



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*

[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.

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

Telehealth (video + audio)

For COVID-19 treatments via telehealth visits, Anthem’s affiliated health plans will cover telehealth and telephonic-only visits from in-network providers and will waive cost shares through January 31, 2021.

From March 17, 2020, through September 30, 2020, Anthem's affiliated health plans waived member cost shares for telehealth visits for services not related to the treatment of COVID-19 from in-network providers, including visits for mental health or substance use disorders, for our fully-insured employer plans, and individual plans.

For out-of-network providers, Anthem waived cost shares from March 17, 2020, through June 14, 2020. 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. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.

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](#)

New Virtual Care Policy Effective 1/1/2021:

<https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwCVirtualCare.html>

HUMANA

[Telehealth FAQ for providers](#)

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

To support providers with caring for their Humana patients while promoting both patient and provider safety, we have updated our existing telehealth policy for the duration of the COVID-19 public health emergency (PHE). At a minimum, we will always follow Centers for Medicare & Medicaid Services (CMS) telehealth or **state-specific requirements, opens in new window** that apply to telehealth coverage for our insurance products. This policy will be reviewed periodically for changes based on the evolving COVID-19 PHE 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.
 - 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.

- **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.

Please refer to [Humana's COVID-19 Telehealth and Other Virtual Services policy, opens in new window](#), for further information.

Note: When the policy link is clicked, it will automatically download the policy. Due to the file size, this may take a moment to open on your computer.

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.

MEDICAID

[COVID 19 Provider Resources /
https://chfs.ky.gov/agencies/dms/Documents/ProviderFAQs.pdf](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](#).

Updated Telehealth Reimbursement Policy

In 2020 during the national public health emergency period, UnitedHealthcare expanded coverage for certain telehealth services. This expanded coverage included adding additional services eligible for coverage, and allowing reimbursement for those services, including when they were rendered within our members' homes. This helped us better align with the Centers for Medicare & Medicaid Services' (CMS) temporary waiving of originating site requirements.

Beginning Jan. 1, 2021, UnitedHealthcare has updated and expanded our [Telehealth Reimbursement Policy](#) to similarly expand the list of telehealth services eligible for reimbursement and continue to allow home as an originating site.

Originating Site Expansion: For all UnitedHealthcare Individual and fully insured Group Market health plans, we are continuing to allow a home as an originating site for audio-video requirements by updating UnitedHealthcare's [Telehealth Reimbursement Policy](#). This means that telehealth services provided by a live interactive audio-video communication system can be billed for members at home or at a CMS originating site. Specifically:

COVID-19 Visits

- For in-network providers, UnitedHealthcare will extend the expansion of telehealth access for [COVID-19 testing and treatment](#) through Dec. 31, 2020.
- From Jan. 1, 2021 and beyond, UnitedHealthcare will reimburse 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 April 20, 2021.
- For out-of-network providers, UnitedHealthcare extended 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

- For in-network providers, UnitedHealthcare will extend the expansion of telehealth access through Dec. 31, 2020. From Jan. 1, 2021, UnitedHealthcare will cover in-network telehealth services in

accordance with the member's benefit plan and our [Telehealth Reimbursement Policy](#). During the national public health emergency period, currently scheduled to end April 20, 2021, additional CMS codes may apply.

- 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.

State Provision Exceptions: Please review the [Telehealth State Provision Exception](#) page for state-specific telehealth coverage, reimbursement rules, regulations and time limits that apply to Individual and fully insured Group Market health plans. (application for self-insured customer benefit plans may vary.) These provisions may vary from federal regulations.

Reimbursement: A list of reimbursable codes can be found in UnitedHealthcare's [Telehealth Reimbursement Policy](#). Additional codes that can be used during the COVID-19 national public health emergency period can be found under the Billing Guidance section below.

Member Coverage and Cost Share: UnitedHealthcare Individual and fully insured Group Market health plans will continue to extend its temporary cost share (copay, coinsurance or deductible) waiver for certain telehealth services, as described below. The following cost share waiver information applies to COVID-19 visits for medical, outpatient behavioral, PT/OT/ST, home health, hospice and remote patient monitoring, with opt-in available for self-funded employers. Benefits will be adjudicated in accordance with the member's health plan, if applicable.

- **COVID-19 Testing**
From Feb. 4, 2020 through the national public health emergency period (currently scheduled to end April 20, 2021), UnitedHealthcare is waiving cost sharing for in-network and out-of-network testing and testing-related telehealth visits.
- **COVID-19 Treatment**
From Feb. 4, 2020 through Dec. 31, 2020, UnitedHealthcare is waiving cost sharing for in-network telehealth treatment visits.

Effective Jan. 1, 2021, UnitedHealthcare updated and expanded our [Telehealth Reimbursement Policy](#) so that most UnitedHealthcare benefits plans include telehealth visits with in-network providers. Members will be responsible for any copay, coinsurance or deductible, according to their benefit plan.

Out-of-network cost-share waivers ended Oct. 22, 2020. Coverage for out-of-network services is determined by the member's benefit plan. Implementation for self-funded customers may vary.

- **Non-COVID-19 Visits**
For in-network providers, UnitedHealthcare extended the cost share waiver for telehealth services through Sept. 30, 2020. For out-of-network providers, the cost share waiver for telehealth services does not apply.

As of Oct. 1, 2020, benefits are adjudicated in accordance with the member's benefit plan.