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COVID-19 RELATED PAYER POLICIES AND RESOURCES

- **Current National Public Health Emergency ends October 17, 2021**
  On July 19, 2021, the Secretary of Health and Human Services (HHS) renewed the national public health emergency (PHE) period for COVID-19 through October 17, 2021.

- **CLIA required to conduct Covid-19 testing**
  Every facility that conducts COVID-19 testing is considered a "laboratory" and must be certified under CLIA. To make certification easy, CMS implemented an expedited review process at the beginning of the public health emergency and recently released a quick-start guide that helps laboratories with the application process. It is imperative to public safety that facilities apply for CLIA certification and only operate within the scope of that certification to prevent false results that could adversely alter diagnosis, treatments and contribute to the further spread of COVID-19. CLIA Quick Tips | CDC

- **Covid Vaccines**
  - CMS has provided coding guidelines related to COVID-19 vaccines: https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies
  - People without health insurance or whose insurance does not provide coverage of the vaccine can also get the COVID-19 vaccine at no cost. Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the Provider Relief Fund.

- **Additional Resources:** Most professional associations have pages devoted to COVID-19 vaccination. Your association may have advice tailored to your discipline, specialty and/or location.

PAYER SPECIFIC INFORMATION AND RESOURCES

AETNA Stay up to date by visiting Aetna online at COVID-19: Telemedicine FAQs
Telemedicine Coverage Aetna's liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will continue until further notice. Please refer to the Telemedicine policy on Availity provider portal for services covered.

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Member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for Commercial plans were active until January 31, 2021.6 Aetna self-insured plan sponsors offered this waiver at their 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, 2021.1

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.

Regulations regarding telehealth services and care package availability for Aetna Medicaid members varies by state and, in some cases, are changing in light of the current situation. Aetna Medicaid members with questions about their benefits are encouraged to call the member services phone number on the back of their ID cards.

Telemedicine Coding

For commercial members non-facility telemedicine claims must use POS 02 with the GT or 95 modifier. Fee schedules have been updated so claims with approved telemedicine CPT codes and modifiers with POS 02 will be reimbursed at the same rate as an equal office visit. For example, a telemedicine service 99213 GT with POS 02 will reimburse the same as a face-to-face in-office visit 99213. Urgent Care Centers should continue to use POS 20. All other facilities should continue to use their respective POS; CPTs and the telemedicine modifiers must be noted on the UB-04 and HCFA 1500 forms as the Rev Code will not be sufficient.

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 actually performed via telehealth, may be utilized and will reimburse at the same rate.

Covid Vaccine

Aetna members in Commercial and Medicaid plans will not have to pay any out-of-pocket costs for a COVID-19 vaccine.

CMS has indicated it will pay for the cost of the vaccine for all Medicare beneficiaries. This includes those in a Medicare Advantage plan, regardless of whether they go to an in-network or out-of-network pharmacy or provider.

Members should not be charged for COVID-19 testing ordered by a provider acting within their authorized scope of care or administration of a COVID-19 vaccine. Providers can seek reimbursement for uninsured patients through the Health Resources & Services Administration (HRSA) for COVID-19 testing, treatment and vaccine administration. This information is available on the HRSA website.

ANTHEM

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

Telehealth

For members of Medicaid plans, Medicaid state-specific rate and other state regulations may apply.

Video + Audio --- From March 17, 2020, to September 30, 2020, Anthem's affiliated health plans waived member cost share for telehealth (video + audio) in-network provider visits for services not related to the treatment of COVID-19, including visits for behavioral health, 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 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.

Telephonic Only --- Anthem does not cover telephonic-only services today (with limited state exceptions) but we are providing this coverage effective from March 19, 2020, through December 31, 2021, to reflect the concerns we have heard from providers about the need to support continuity of care for plan members during extended periods of social distancing. Anthem will cover telephonic-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law.

Telehealth Coding

For telehealth services rendered by a professional provider, report the CPT/HCPCS code with Place of Service "02" and also append either modifier 95 or GT.

For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.

Telephonic-only visit coding --- Submit with the correct time-based CPT code (99441, 99442, 99443, 98966, 98967, 98968) and the place of service code that depicts where the provider's telephonic-only services occurred.

Covid-19 Testing

Laboratory tests for COVID-19 at both in-network and out-of-network laboratories will be covered with no cost sharing for members.

