PRIVATE PAYERS: TELEMEDICINE AND TELEHEALTH

Updates and Information

Prepared and updated by the American Society of Clinical Oncology (ASCO)
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<th>Payer</th>
<th>Coronavirus Information</th>
<th>Telemedicine/Telehealth Updates</th>
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<tr>
<td>Aetna</td>
<td><strong>COVID-19: Telemedicine FAQs (Updated 04.14.21)</strong></td>
<td>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 were 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 were 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.</td>
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<td>Blue Cross Blue Shield Association</td>
<td><strong>Coronavirus (COVID-19) Updates</strong></td>
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<td><strong>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.</strong></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">BCBS payer</a> they are contracted with for further guidance.</td>
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<tr>
<th>CIGNA</th>
<th><a href="https://www.cigna.com/CignaResponseToCOVID19">Cigna’s Response to COVID-19 (Updated 08.23.21)</a></th>
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<tr>
<td><strong>In and out-of-network providers can be reimbursed for telehealth services related to COVID-19. Customer cost-share is waived for these visits through October 17, 2021.</strong></td>
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<tr>
<td><strong>Non COVID-19 Telehealth Services</strong></td>
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Last Updated on 09/22/2021. This resource will be updated periodically. Check with private payers directly for updates and information.

<p>| MEDICARE INFORMATION AND TOOLS FOR HEALTH CARE PROVIDERS (Updated 01.20.21) | For those concerned about face-to-face encounters, Cigna is also waiving customer cost-share for non COVID-19 related telehealth services as outlined below. This allows customers not only multiple modalities to engage with their physicians but also free access to their physicians from the safety of their homes. In-network providers as of 6/1/2020, Cigna began waiving customer cost-share for non-COVID-19 related telehealth services when the service is performed by a contracted provider. Customer-cost share was waived until 12/31/2020. Out-of-network providers customer cost-share applies for non-COVID-19 related telehealth services performed by out-of-network providers. |
| COVID-19 MEDICARE ADVANTAGE BILLING &amp; REFERRAL GUIDELINES FOR PROVIDERS (Updated 04.26.21) | |
| Geisinger Health Plan | Coronavirus Update for Providers (Updated 08.15.21) | GHP will cover telehealth services and member costs will be waived for telehealth visits through October 18, 2021. Members can receive telehealth services through their in-network provider or through Teladoc. |
| | | To bill standard E&amp;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 July 2021) | 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. |
| Harvard Pilgrim | COVID Information and Resources | |</p>
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<th>Humana</th>
<th>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.</th>
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<td>Telehealth - Expanding access to care</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 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.</td>
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<tr>
<td>Telehealth Toolkit</td>
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<td>Telehealth FAQs</td>
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<td>Kaiser</td>
<td>Kaiser members can access care through several forms of telemedicine, including phone and email. Go to <a href="https://healthy.kaiserpermanente.org/get-care">https://healthy.kaiserpermanente.org/get-care</a> and select the region for specific information.</td>
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<tr>
<td>COVID-19: The latest information (Updated 09.22.21)</td>
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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.

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

| **Coronavirus (COVID-19) Resources for Kaiser Permanente Network Providers** |
| **Telemedicine Services (Commercial) Updated 07.08.21** |
| **Telehealth Services (Medicare) (Updated 10.28.20)** |
| **Virtual Care Payment Policy (Updated 3.19.20)** |
| **Virtual care, Coverage, and Coding Benefits** |

| **Molina Healthcare** |
| **COVID-19 (Coronavirus) Response (Updated 07.23.21)** |
| **COVID-19 Telehealth Billing (Updated 5.19.20)** |
| **Provider Memorandum (Updated 5.29.20)** |
| Tufts Associated Health Plans | 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 | 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.  
  Tufts Health Plan is reinstating member cost share for COVID-19-related, in-  
  network, medically necessary services as outlined below:  
  • Tufts Health Freedom Plan and Tufts Medicare Preferred HMO: Effective for  
  dates of service on or after August 7, 2021  
  • Rhode Island Commercial: Effective for dates of service on or after October 3,  
  2021, unless otherwise extended by state orders  
  Applicable member copays and other applicable cost share will continue to be  
  waived for COVID-19-related, in-network, medically necessary services for  
  Massachusetts Commercial and Tufts Health Direct members. 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  
  Policies may differ for self-insured plans.  

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

- Coronavirus (COVID-19) Updates for Providers (Updated 09.09.21)  
- Temporary COVID-19 Telehealth Payment Policy (Updated 09.21)
Last Updated on 09/22/2021. This resource will be updated periodically. Check with private payers directly for updates and information.

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<tr>
<th>United Healthcare</th>
<th>Non-COVID Telehealth</th>
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<td>COVID-19 Information and Resources (Updated 05.13.21)</td>
<td>Medicare Advantage</td>
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<td>UnitedHealthcare Telehealth Services: Care Provider Coding Guidance (Updated 12.21.20)</td>
<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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<tr>
<td>COVID-19 Temporary Provisions: Date guide (Updated 09.16.21)</td>
<td>Medicaid</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>Individual and Fully Insured Group Market</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.

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