



Last Updated on 05/11/2022

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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Payer	Coronavirus Information	Telemedicine/Telehealth Updates
Aetna	COVID-19: Telemedicine FAQs (Updated 12.23.21)	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Aetna Group Medicare retiree members should check to see their plan coverage.</p> <p>Medicaid providers are encouraged to check with their state Medicaid agency for more information on regulations pertaining to telehealth guidelines.</p> <p>In most cases, Aetna reimburses providers for telemedicine services, including behavioral health services, at the same rate as in-person visits. For providers with</p>

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		<p>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.</p> <p>POS/Modifiers: For commercial members, non-facility telemedicine claims must use POS 02 with the GT or 95 modifier. Urgent care centers should continue to use POS 20. All other facilities should continue to use their respective POS. For Medicare members, POS 02 or POS 11, or the POS equal to what it would have been had the service been furnished in-person, along with the 95 modifier indicating that the service rendered was performed via telehealth, may be utilized and will be reimbursed at the same rate.</p>
<p>Blue Cross Blue Shield Association</p>	<p>Coronavirus (COVID-19) Updates</p>	<p>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.</p> <p>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 acting to speed care to patients and support doctors and hospitals on the front lines of the pandemic.</p> <p>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.</p> <p>Providers will need to check the BCBS payer they are contracted with for further guidance.</p>

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CIGNA	<p>Cigna’s Response to COVID-19 (Updated 10.22.21)</p> <p>Reimbursement Policy-Virtual Care (Updated 04.01.22)</p> <p>MEDICARE INFORMATION AND TOOLS FOR HEALTH CARE PROVIDERS (Updated 01.20.21)</p> <p>COVID-19 MEDICARE ADVANTAGE BILLING & REFERRAL GUIDELINES FOR PROVIDERS (Updated 04.26.21)</p>	<p>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 January 15, 2022.</p> <p>Non COVID-19 Telehealth Services 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.</p> <p>Coding: Modifier 95 or GQ or GT should be appended to the appropriate CPT® or HCPCS code. Effective 4/1/22 do not use Place of service 10 until further notice.</p> <p>Effective 7/1/22 Modifier 93 or FQ will be accepted. Place of service 02 must be billed.</p>
Geisinger Health Plan	<p>Coronavirus Update for Providers (Updated 03.04.22)</p>	<p>GHP will cover telehealth services and member costs will be waived for telehealth visits through July 31, 2022. Members can receive telehealth services through their in-network provider or through Teladoc.</p> <p>Coding:</p> <ul style="list-style-type: none"> • 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. <p>For a brief virtual visit, bill code G2012.</p>

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		<p>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.</p>
Harvard Pilgrim	<p>Interim Telemedicine/Telehealth Payment Policy (COVID – 19 Pandemic) (Updated 01.03.22)</p> <p>COVID Information and Resources</p>	<p>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.</p> <p>Refer to the Harvard Pilgrim interim Telemedicine and Telehealth Payment Policy for guidance on commercial products, and to CMS guidelines for Medicare Advantage.</p> <p>Cost sharing for telemedicine services, resumed for commercial members on Oct. 1, 2020.</p> <p>Cost sharing resumed for all telemedicine services (no copays, deductibles, or coinsurance) for Medicare Advantage members as of Dec. 31, 2020.</p> <p>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.</p> <p>Coding:</p> <ul style="list-style-type: none"> • Patient not located in home: POS 02 • Patient located at home: POS 10 (Effective 1/1/22) • Telemedicine services may use modifier GT (interactive audio/video) or 95 (synchronous interactive audio/video). • Telehealth services may use modifier GO (Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke) or GQ (asynchronous telecommunications).
Humana	<p>Telehealth - Expanding access to care</p>	<p>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.</p>

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	<p>Telehealth Toolkit</p> <p>Telehealth FAQs</p>	<p>As of 1/1/21, Medicare Advantage benefits include no member cost share for in-network telehealth visits for <u>primary care, urgent care, and behavioral health</u>. For specialty telehealth visits, please verify member plan benefits as any applicable member cost share would apply.</p> <p>For commercial members, telehealth services are subject to any applicable member cost-sharing. However, for dates of service January 1 – June 30, 2021, no member cost-sharing applied for an allowed telehealth or other virtual service, provided and reported consistent with this policy, when rendered pursuant to a Humana telehealth vendor partnership</p> <p>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.</p> <p>For providers or members who do not have access to secure video systems, Humana will temporarily accept telephone (audio-only) visits. These visits can be submitted and reimbursed as telehealth visits.</p> <p>Please follow CMS or state-specific guidelines and bill as you would a standard telehealth visit.</p> <p>Coding:</p> <ul style="list-style-type: none"> • For all telehealth or virtual services, report modifier 95 (audio/video) or FQ (audio-only) to identify that the service was reported via telecommunications-based technology. • If the service is provided using audio only, use modifier FQ (eff 1/1/22). • Report POS that would have been reported if service had been furnished in person.
Kaiser	<p>COVID-19: The latest information (Updated 10.19.21)</p>	<p>Kaiser members can access care through several forms of telemedicine, including phone and email. Go to https://healthy.kaiserpermanente.org/get-care and select the region for specific information.</p>