Covid-19 Vaccines

The cost of COVID-19 FDA-approved vaccines will initially be paid for by the government.

Effective May 1, 2021, for members of our fully-insured employer and individual plans, as well as self-funded plans, Anthem will reimburse for the administration of COVID-19 FDA-approved vaccines at a rate of $40 per administration. Anthem will cover the administration of COVID-19 vaccines with no cost share for in- and out-of-network providers, during the national public health emergency, and providers are not permitted under the federal mandate to balance-bill members.

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For members of Medicare Advantage plans, CMS issued guidance (https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf) that the COVID-19 vaccine administration should be billed by providers to the CMS Medicare Administrative Contractor (MAC) using product-specific codes for each vaccine approved. This will ensure that Medicare Advantage members will not have cost sharing for the administration of the vaccine.

CIGNA

Telehealth

Effective for dates of service on and after January 1, 2021, we implemented a new Virtual Care Reimbursement Policy. Please visit CignaforHCP.com/virtualcare for additional information about that policy

Covid-19 Vaccines

See COVID-19: In Vitro Diagnostic Testing coverage policy for full coverage details

HUMANA

Telehealth FAQ for providers

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

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.

Please refer to **Humana's COVID-19 Telehealth and Other Virtual Services policy,** for further information.

Covid-19 Testing

For 2021, Medicare Advantage benefits include no member cost share on covered COVID-19 testing and related services.

In addition, Humana will waive member cost share in 2021 on COVID-19 testing and related services for Medicare Supplement, fully-insured group commercial and self-insured group commercial plan members during the COVID-19 public health emergency (PHE).

Members will have no copays, deductibles or coinsurance for covered COVID-19 testing and related services; this includes laboratory testing, specimen collection and certain related services that result in the ordering or administration of the test, including physician office or emergency department visits. This is limited to the cost share for the coverage provided by the plan, e.g., medical cost only for Medicare Supplement. Medicaid plans will continue to follow state requirements for COVID-19 testing.

Covid-19 Vaccine

For 2021, Medicare Advantage, Commercial and Medicaid benefits include no copays, deductibles or

coinsurance for all FDA-authorized COVID-19 vaccines and their administration.

Members receive the COVID-19 vaccine with no out-of-pocket costs. This applies when the vaccine is administered by either an in-network or out-of-network provider. Please refer to Humana's COVID-19 Vaccine policy, PDF opens new window for further information.

MEDICAID

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

Telehealth dmsproviderletterCOVID19.pdf (ky.gov)

KY Medicaid encourages the use of telehealth, when possible. Currently, telehealth coverage and reimbursement requirements are outlined in 907 KAR 907 3:170.

In order to reduce in-person trips to medical facilities, DMS will add the following codes on a temporary basis for brief communications with established patients:

- G2012 to be utilized for telephone calls between physician and patient, including FaceTime; and
- G2010 to be utilized for remote evaluation, such as email, of recorded video or images submitted by a patient.

We have worked closely with our Managed Care Organizations (MCO) regarding the development of these policies and they, too, are implementing the same policies related to identification and treatment of COVID-19.

We will continue to coordinate with federal and local partners to respond to COVID-19 as information becomes available and will provide updates as necessary.

For up-to-date information regarding COVID-19, you may visit www.kycovidl9.ky.gov or call the COVID-19 hotline number at 1·800•722-5725.

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

Covid-19 Vaccines

All Kentucky Medicaid providers planning to receive and administer the COVID-19 vaccine must enroll with the Kentucky Department for Public Health (KDPH) as soon as possible. A vaccine provider enrollment checklist is provided with instructions for enrollment. After reviewing the information, direct questions related to vaccine provider enrollment to KDPH. For more information read the General Provider Letter #A108 - COVID 19 Vaccine Provider Letter and Fee-for-service COVID-19 Vaccine Coverage letter.

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.

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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

Summary of COVID-19 Temporary Program Provisions: This quick reference guide outlines the beginning and end dates of temporary program, process or procedure changes that UnitedHealthcare has implemented as a result of COVID-19.

COVID-19 Billing Guide: Outlines billing codes, modifiers and other guidance to help you submit accurate claims for COVID-19 testing, treatment and vaccine administration.

These reference guides are updated regularly, so please check back often.

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.

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