Greater Louisville MEDICAL SOCIETY est. 1892

CODING AND BILLING FOR TELEHEALTH RELATED TO COVID-19 (and beyond)

This is a resource for medical providers and not intended to be a comprehensive guide to billing and payment. Subject to Change as the Coronavirus Situation Unfolds

TELEHEALTH COPAY WAIVERS (AT A GLANCE)
NON COVID-19 RELATED TREATMENT – IN-NETWORK COVERAGE

- **Aetna** – Copay waivers for Medicare Advantage and Behavior Health services for commercial plans through 1/31/2021 *(updated 12/15/2020)*
- **Anthem** – Commercial plan copay waivers ended 9/30. Copays waived (In -Network) Medicare Advantage and Behavior Health services for all plans through 12/31/2020. *(updated 12/10/2020)*
- **Cigna -** Customer cost-share will be waived for COVID-19 related virtual services through January 21, 2021.
- **Humana** – Copays waived through 12/31/2020 for Humana individual or group Medicare Advantage members
- **Medicaid –** Copays waived through end of Public Health Emergency
- **United Healthcare –** All telehealth non-COVID-19 temporary cost share waivers will end on Dec 31, 2020 for Medicare Advantage and Individual and fully insured Group Market health plans.

AETNA

Stay up to date by visiting Aetna online at COVID-19: Telemedicine FAQs

The use of telemedicine is encouraged as a first line of defense to limit potential COVID-19 exposure in physician offices. **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. **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.**

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).

Medicaid providers are encouraged to check with their state Medicaid agency for more information on regulations pertaining to telehealth guidelines.

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

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.

- Aetna's telemedicine policy is available to providers on the Availity portal.

ANTHEM

Visit Provider News Home for the latest information from Anthem about COVID-19

COVID-19 Related Visits

- Anthem is waiving cost-sharing for the treatment of COVID-19 from April 1 through **December 31, 2020** for members of its fully-insured employer, Individual, Medicare Advantage and Medicaid plans. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.

Non-COVID-19 Related Visits

- **Fully-Insured Employer and Individual Plans:** cost-sharing for telehealth in-network visits from March 17 through **September 30, 2020**, including visits for behavioral health, for our fully-insured employer, individual plans, and where permissible, Medicaid. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.
- **Medicare Advantage Plans:** cost-sharing for telehealth in-network visits from March 17 through **December 31, 2020**, including visits for behavioral health, for our Medicare Advantage plans.
- **Behavioral Health Telephonic-only in-network Visits:** cost-sharing for telephonic-only in-network visits from March 19 through **December 31, 2020** for fully-insured employer-sponsored, individual, Medicare and Medicaid plans. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.

Note: Anthem's guidelines apply to Anthem's affiliated health plan's membership (members with Anthem ID cards) wherever they reside, except where prohibited by law or local emergency guidelines. Each BCBS Plan may have different guidelines that apply to members of other Blue plans. Providers should continue to verify an individual's eligibility and benefits prior to rendering services.

CARESOURCE KY MARKETPLACE (Refer to CMS Guidelines)

Refer to the CMS Frequently Asked Questions resource

https://www.caresource.com/ky/providers/tools-resources/covid-19-provider-resource-center/marketplace/

CIGNA

Cigna Coronavirus (COVID-19) Interim Billing Guidance for Providers for Commercial Customers

Current interim coverage accommodations for commercial Cigna medical services:

- 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/virtualcare for additional information about this new policy.

HUMANA

Telehealth FAQ for providers

https://www.humana.com/provider/coronavirus/telemedicine

Coverage

- Humana is reimbursing an office visit furnished via telehealth by an in-network practitioner at the same rate as an in-person office visit.
- To enable such claims processing, Humana strongly recommends that a provider submit a charge for a telehealth service with the place of service (POS) code that would have been reported had the service been furnished in person and to append modifier 95 to identify that the service was furnished via telehealth. See Humana policy for more information.
- When billing for a telehealth service provided to one of your patients covered by a Humana MA or commercial plan, bill with the same service code and same place of service (POS) code you would have used if the service had been rendered in person. Also, report Modifier 95 to indicate that the service was rendered via telehealth. There are unique services codes you should bill for other virtual services such as e-visits, virtual check-ins and telephone E/M services. See Humana policy for further information. Follow the appropriate state Medicaid guidance when billing for a telehealth or other virtual service provided to a patient covered by a Humana Medicaid plan.

