PRIVATE PAYERS: TELEMEDICINE AND TELEHEALTH

Updates and Information

Prepared and updated by the American Society of Clinical Oncology (ASCO)
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| Aetna     | Letter to Providers: COVID-19: Taking Action  
COVID-19: Telemedicine FAQs (Updated 5.20.20)                                               | Until June 4, 2020, Aetna will waive member cost sharing for any in-network covered telemedicine visit – regardless of diagnosis – for their Commercial plans.1 For Aetna Commercial plans offering Teladoc®, MinuteClinic Video Visit coverage or a different virtual care option2, cost sharing will be waived for those virtual visits. Cost sharing will also be waived for covered real-time virtual visits offered by in-network providers (live video conferencing and telephone-only telemedicine services) for all Commercial plan designs. Commercial members may use telemedicine services for any reason, not just COVID-19 diagnosis. Self-insured plan sponsors offer this waiver at their discretion.  
Through September 30, 2020, Aetna is extending all member cost-sharing waivers for covered in-network telemedicine visits for outpatient and mental health counseling services for their Commercial plans.4 Self-insured plans offer this waiver at their own discretion.  
Through September 30, 2020, Aetna is extending all member cost-sharing waivers for in-network telehealth visits for outpatient behavioral and mental health counseling services for all Medicare Advantage plan members. 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® virtual visits. Cost sharing will also be waived for real-time virtual visits offered by in-network providers (live video conferencing or telephone-only telemedicine services). Medicare Advantage members may use telemedicine for any reason, not just COVID-19 diagnosis.  
For Medicare Advantage plans, effective May 13, 2020 through September 30, 2020, Aetna is waiving member out-of-pocket costs for all in-network primary care visits, whether done in-office and via telehealth, for any reason, and encourages member to continue seeking essential preventive and primary care during the crisis.  
(Review the footnotes and disclaimer in the FAQ)
<p>| Blue Cross Blue Shield Association | Media Statement: Blue Cross and Blue Shield Companies Announce Coverage of Telehealth Services for Members | All 36 independently-operated BCBS companies and the Blue Cross and Blue Shield Federal Employee Program® (FEP®) are expanding coverage for telehealth services for the next 90 days. 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. |
| CIGNA | Cigna’s Response to COVID-19 (Updated 5.22.20) | As federal guidelines continue to evolve in support of the COVID-19 pandemic, Cigna is adopting a position consistent with the federal public health emergency period, which ends on July 24, 2020. As such, Cigna is extending the customer cost-share waivers and other enhanced benefits, including our interim virtual care policy, through at least July 31, 2020. Providers can deliver any existing face-to-face service on their fee schedule virtually, including those not related to COVID-19. This includes providers who typically deliver services in a facility setting. If a provider gets reimbursed for a face-to-face service today per their existing fee schedule, then they will be reimbursed the same amount even if they deliver the service virtually. Cigna will cover virtual care as follows: • For COVID-19 related screening (i.e., quick phone or video consult): ◦ By a provider: No cost-share for customer ◦ Through a virtual vendor (e.g., Amwell or MDLive): No cost-share for customer • For non-COVID-19 related services (e.g., oncology visit, routine follow-up care) |</p>
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| **Geisinger Health Plan**    | **Coronavirus Update for Providers**                                     | 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. |
| **Harvard Pilgrim**           | **Information for Providers on Coronavirus (COVID-19) (Updated 5.21.20)** | As telemedicine visits may help limit the spread of the disease, Harvard Pilgrim is emphasizing telemedicine services to our members and expanding the scope of our telemedicine coverage for telephone only, audio/video, and e-visits. Harvard Pilgrim has developed an interim Telemedicine and Telehealth Payment Policy to provide guidance for providers and office staff, including billing/coding guidance for commercial products. Please refer to CMS guidelines for billing instructions for Medicare Advantage. |
### Humana
- **Coronavirus: Protecting members and reducing the spread of COVID-19**
- **Telehealth - Expanding access to care**
- **Telehealth: Frequently asked questions to support physicians working with Humana**
- **Administrative Updates**

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 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
- **Coronavirus and COVID-19: How to protect yourself and get care**
- **COVID-19: The latest information (Updated 5.21.20)**
- **Coronavirus (COVID-19) Resources for Kaiser Permanente Network Providers**
- **Telemedicine Services (Commercial)**
- **Telehealth Services (Medicare)**
- **Virtual Care Payment Policies**

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 Healthcare
- **COVID-19 (Coronavirus) Response (Updated 5.26.20)**
- **Molina COVID Telehealth Billing Policy-Physical Health (Updated 5.19.20)**
- **COVID-19 Telehealth Billing**
- **Provider Memorandum**

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.
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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. The telehealth reduction will not apply.
- Out-of-network (OON) providers will be reimbursed using Tufts Health Plan's standard processes for reimbursing OON claims. Members are encouraged to see in-network providers, wherever possible. However, this policy applies to in-network and OON providers.
- Plans which require referrals and/or authorizations to see OON specialists continue to require referrals and/or authorizations for telehealth services, unless services are related to the following:
  - COVID-19
  - Inpatient care
  - Post-acute care, including inpatient rehab, skilled nursing facilities, long-term acute care (LTAC), and/or home care following an inpatient admission
  - Primary care or outpatient behavioral health services
### United HealthCare

- **Expanded access to care, support and resources**
- **Provider Telehealth Policies**
- **COVID-19 Telehealth (Updated 5.22.20)**
- **UnitedHealthcare Telehealth Services: Care Provider Coding Guidance**

UnitedHealthcare is waiving the Centers for Medicare & Medicaid Services (CMS) originating site restriction for Medicare Advantage, Medicaid and Individual and Group Market health plan members from March 18, 2020 through June 18, 2020. For Medicare Advantage plans, including DSNP plans, telehealth services require audio-video communication in accordance with CMS requirements, and audio-only services are covered using audio-only codes. For Medicaid and Individual and Group Market health plan members, eligible care providers can bill for telehealth services performed using either interactive audio-video or audio only, except in the cases where we have explicitly denoted the need for interactive audio-video, such as with PT/OT/ST, while a patient is at home.

- **All Tufts Health Plan contracting providers, including specialists and urgent care facilities, may provide telemedicine services to members for all medical (well visits/preventive and sick visits), 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 both in-network and OON telehealth services. This includes both facility and professional services.**
- **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;
  - 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.**
| **COVID-19 Information & Resources** | The reimbursement policy change applies to services provided to members covered by all Medicaid plans.  

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 reimburses telehealth services according to its telehealth reimbursement policies. Depending on whether a claim is for a Medicare Advantage, Medicaid or Individual and Group Market health plan member, those policies require slightly different modifiers 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](https://www.ahip.org/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](https://www.ahip.org)