

COVID-19 RELATED PAYER POLICIES AND RESOURCES

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.

Contact GLMS Practice Support: stephanie.woods@glms.org or 502-736-6350

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 [Avality provider portal](#) for services covered.

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. 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.

For Individual Aetna Medicare Advantage members, cost share waivers for in-network telehealth visits for primary care expire on December 31, 2021. 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.

NOTE: This information has been compiled for GLMS Members and is not intended to be a comprehensive guide. 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

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.

[Telemedicine \(availity.com\)](https://www.availity.com)

[ANTHEM](#)

Visit [Provider News Home](#) for the latest information from Anthem about COVID-19

[Anthem Telehealth Policy](#) (now also being called Virtual Visits)

The Health Plan allows reimbursement for professional or facility Virtual Visits when interactive services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise.

Professional Virtual Visits rendered at the distant site, via live video through a secure and private data connection, and must be submitted with the following:

- Place of service (02) or (10) to indicate Telehealth place of service
- The appropriate CPT/HCPCS code
- The applicable Telehealth/Telemedicine modifier indicated in the Related Coding section

Services reported by a professional provider with a place of service Telehealth (02) or (10) will be eligible for non-office place of service reimbursement.

Professional Virtual Visits rendered for Remote Patient Monitoring must be submitted with the following:

- Place of service appropriate to the location of the billing provider

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.

For telehealth services not related to the treatment of COVID-19 from Anthem's telehealth provider, LiveHealth Online, cost sharing will be waived from March 17, 2020 through May 30, 2021, for our fully-insured employer, individual, and where permissible, Medicaid plans. Medicare Advantage members pay no member cost share for LiveHealth Online, regardless of national emergency.

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.

Telephonic-only care

Effective from March 19, 2020, through February 28, 2022, Anthem's affiliated health plans will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required by

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law. This includes covered visits for mental health or substance use disorders and medical services, for our fully-insured employer plans, individual plans and Medicaid plans, where permissible. From March 19, 2020, through February 28, 2022, Anthem will cover and waive cost shares for telephonic-only visits with in-network providers for our Medicare Advantage plans. Cost shares will be waived for in-network providers only. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.

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

Billing place of service 10 for virtual care services

CMS [recently announced](#) updates to their place of service (POS) guidelines for virtual care by revising the description of existing POS code 02 and adding new POS code 10. CMS has indicated POS 10 is effective January 1, 2022, but will not be available to bill for Medicare until April 1, 2022.

In the interim, Cigna commercial still asks providers to bill with a typical face-to-face place of service (e.g., POS 11), and to not bill POS 10 until further notice. This will help ensure that providers continue to receive face-to-face reimbursement rates. Cigna Medicare Advantage expects to align with CMS guidelines to accept POS 10 on April 1, 2022.

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.

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.kycovid19.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.

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>.

Telehealth policy changes



The federal government announced a [series of policy changes](#) that broaden Medicare coverage for telehealth during the COVID-19 public health emergency. Some important changes to Medicare telehealth coverage and reimbursement during this period include:

- **Location:** No geographic restrictions for patients or providers
- **Eligible providers:** All health care providers who are eligible to bill Medicare can bill for telehealth services, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- **Eligible services:** See this [list of telehealth services](#) from the Centers for Medicare & Medicaid Services
- **Cost-sharing:** Providers can reduce or waive patient cost-sharing (copayments and deductibles) for telehealth visits
- **Licensing:** Providers can furnish services outside their state of enrollment. For questions about new enrollment flexibilities, or to enroll for temporary billing privileges, use this list of [Medicare Administrative Contractors \(MACs\)](#) to call the hotline for your area
- **Modality:** Some telehealth services only require a telephone

For guidance on billing and coding Medicare claims during COVID-19, see:

- [Billing and coding Medicare Fee-for-Service claims](#)
- [Billing Medicare as a safety-net provider](#)

For details about Medicare waivers and flexibilities in effect, see:

- [Medicare Coverage and Payment of Virtual Services](#)  (video) — from the Centers for Medicare & Medicaid Services
- [COVID-19 Telehealth Coverage Policies](#)  — from the National Policy Center - Center for Connected Health Policy

For changes announced in the 2021 Physician Fee Schedule, see:

- [Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021](#) — from the Centers for Medicare & Medicaid Services
- [Finalized CY 2021 Medicare Physician Fee Schedule](#) (PDF) — from the National Policy Center - Center for Connected Health Policy

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.

In alignment with the CMS Place of Service (POS) code set, beginning with dates of service on 1/1/2022, United Healthcare will consider for reimbursement the new Telehealth POS code 10 (Telehealth Provided in Patient's Home). UnitedHealthcare will continue to reimburse the existing POS code 02 (Telehealth Provided Other than in Patient's Home).

1/1/2022 Update: CMS revised the description of POS code 02 and created a new POS code 10 as follows:

- **POS 02: Telehealth Provided Other than in Patient's Home** - The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
- **POS 10: Telehealth Provided in Patient's Home** - The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.