and
- The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.

- Services covered under telehealth should be clinically appropriate and not require in-person assessment and/or treatment. Tufts Health Plan defers to the provider to make this determination.

UnitedHealthcare is temporarily expanding the dates through which we are waiving the Centers for Medicare & Medicaid Services (CMS) originating site requirements for Medicare Advantage, Medicaid and Individual and fully insured Group Market health plan members. They are also updating the cost share waiver period for in-network telehealth services. The date changes vary by health plan, so please review each section in the COVID-19 Telehealth Services page for details.

Telehealth services will be reimbursed based on national reimbursement determinations, policies and contracted rates, as outlined in a care provider’s participation agreement (if applicable). You can find a breakdown by network plan under the Billing Guidance section above.

The policy changes apply to members whose benefit plans cover telehealth services and allow those patients to connect with their doctor through live, interactive audio-video or audio-only visits. (Some of our self-funded customers may not cover provider-based telehealth services under their member benefit plans.)

UnitedHealthcare will reimburse appropriate claims for telehealth services in accordance with the member’s benefit plan. Depending on whether a claim is for a Medicare Advantage, Medicaid, self-funded Group Market health plan, or Individual and fully insured Group Market health plan member, those policies may require different modifiers, date of service limitations or place of service indicators for a telehealth claim to be reimbursed.
Telehealth State Laws and Reimbursement Policies

Many states and private payers have amended policies regarding telehealth due to COVID-19. A list of COVID-19 related state actions can be found on the Center for Connected Health Policy’s National Telehealth Policy Resource Center. Be sure to check this page frequently for updates.

American’s Health Insurance Plans

Health Insurance Providers Respond to Coronavirus