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	<p>Coronavirus (COVID-19) Resources for Kaiser Permanente Network Providers</p> <p>Telemedicine Services (Commercial) Updated 02.01.2022</p> <p>Telehealth Services (Medicare) (Updated 10.28.20)</p> <p>Virtual Care Payment Policy (Updated 3.19.20)</p> <p>Virtual care, Coverage, and Coding Benefits</p>	<p>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.</p> <p>When benefits allow, telemedicine services will be reimbursed for commercial plans when all the following criteria are met:</p> <ol style="list-style-type: none"> The services are medically necessary. The originating site is qualified. The distant site practitioner is qualified. 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. <ul style="list-style-type: none"> As of March 24, 2020, audio-only telemedicine & non-HIPAA compliant platforms are allowable for commercial plans. This is effective through July 25th, 2021. Patient is present at an originating site and able to participate. The claim is billed according to the Centers for Medicare & Medicaid Services (CMS) guidelines for telehealth services. <ul style="list-style-type: none"> Starting March 6, 2020, additional telemedicine/telehealth codes were allowed <p>Coding:</p> <ul style="list-style-type: none"> POS 02, 10, or 11 submitting with appropriate modifier from below Audio-only: Modifier FQ or 93 (eff 1/1/2022) Real time audio/video: Modifier 95 Asynchronous: Modifier GQ
Molina Healthcare	<p>COVID-19 (Coronavirus) Response (Updated 10.14.21)</p> <p>COVID-19 Telehealth Billing (Updated 5.19.20)</p>	<p>Molina administers Medicaid claims for multiple states and regions. Medicaid state-specific rules and other state regulations may apply. Please refer to your specific state for requirements.</p> <p>assessment,Skype,</p>

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<p>Tufts Associated Health Plans</p>	<p>Provider Memorandum (Updated 5.29.20)</p> <p>Coronavirus (COVID-19) Updates for Providers (Updated 10.06.21)</p> <p>Temporary COVID-19 Telehealth Payment Policy (Updated 10.21)</p>	<p>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.</p> <p>Tufts Health Plan is reinstating member cost share for COVID-19-related, in-network, medically necessary services as outlined below:</p> <ul style="list-style-type: none"> • Tufts Health Freedom Plan and Tufts Medicare Preferred HMO: Effective for dates of service on or after August 7, 2021 • Rhode Island Commercial: At the conclusion of the Rhode Island State of Emergency • Tufts Health Plan: Effective for dates of services beginning May 1, 2022 <p>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</p> <p>Policies may differ for self-insured plans.</p> <p>Out-of-Network Providers Standard coverage policies and benefits (including applicable cost share) apply for out-of-network (OON) telemedicine services.</p> <p>Coding: Prior to 1/1/22:</p>

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United Healthcare	COVID-19 Telehealth Services (Updated 04.19.2022)	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																												

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	<p data-bbox="415 199 936 297">UnitedHealthcare Telehealth Services: Care Provider Coding Guidance (Updated 10.29.2021)</p> <p data-bbox="415 410 942 475">COVID-19 Temporary Provisions: Date guide (Updated 10.15.21)</p>	<p data-bbox="1010 199 1871 264">require different modifiers, date of service limitations or place of service indicators for a telehealth claim to be reimbursed.</p> <p data-bbox="1010 305 1934 402">Review each network plan section below for specific plan details, using the Eligibility and Benefits self-service to verify member eligibility, help determine telehealth coverage, view care plans, and get digital ID cards.</p> <p data-bbox="1010 483 1990 800">UnitedHealthcare is reimbursing all codes on the CMS Covered Telehealth Services list during the national public health emergency for services furnished under Medicare Advantage, Medicaid* and Individual and fully insured Group Market health plans. UnitedHealthcare is also reimbursing additional codes for Individual and fully insured Group Market health plans through the national public health emergency period. View codes here. Additional covered codes and information can be found in the Telehealth and Telemedicine Reimbursement policies for Medicaid and Individual and fully insured Group Market health plans.</p> <p data-bbox="1010 841 1100 865">Coding:</p> <p data-bbox="1010 878 1266 902">Medicare Advantage:</p> <p data-bbox="1010 911 1927 1008">During the PHE period, providers can bill with the place of service they would normally have billed had they done the services in person along with the appropriate telehealth modifier.</p> <p data-bbox="1010 1016 1955 1114">Upon completion of the PHE, eligible telehealth services will be considered for reimbursement with POS 02. Modifiers 95, GT, GQ, or G0 may be appended but will be considered informational and not necessary.</p> <p data-bbox="1010 1122 1129 1146">Medicaid:</p> <p data-bbox="1010 1154 1961 1219">Medicaid state-specific rules and other state regulations may apply. Please refer to your specific state’s Community Plan website.</p> <p data-bbox="1010 1227 1161 1252">Commercial:</p> <p data-bbox="1010 1260 1980 1357">Effective 1/1/21 eligible telehealth services will be considered for reimbursement with POS 02. Modifiers 95, GT, GQ or G0 may be appended to claims with POS 02, but the modifiers will be considered informational.</p>

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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](#)