Cost Share for In-Network Provider
Member cost share for all in-network primary care visits is waived for the remainder of the calendar year to encourage members to seek needed care from their primary care provider. **This applies to Humana individual or group Medicare Advantage members**

Out of Network COVID-19 Related Visits

- Member cost-sharing is waived for out-of-network COVID-19-related services, including but not limited to those rendered via telehealth or other virtual methods. Medical necessity, as well as applicable CMS guidelines and other plan rules, will continue to apply. See Humana policy for more information. Commercial members who seek care from out-of-network providers could experience balance billing.

MEDICAID

COVID 19 Provider Resources /
https://chfs.ky.gov/agencies/dms/Documents/ProviderFAQs.pdf

Currently, DMS plans to restrict telehealth to previous requirements after this current emergency has ended. However, DMS will carefully consider any new developments and innovations in service delivery that occur during this time and may expand current regulations or interpretations to encourage any new efficiencies that are discovered. When possible, DMS encourages providers to carefully document new approaches and efficiencies that improve outcomes and health of our members for future study.

Until the end of the Public Health Emergency: All telemedicine visits are currently covered with no cost sharing to the member.

MEDICARE

The complete list of COVID-19 blanket waivers is available at https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf.

Medicare payment for the telephone evaluation and management visits (CPT codes 99441-99443) is equivalent to the Medicare payment for office/outpatient visits with established patients effective March 1, 2020.

Billing for Professional Telehealth Distant Site Services During the Public Health Emergency

CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

View a complete list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the PHE, bill with:

- Place of Service (POS) equal to what it would have been had the service been furnished in-person
- Modifier 95, indicating that the service rendered was actually performed via telehealth

As a reminder, CMS is not requiring the CR modifier on telehealth services. However, consistent with current rules for telehealth services, there are two scenarios where modifiers are required on MLN Matters SE20011 Related CR N/A Page 8 of 16 Medicare telehealth professional claims:

- Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier
- Furnished for diagnosis and treatment of an acute stroke, use G0 modifier There are no billing changes for institutional claims; critical access hospital method II claims should continue to bill with modifier GT.

UNITED HEALTHCARE

Full details, including applicable benefit plans and service information, can be found online.

Medicare Advantage Plans –

From Jan. 1, 2021 through the national public health emergency period (currently scheduled to end Jan. 20, 2021), UnitedHealthcare will cover all in-network and out-of-network telehealth services as outlined in current CMS guidelines.

Member Coverage and Cost Share: UnitedHealthcare Medicare Advantage will continue to extend its temporary cost share waiver (copay, coinsurance or deductible) for certain telehealth services, as described below:

- COVID-19 Testing - From Feb. 4, 2020 through the national public health emergency period (currently scheduled to end Jan. 20, 2021), UnitedHealthcare is waiving cost sharing for in-network and out-of-network testing-related telehealth visits.

- COVID-19 Treatment - From Feb. 4, 2020 through Dec. 31, 2020, UnitedHealthcare is waiving cost sharing for in-network and out-of-network telehealth treatment visits.

- Non-COVID-19 Visits - Through Sept. 30, 2020, UnitedHealthcare extended the cost share waiver for telehealth services for in- and out-of-network providers.

  From Oct. 1, 2020 through Dec. 31, 2020, UnitedHealthcare will extend the cost share waiver for in-network and covered out-of-network primary care telehealth services.

  Beginning Oct. 1, 2020, cost sharing for non-primary care telehealth services will be adjudicated in accordance with the member's benefit plan.

Individual and fully insured Group Market health plans -

Any originating site or audio-video requirements under UnitedHealthcare reimbursement policies are temporarily waived for certain visits, as described below. This means that telehealth services provided by a live interactive audio-video or audio-only communication system can be billed for members at home or another location.

COVID-19 Visits

- For in-network providers, UnitedHealthcare will extend the expansion of telehealth access for COVID-19 testing and treatment services through Dec. 31, 2020. From Jan. 1, 2021 and beyond, UnitedHealthcare will cover all in-network telehealth services as outlined in current CMS guidelines and additional codes as outlined in our telehealth reimbursement policy.
- For out-of-network providers
- UnitedHealthcare will extend the expansion of telehealth access for COVID-19 testing through the national public health emergency period (currently scheduled to end Jan. 20, 2021).

  For out-of-network providers, UnitedHealthcare will extend the expansion of telehealth access for COVID-19 treatment through Oct. 22, 2020. As of Oct. 23, 2020, out-of-network telehealth services are covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.

Non-COVID-19 Visits

- UnitedHealthcare will extend the expansion of telehealth access for in-network providers through Dec. 31, 2020. From Jan. 1, 2021, UnitedHealthcare will cover all in-network telehealth services as outlined in current CMS guidelines and additional codes as outlined in our telehealth reimbursement policy.
- For out-of-network providers, the expansion of telehealth access ended July 24, 2020. As of July 25, 2020, out-of-network telehealth services are covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.