Last Updated on 12/17/2020

This resource will be updated periodically. Check with private payers directly for updates and information.

This is not an all-inclusive list of payers.

PRIVATE PAYERS: TELEMEDICINE AND TELEHEALTH

Updates and Information

Prepared and updated by the American Society of Clinical Oncology (ASCO)
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<tr>
<th>Payer</th>
<th>Coronavirus Information</th>
<th>Telemedicine/Telehealth Updates</th>
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<tr>
<td>Aetna</td>
<td>[COVID-19: Telemedicine FAQs (Updated 12.15.20)]</td>
<td>Through January 31, 2021 Aetna has 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.1 Cost share waivers for any in-network covered medical and behavioral health services telemedicine visit for Aetna Student Health plans are extended until January 31, 2021.</td>
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<td>Through January 31, 2021, Aetna is waiving cost shares for all Medicare Advantage plan members for in-network primary care and specialist telehealth visits, including outpatient behavioral and mental health counseling services. Aetna Medicare Advantage members should continue to use telemedicine as their first line of defense for appropriate symptoms or conditions to limit potential exposure in physician offices. Cost sharing will be waived for all Teladoc® general medical care virtual visits. Cost sharing will also be waived for covered real-time virtual visits offered by in-network providers (live videoconferencing or telephone-only telemedicine services).</td>
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<td>Medicaid providers are encouraged to check with their state Medicaid agency for more information on regulations pertaining to telehealth guidelines.</td>
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<td>In most cases, Aetna reimburses providers for telemedicine services, including behavioral health services, at the same rate as in-person visits. For providers with standard fee schedules, telephone-only services 99441 – 99443, when rendered between March 5, 2020 and September 30, 2020, were typically set to equal 99212 – 99214 (e.g. 99441 was set to equate to 99212). This rate change did not apply to all provider contracts (e.g. some non-standard reimbursement arrangements). After September 30, 2020, telephone-only services resumed to pre-March 5, 2020 rates.</td>
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<tr>
<td>Blue Cross Blue Shield Association</td>
<td>Coronavirus (COVID-19) Updates</td>
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| 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.

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 they are contracted with for further guidance.

<table>
<thead>
<tr>
<th>CIGNA</th>
<th>Cigna’s Response to COVID-19 (Updated 12.14.20)</th>
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<td>Virtual Care Reimbursement Policy (Updated 10.16.20)</td>
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<td>MEDICARE INFORMATION AND TOOLS FOR HEALTH CARE PROVIDERS (Updated 10.28.20)</td>
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<td>COVID-19 MEDICARE ADVANTAGE BILLING &amp; REFERRAL GUIDELINES FOR PROVIDERS (Updated 10.28.20)</td>
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</table>
|       | As federal guidelines continue to evolve in support of the COVID-19 pandemic, Cigna has extended their interim coverage accommodations for commercial Cigna medical services, as follows:
|       | • The cost-share waiver for COVID-19 diagnostic testing and related office visits is extended until January 21, 2021.
|       | • The cost-share waiver for COVID-19 related treatment is extended until December 31, 2020.
|       | • Some other interim accommodations (e.g., for credentialing and authorizations) are extended through December 31, 2020, as outlined on this page.
|       | • The interim COVID-19 virtual care guidelines as outlined on this page are in place until December 31, 2020. Beginning January 1, 2021, we will implement a new Virtual Care Reimbursement Policy. Please visit CignaforHCP.com/virtual care for additional information about this new policy. |
Virtual Care Guidelines

- In an effort to make it as easy as possible for customers to access timely and safe care, while ensuring that providers can continue to deliver necessary services in safe settings, Cigna will allow providers to bill a standard face-to-face visit for all virtual care services, including those not related to COVID-19, through December 31, 2020.
- This means that providers can perform services for commercial Cigna medical customers in a virtual setting and bill as though the services were performed face-to-face.
- Providers should bill using a face-to-face code, append the GQ, GT or 95 modifier, and use the POS that would be typically billed if the service was delivered face to face (e.g., POS 11).
- Providers will be reimbursed consistent with their typical face-to-face rates.
- Providers can also bill code G2012 for a 5-10 minute phone conversation, and Cigna will waive cost-share for customers until January 21, 2021. This will allow for quick telephonic consultations related to COVID-19 screening or other necessary consults, and will offer appropriate reimbursement to providers for this amount of time.
- Customer cost-share will be waived for COVID-19 related virtual services through January 21, 2021.
- Please review the “Virtual care services” frequently asked questions section below for additional information about our interim COVID-19 virtual care guidelines.
- Effective January 1, 2021, we will implement a new Virtual Care Reimbursement Policy. Please visit CignaforHCP.com/virtualcare for additional information about that policy.

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<thead>
<tr>
<th>Geisinger Health Plan</th>
<th>Coronavirus Update for Providers (Updated 12.11.20)</th>
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<tr>
<td>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 until February 28, 2021. 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.</td>
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| | 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.  
| Harvard Pilgrim  
Interim Telemedicine/Telehealth Payment Policy (COVID – 19 Pandemic) (Updated October 2020)  
Updates for Providers Related to COVID-19 (Updated 10.14.20)  
COVID-19 Information and Resources for Providers | 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.  
Cost sharing for telemedicine services, resumes for commercial members on Oct. 1, 2020 — unless telemedicine is being utilized for COVID treatment, in which case cost sharing is waived through Dec. 31, 2020. Cost sharing will continue to be waived for all telemedicine services (no copays, deductibles, or coinsurance) for Medicare Advantage members through Dec. 31, 2020. If, however, telemedicine services are being used for COVID-19 testing or treatment, cost-sharing is waived for commercial and Medicare Advantage members through March 31, 2021.  
| Humana  
Telehealth - Expanding access to care  
Telehealth Toolkit | 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 |
### Administrative Updates

- Telehealth FAQs

This resource will be reviewed periodically for changes based on the evolving COVID-19 public 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

- **COVID-19: The latest information (Updated 12.9.20)**
- **Coronavirus (COVID-19) Resources for Kaiser Permanente Network Providers**
- **Telemedicine Services (Commercial) Updated 12.11.20**
- **Telehealth Services (Medicare) (Updated 10.28.20)**
- **Virtual Care Payment Policies (Updated 3.19.20)**

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 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. This is effective through January 10th, 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 12.14.20)**
- **COVID-19 Telehealth Billing (Updated 5.19.20)**
- **Provider Memorandum (Updated 5.29.20)**

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. 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.

Tufts Associated Health Plans

Coronavirus (COVID-19) Updates for Providers (Updated 12.10.20)

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. Note: Tufts Health Plan is not paying a separate rate for hosting telehealth service for Commercial products.

• 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
• 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:
  o A statement that the service was provided using telemedicine or telephone consult;
  o The location of the patient;
  o The location of the provider; and
  o 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.

United Healthcare

**COVID-19 Telehealth Services (Updated 10.7.20)**

**UnitedHealthcare Telehealth Services: Care Provider Coding Guidance (Updated 6.26.20)**

**COVID-19 Information & Resources (Updated 11.25.20)**

**Summary of COVID-19 Dates by Program (Updated 10.12.20)**

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 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.
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