



Important HIPAA Change

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

Note: Public facing services are specifically not allowed by OCR and should not be used for the provision of telehealth. These include, but are not limited to: - Facebook Live - Twitch - TikTok

For more information:

- <https://www.hhs.gov/hipaa/forprofessionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- <https://www.hhs.gov/hipaa/forprofessionals/special-topics/emergency-preparedness/index.html>

Telehealth Platforms practices are using:

- [Doxy.me](#) – free to use and no download required
- [Zoom](#) – Also free to use. Patient needs to download Zoom app on their computer or device
- Facetime – iPhone/iPad/Mac users
- Skype
- EMR integrated telehealth – contact your EMR vendor to explore this option

Troubleshooting Tips

- Getting rid of an echo during call (Patient and Provider) – try using headphones and reduce speaker volume
- Improving video quality (Patient)
 - Make sure others in the home that are using the same wifi router are not streaming video or audio reducing the available bandwidth
 - Move closer to your wifi router
 - If the suggestions above do not help, try restarting your computer

Below is a guide of how payers are addressing telehealth needs during the COVID-19 pandemic.

This guide is being updated regularly, however, for the most up-to-date information, click on the payer name to be directed to their website.

[AETNA](#)

We're here to help you, help your patients and recently announced these resources and enhancements when applicable:

If you request testing related to COVID-19, we'll waive your Aetna patient's cost sharing.

Aetna Commercial patients pay \$0 for covered telemedicine visits until June 4, 2020.

Until further notice, Aetna is also expanding coverage of telemedicine visits to its Aetna Medicare members, so they can receive the care they need from you without leaving their homes. With this change and new flexibilities announced by the Centers for Medicare and Medicaid Services to help combat the virus, Aetna Medicare members can now see their providers virtually via telephone or video.

Aetna is offering its Medicare Advantage brief virtual check-in and remote evaluation benefits to all Aetna Commercial members and waiving the co-pay.

Care packages will be sent to Aetna patients diagnosed with COVID-19. Through Aetna's Healing Better program, Aetna Commercial and Medicare Advantage members will receive CVS items to help relieve symptoms as well as personal and household cleaning supplies to help keep others in the home protected from potential exposure. Call the number on your Aetna patient's ID card to register a recently diagnosed patient.

Patients won't have to pay a fee for home delivery of prescription medications from CVS Pharmacy®.

We're waiving early refill limits on 30-day prescription maintenance medications for all Commercial members with pharmacy benefits administered through CVS Caremark.

Aetna Medicare members may request early refills on 90-day prescription maintenance medications at retail or mail pharmacies if needed. For drugs on a specialty tier, we're waiving early refill limits for a 30-day supply.

Through existing care management programs, [Aetna](#) will proactively reach out to your patients who are most at-risk for COVID-19.

Please refer to the "[What You Need to Know About the Coronavirus \[COVID-19\] - Aetna Providers](#)" FAQs on Aetna.com for additional important information. There, you'll find information about codes related to COVID-19 and selected labs approved to do COVID-19 testing. This page will continually be updated with information as it becomes available to help you care for your patients.

[ANTHEM](#)

COVID-19 testing and visits associated with COVID-19 testing

Anthem Affiliated health plans will waive cost shares for our Fully- insured employer, individual, Medicare and Medicaid plan Members—inclusive of copays, coinsurance and deductibles—for COVID-19 test and visits associated with the COVID-19 test, including visits to determine if testing is needed. Tests samples may be obtained in many settings including a doctor's office, urgent care, ER or even drive-thru testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider can help you get to a provider who can do so. The waivers apply to members who have individual, employer-sponsored, Medicare and Medicaid plans.

Telehealth (video + audio)

For 90 days effective March 17, 2020, Anthem's affiliated health plans will waive member cost shares for telehealth visits, including visits for mental health or substance use disorders, for our fully insured employer plans, Individual plans,

Medicare plans and Medicaid plans, where permissible. Cost sharing will be waived for members using Anthem's authorized telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.

Telephonic-only care

For 90 days effective March 19, 2020, Anthem's affiliated health plans will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required. This includes covered visits for mental health or substance use disorders and medical services, for our fully insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. Cost shares will be waived for in-network providers only. Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. Self-insured plan sponsors may opt out of this program.

