PRIVATE PAYERS: TELEMEDICINE AND TELEHEALTH

Updates and Information

Prepared and updated by the American Society of Clinical Oncology (ASCO)
### Payer | Coronavirus Information | Telemedicine/Telehealth Updates
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Aetna | COVID-19: Telemedicine FAQs (Updated 04.14.21) | The use of telemedicine is encouraged as a first line of defense to limit potential COVID-19 exposure in physician offices. All member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for their Commercial plans are active until January 31, 2021. Self-insured plans offer this waiver at their own discretion. Cost share waivers for any in-network covered medical and behavioral health services telemedicine visit for Aetna Student Health plans are active until January 31, 2021.

Aetna is providing access to all Medicare Advantage members to telehealth through network providers who wish to see patients virtually. We also offer access via Teladoc® and MinuteClinic Video Visit and E-Clinic visits. Medicare Advantage members should consider telehealth as an option to limit potential exposure to COVID-19 in physician offices.

Medicare Advantage members may use telemedicine for any reason, not just COVID-19 diagnosis. For example, they could use telemedicine to discuss their diabetes care plan or schedule a sick visit. This means members can continue to receive clinical care from their providers, without having to leave their home and risk exposure to COVID-19.

For Individual Aetna Medicare Advantage members, copays are waived for in-network telehealth visits for primary care through the end of the Public Health Emergency. Cost share waivers for specialist telehealth visits expired on January 31, 2021 for all Medicare Advantage members. A telehealth visit with a specialist provider will now result in the same cost share as an in-person office visit.

Aetna Group Medicare retiree members should check to see their plan coverage.

Medicaid providers are encouraged to check with their state Medicaid agency for more information on regulations pertaining to telehealth guidelines.
<table>
<thead>
<tr>
<th>Blue Cross Blue Shield Association</th>
<th>Coronavirus (COVID-19) Updates</th>
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<tbody>
<tr>
<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 for fully-insured members and applies to in-network telehealth providers who are providing appropriate medical services.</td>
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<td>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.</td>
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<td>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.</td>
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<td>Providers will need to check the <a href="https://www.bcbs.com/benefits/find-a-payer">BCBS payer</a> they are contracted with for further guidance.</td>
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<tr>
<th>CIGNA</th>
<th>Cigna’s Response to COVID-19 (Updated 04.26.21)</th>
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<tr>
<td>Cigna will reimburse virtual care services when all of the following criteria are met:</td>
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<td>1. Modifier 95 or GQ or GT is appended to the appropriate Current Procedural Terminology (CPT®) and/or HCPCS procedure code(s);</td>
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</table>
### COVID-19 Medicare Advantage Billing & Referral Guidelines for Providers
(Updated 01.19.21)

2. Services must be interactive and use both audio and video internet-based technologies (synchronous communication), and would be reimbursed if the service was provided face-to-face (Note: services rendered via telephone only are considered interactive and will be reimbursed when the appropriate telephone only code is billed);

3. The customer and/or actively involved caregiver must be present on the receiving end and the service must occur in real time;

4. All technology used must be secure and meet or exceed federal and state privacy requirements;

5. A permanent record of online communications relevant to the ongoing medical care and follow-up of the customer is maintained as part of the customer’s medical record as if the service were provided as an in-office visit;

6. The permanent record must include documentation which identifies the virtual service delivery method. (i.e.: audio/video or telephone only);

7. All services provided are medically appropriate and necessary;

8. The evaluation and management services (E/M) provided virtually must meet E/M criteria as defined in the 1997 Centers for Medicare and Medicaid Services (CMS) Documentation guidelines for codes outside of the 99202 through 99215 range and the 2021 CPT E/M documentation guidelines outlined by the American Medical Association for codes within the range 99202 through 99215;

9. The customer’s clinical condition is considered to be of low to moderate complexity, and while it may be an urgent encounter, it should not be an emergent clinical condition;

10. Virtual care services must be provided by a health care professional who is licensed, registered, or otherwise acting within the scope of his/her licensure.

### Geisinger Health Plan

**Coronavirus Update for Providers (Updated 06.02.21)**

GHP will cover telehealth services and member costs will be waived for telehealth visits through July 20th, 2021. Members can receive telehealth services through their in-network provider or through Teladoc.

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.
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<tr>
<th>Harvard Pilgrim</th>
<th>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.</th>
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<td>Harvard Pilgrim will continue to reimburse for telemedicine, telehealth, and telephone only services consistent with in-person rates until further notice and in accordance with state regulations. Refer to the Harvard Pilgrim interim Telemedicine and Telehealth Payment Policy for guidance on commercial products, and to CMS guidelines for Medicare Advantage. Cost sharing for telemedicine services, resumed for commercial members on Oct. 1, 2020. Cost sharing resumed for all telemedicine services (no copays, deductibles, or coinsurance) for Medicare Advantage members as of Dec. 31, 2020. If telemedicine services were being used for COVID-19 testing or treatment, cost-sharing was waived for commercial and Medicare Advantage members through March 31, 2021.</td>
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<td>Humana</td>
<td>To ease systemic burdens arising from COVID-19 and support shelter-in-place orders, Humana is encouraging the use of telehealth services to care for its members. Please refer to CMS, state and plan coverage guidelines for additional information regarding services that can be delivered via telehealth. As of 1/1/21, Medicare Advantage benefits include no member cost share for in-network telehealth visits for primary care, urgent care and behavioral health. For specialty telehealth visits, please verify member plan benefits as any applicable member cost share would apply. From 3/6/20 to 12/31/20, member cost-share was waived for telehealth visits with all participating/in-network providers. This applied to Humana Medicare</td>
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### Advantage, fully-insured group commercial, and some Humana self-insured group commercial members.

