



## CODING AND BILLING FOR TELEHEALTH IN KENTUCKY

*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** - Copays waived (In-Network) Medicare Advantage and Behavior Health services for all plans through 12/31/2020
- **Anthem** – Commercial plan copay waivers end 9/30. Copays waived (In -Network) Medicare Advantage and Behavior Health services for all plans through 12/31/2020.
- **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** – Waivers end 9/30/20

### AETNA

[Stay up to date by visiting Aetna online at COVID-19: Telemedicine FAQs](#)

Aetna reimburses all providers for telemedicine at the same rate as in-person visits including behavioral services, with the exception of some telephone-only services in commercial plans. Telephone only services 99441 – 99443 are now set to equal 99212 – 99214 (e.g. 99441 is set to equate to 99212). This change will remain in effect until further notice.

Please note, for telephone only codes (98966-98968, G2010, G2012) there are reimbursement rates in the fee schedule that are not the same as E&M office visits 99201- 99215. Given those telephone only codes do not equate to an office visit, they will not result in an office visit reimbursement rate.

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

#### **Behavioral Health In-Network**

- Through December 31, 2020, 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.

#### **Medicare Advantage**

- Through December 31, 2020, 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

*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*

videoconferencing or telephone-only telemedicine services). Medicare Advantage members may use telemedicine for any reason, not just COVID-19 diagnosis.

### Commercial Plans

- Cost share waiver for any in-network covered telemedicine visit – regardless of diagnosis – began on the day of the CVS Health press release, March 6, 2020, and ended on June 4, 2020.
  - Aetna self-insured plan sponsors offer this waiver at their discretion.
  - Aetna will continue to cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone, until December 31, 2020.
- 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

(CPT: 99072 –Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease)

### 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](#)

Caresource follows CMS guidelines for telehealth coverage during the Public Health Emergency.  
<https://telehealth.hhs.gov/>

## **CIGNA**

## [Cigna Coronavirus \(COVID-19\) Interim Billing Guidance for Providers for Commercial Customers](#)

Any service that is currently on a provider's fee schedule can be provided virtually. This means that if a provider has a code on their fee schedule today that is reimbursable, they can offer that same service virtually and bill us using the same code (plus the GQ, GT, or 95 modifier), and be reimbursed the full face-to-face amount, at least until December 31, 2020. We are closely monitoring and auditing claims for inappropriate services that cannot be performed virtually (e.g., surgical codes).

- In an effort to make it as easy as possible for our customers to access timely and safe care, while ensuring that providers can continue to deliver necessary services in safe settings, providers can deliver any existing face-to-face service on their fee schedule virtually, including those not related to COVID-19, through **December 31, 2020**. This includes providers who typically deliver services in a facility setting. If a provider gets reimbursed for a face-to-face service today per their existing fee schedule, then they will be reimbursed the same amount even if they deliver the service virtually.

## **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>.

Providers may also want to view the Survey and Certification Frequently Asked Questions at <https://www.cms.gov/Medicare/Provider-Enrollment-andCertification/SurveyCertEmergPrep/index.html>.

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](#).

During this expansion time frame, we will temporarily reimburse providers for telehealth services at their contracted rate for in-person services.

- Medicare Advantage:
  - COVID-19 Related Visits - UnitedHealthcare is waiving cost share through the national public health emergency period, currently scheduled to end Oct. 22, 2020.
  - Non-COVID-19 - UnitedHealthcare is waiving cost share through Sept. 30, 2020, for non-COVID-19 visits. *\*This date is subject to change based on direction from CMS.*

- Medicaid: UnitedHealthcare Medicaid will adhere to state-specific cost share regulations for in-network telehealth services for medical, outpatient behavioral, PT/OT/ST, chiropractic therapy, home health, hospice and remote patient monitoring.
- Individual and Fully Insured Commercial Group Plans:
  - COVID-19 visits
    - In Network - UnitedHealthcare is waiving cost share through the national public health emergency period (currently scheduled to end Oct. 22, 2020) for COVID-19 visits. *\*This date is subject to change based on direction from CMS.*
    - Out of Network - UnitedHealthcare is waiving cost share through the national public health emergency period (currently scheduled to end Oct. 22, 2020) for COVID-19 visits.
  - Non-COVID-19 visits
    - In Network - For in-network telehealth services, UnitedHealthcare is waiving cost share through Sept. 30, 2020 for non-COVID-19 visits. *\*This date is subject to change based on direction from CMS.*
    - Out of Network - For out-of-network telehealth services, cost share waiver does not apply.
- Self-Funded Group Health Plans: Implementation of these temporary changes for self-funded customers may vary. Depending on a member's health plan, providers may need to adjust their administrative processes and systems when collecting member cost share (copays, coinsurance and deductibles). To determine if a member has a self-funded plan, please call UnitedHealthcare Provider Services at 877-842-3210.

#### Documentation:

- Providers may also want to include a notation as to whether the service was a telehealth service or a telehealth-like service delivered via telephone or audio-only internet connection.
- Telehealth visits must meet medical necessity criteria, as well as all applicable coverage guidelines

#### 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](#)