CIGNA

Commercial Customers

As the COVID-19 pandemic continues to spread throughout the United States, we appreciate that providers across the country are on the front line to offer dedicated care to our customers and help protect local communities.

We also know it's more important than ever for Cigna to be committed to our customers' health and make it as easy as possible for you to focus on delivering safe, efficient, and quality care.

To honor this commitment, Cigna recently [announced](#) that we will:

- Waive customer cost-sharing for office visits related to COVID-19 screening and testing through May 31, 2020
- Waive customer cost-sharing for telehealth screenings for COVID-19 through May 31, 2020
- Make it easier for customers to be treated virtually for routine medical examinations by providers
- Provide free home delivery of up to 90-day supplies for Rx maintenance medications available through the Express Scripts Pharmacy and 24/7 access to pharmacists
- Make it easier for hospitals to transfer patients to long term acute care hospitals (LTACHs), skilled nursing facilities (SNFs), and acute rehabilitation facilities (AR) to help manage the demands of increasingly high volumes of COVID-19 patients

To further this commitment, we are providing this COVID-19 billing and reimbursement guidance to help ensure you can keep delivering the care you need to – in the office, at a facility, or virtually – all while getting properly reimbursed for the services you provide our customers.

HUMANA

To support providers with caring for their Humana patients while promoting both patient and provider safety, we have updated our existing telehealth policy. At a minimum, we will always follow CMS telehealth or state-specific requirements, opens in new window¹ that apply to telehealth coverage for our 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 rules¹ based on executive orders. Please refer to the applicable CMS or state specific regulations prior to any claim submissions, and check this page regularly for the latest information.

Temporary expansion of telehealth service scope and reimbursement rules

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.

In response to this emergency, Humana will temporarily reimburse for telehealth visits with participating/in-network providers at the same rate as in-office visits. In order to qualify for reimbursement, telehealth visits must meet medical necessity criteria, as well as all applicable coverage guidelines

Temporary expansion of telehealth channels

Humana understands that not all telehealth visits will involve the use of both video and audio interactions. For providers or members who don't have access to secure video systems, we 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. Further information on using mobile devices for telehealth can be found below.

Temporary expansion of member cost share waivers for telehealth

To encourage members to seek care safely while protecting the health care workforce, Humana is waiving member cost share for all telehealth services delivered by participating/in-network providers. This includes:

- All telehealth services delivered by participating/in-network providers, either through audio or video
- All telehealth services delivered through MDLive to Medicare Advantage members, and also to Commercial members in Puerto Rico
- All telehealth services delivered through Doctor on Demand to Commercial members

Please do not collect traditional member responsibility for these services from any Humana member, as it will result in avoidable refund transactions and may inhibit members from seeking needed care

Temporary expansion of telehealth to broader types of providers

Both participating/in-network primary and specialty providers can render care using telehealth services, provided that CMS and state-specific guidelines are followed

For telehealth visits with a specialist, members are encouraged to work with their primary care physician to facilitate care coordination. Check [CMS Telemedicine Fact Sheet](#) for guidelines, or the [applicable state-specific rules](#), opens in new window for most updated list of distant site practitioners

With respect to these telehealth changes, note that all other coverage rules will continue to apply, and refer to applicable Humana policies for additional information. Please continue to check this page regularly as we will be updating our information to supplement the information in this update.

MEDICAID

What services are now available via telehealth or via a telehealth-like service throughout the entire Medicaid program?

DMS is making system changes to allow for all provider types to bill for telehealth services. To the extent possible, providers should provide all services via telehealth. If a service could have been provided via telehealth, but the individual or provider does not have the capability to deliver or participate in the service via telehealth, the service may be delivered via telephone as a "telecommunication or other electronically mediated health service". If service delivery is audio-only

but the service would normally be dependent on the exchange of visual information, the provider should facilitate appropriate electronic or other data exchanges to support any treatment delivered.

How can I utilize the telephone or other audio-only technology during this emergency?