For providers or members who don’t have access to secure video systems, Humana will temporarily accept telephone (audio-only) visits. These visits can be submitted and reimbursed as telehealth visits.

Please follow CMS or state-specific guidelines and bill as you would a standard telehealth visit.

### Kaiser

**COVID-19: The latest information (Updated 06.17.21)**

**Coronavirus (COVID-19) Resources for Kaiser Permanente Network Providers**

**Telemedicine Services (Commercial) Updated 06.29.21**

**Telehealth Services (Medicare) (Updated 10.28.20)**

**Virtual Care Payment Policy (Updated 3.19.20)**

**Virtual care, Coverage, and Coding Benefits**

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 Permanente covers telehealth, telemedicine and virtual medicine delivered by contracted providers that meet our published payment policies. Please refer to the Telehealth Services (Medicare), Telemedicine Services (Commercial), and Virtual Care payment policies for details.

When benefits allow, telemedicine services will be reimbursed for commercial plans when all of the following criteria are met:

a) The services are medically necessary.

b) The originating site is qualified.

c) The distant site practitioner is qualified.

d) Live interactive video is used or store-and-forward technology. Associated office visit between member and the referring practitioner when store-and-forward technology is used.

- As of March 24, 2020 audio-only telemedicine & non-HIPAA compliant platforms are allowable for commercial plans. This is effective through July 25th, 2021.

e) Patient is present at an originating site and able to participate.

f) The claim is billed according to the Centers for Medicare & Medicaid Services (CMS) guidelines for telehealth services.

- Starting March 6, 2020 additional telemedicine/telehealth codes were allowed
| Molina Healthcare | **COVID-19 (Coronavirus) Response (Updated 06.28.21)** | 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  
• 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. RHGs, 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. |
| Tufts Associated Health Plans | **Coronavirus (COVID-19) Updates for Providers (Updated 06.01.21)** | In Network Providers  
Any applicable member copays and other cost share will apply to all non-COVID-19 telehealth services, with the exception of primary care and behavioral health telemedicine services for members of plans issued in Rhode Island to commercial employer groups.  
Applicable member copays and other applicable cost share will continue to be waived for COVID-19 related, in-network, medically necessary services. A COVID-19 diagnosis must be submitted on the claim for the waived cost share to continue to apply. Refer to the Coronavirus (COVID-19) Updates for |
Providers page for additional information. Note: Effective for dates of service on or after August 7, 2021, Tufts Health Plan is reinstating member cost share for Rhode Island Commercial and Tufts Medicare Preferred HMO products.

Out-of-Network Providers
Standard coverage policies and benefits (including applicable cost share) apply for out-of-network (OON) telemedicine services.

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<tr>
<th>United Healthcare</th>
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<tr>
<td><strong>COVID-19 Information and Resources (Updated 05.13.21)</strong></td>
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<tr>
<td>UnitedHealthcare Telehealth Services: Care Provider Coding Guidance (Updated 12.21.20)</td>
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<tr>
<td><strong>COVID-19 Temporary Provisions: Date guide (Updated 06.30.21)</strong></td>
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<td><strong>Non-COVID Telehealth</strong></td>
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<td><strong>Medicare Advantage</strong></td>
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<td>No cost share waivers are currently in effect. Members are responsible for any copay, coinsurance or deductible or out-of-network costs according to their benefit plan. Coverage and cost share are adjudicated in accordance with the member’s health plan.</td>
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<td><strong>Medicaid</strong></td>
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<td>State requirements apply. Please refer to your state’s COVID-19-specific website for more information. Benefits are adjudicated in accordance with the member’s health plan, if applicable.</td>
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<td><strong>Individual and Fully Insured Group Market</strong></td>
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<td>No cost share waivers are currently in effect. Members are responsible for any copay, coinsurance or deductible or out-of-network costs according to their benefit plan. Coverage and cost share are adjudicated in accordance with the member’s health plan.</td>
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**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 [Telehealth Policy](#) page. Be sure to check this page frequently for updates.
Last Updated on 07/08/2021. This resource will be updated periodically. Check with private payers directly for updates and information.

**Department of Health and Human Services: Telehealth**

Telehealth resources for health care providers, including doctors, practitioners, and hospital staff.

**Centers for Disease Control and Prevention**

Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic

**American’s Health Insurance Plans**

Health Insurance Providers Respond to Coronavirus