DMS has filed an emergency regulation to allow for “telecommunication or other electronically mediated health services” to be used throughout the Medicaid program. DMS envisions that these services will be utilized as a “telehealth-like” service wherever appropriate. If they are real-time conversations, telephonic services - where it is not appropriate or possible for a visual video connection to be utilized - will be treated as synchronous telehealth. DMS will also provide an updated fee schedule to include the new codes and guidance about documentation for services that can now be provided via telehealth. If a service could have been provided via telehealth, but the individual or provider does not have the capability to deliver or participate in the service via telehealth, the service may be delivered via telephone as a “telecommunication or other electronically mediated health service”. If service delivery is audio-only but the service would normally be dependent on the exchange of visual information, the provider should facilitate appropriate electronic or other data exchanges to support any treatment delivered

Will payers be required to honor all telehealth or telecommunication codes and modifiers? Yes. The Medicaid MCOs will be expected to follow Medicaid policy during the state and national health emergency. Providers should report problems to DMSIssues@ky.gov if MCOs are not complying with this direction.

How should the G2012 and G2010 Services be used in relation to the ability to provide a telehealth or telecommunication service with a place of service modifier?

DMS recommends utilizing the description within the G2012 and G2012 service when providing that service. If the health service being provided is more expansive than the definition in the G2012 or G2010 code, then DMS recommends still providing the service via synchronous telehealth or via a telecommunications or electronically mediated health service but noting that how that service was delivered. DMS expects that the G code rate will be less than the appropriate service code rate, and would recommend using the appropriate service code with place of service modifier instead of the G code in most circumstances.

What about prior authorizations and telehealth?

Currently, DMS has directed the suspension of all prior authorizations for medical services from 2/4/2020 forward. Therefore, no med/surg claim, including behavioral health services, can be denied payment due to lack of prior authorization from DOS 2/4/20 forward. This suspension of prior authorizations does not include pharmacy. In addition, any claim can still have a post-payment review performed.

MEDICARE

Telehealth - Summary of Medicare Telemedicine Services

Note: Unlike other claims for which Medicare payment is based on a “formal waiver,” telehealth claims don’t require the “DR” condition code or “CR” modifier. CMS is not requiring additional or different modifiers associated with telehealth services furnished under these waivers. However, consistent with current rules, there are three scenarios where modifiers are required on Medicare telehealth claims. In cases when a telehealth service is furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii, the GQ modifier is required. When a telehealth service is billed under CAH Method II, the GT modifier is required.

Finally, when telehealth service is furnished for purposes of diagnosis and treatment of an acute stroke, the G0 modifier is required. Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in

patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries:

- Medicare telehealth visits
- Virtual check-ins
- e-visits

For more information, review the Medicare Telemedicine Health Care Provider Fact Sheet at:

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-healthcare-provider-fact-sheet> and Medicare Telehealth Frequently Asked Questions at: <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questionsfaqs-31720.pdf> .

UNITED HEALTHCARE

Expanding Access to Care and Resources

Here are key things to know, along with links, so you can get more information:

Reduced prior authorization requirements: The changes affect transfers to a post-acute care setting and when members transfer to a new provider. In addition to what we announced in the [press release](#), we are suspending review for site of service for the surgical codes listed [here](#) until April 30, 2020. [LEARN MORE >>](#)

No cost share for COVID-19 testing and testing related visits: In addition to covering the test itself for our members, we're waiving their copays, coinsurance and deductibles for COVID-19 testing related visits, whether the care is received in a physician's office, an urgent care center, a telehealth visit or an emergency department. [LEARN MORE >>](#)

Expanded provider telehealth access: Through June 18, 2020, eligible medical care providers who have the ability and want to connect with their patient through synchronous virtual care (live video-conferencing) can do so. Benefits will be processed in accordance with the member's plan. [LEARN MORE >>](#)

Updated diagnosis and laboratory codes: CMS and CDC guidance as well as input from the American Medical Association has helped inform all of our new coding requirements. [LEARN MORE >>](#)

Additional Telehealth Coding Guidance

- [CMS comprehensive toolkit on telehealth for general practitioners](#)
- American Academy of Professional Coders (AAPC) [Coding for the Coronavirus](#)
- American Medical Association (AMA) [Quick Guide to Telehealth](#)
- American Medical Association (AMA) [Guide to Commonly used Telehealth Codes](#)
- Centers for Disease Control [Coding for the Coronavirus](#)

- Kentucky Medicaid [Coding for the Coronavirus](#)
- Kentucky Medicaid [Behavioral Health Guidance](#)
- For more guidance visit the [Kentucky Telehealth Page](#)