

## **AHCCCS** \*Please note update as of April 3, 2020

<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>

- AHCCCS covers all forms of telehealth services including asynchronous (store and forward), remote patient monitoring, telerdentistry, and telemedicine (interactive audio and video).
- As per AHCCCS Medical Policy Manual 320-I:
  - There are no AHCCCS restrictions for where the provider is located when providing services via telehealth.
- Non-IHS/638 providers must currently be licensed in the State of Arizona to provide services to AHCCCS members via telehealth. AHCCCS has sought permission from CMS to utilize out of state licensed providers and will update FAQs once this permission is granted.
- IHS/638 licensure requirements remain the same.

## **Aetna** \*Please note update as of April 3, 2020

<https://www.aetna.com/health-care-professionals/newsletters-news/office-link-updates-december-2019/news-for-you-december-2019/updated-policy-for-telemedicine.html>

[https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc\\_link\\_content\\_section\\_responsivegrid\\_copy\\_responsivegrid\\_accordion\\_10](https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_10)

- Reimburse for two-way, real-time audiovisual interactive communication between the patient and the health care practitioner
- Policy effective as of January 1, 2020
- When billing for eligible services rendered via telemedicine, you must bill them using the appropriate telemedicine modifier representing two-way, real-time audiovisual interactive communication
- Reimburses all providers for telemedicine at the same rate as in-person visits

## **Amerigroup** \*Please note update as of March 26, 2020

[https://providers.amerigroup.com/Public%20Documents/TXTX\\_CAID\\_PU\\_TalkingPointsCOVID19.pdf](https://providers.amerigroup.com/Public%20Documents/TXTX_CAID_PU_TalkingPointsCOVID19.pdf)

<https://www.amerigroup.com/amerigroup/coronavirus.html>

- Depending on the availability of such within your state, our telehealth provider, LiveHealth Online (LHO)\*, is a safe and effective way for members to see a provider and receive health guidance related to COVID-19 from their home via mobile device or a computer with a webcam.
- Plan will pay for telehealth visits through June 15.

## **AmeriHealth Caritas DE, PA**

<http://www.amerhealthcaritasde.com/provider/covid-19.aspx>

- AmeriHealth Caritas Delaware will cover all medically necessary services required to facilitate testing and treatment of COVID-19 for its eligible members.

## **AmeriHealth NJ**

<https://www.amerhealthnj.com/html/custom/announcements/coronavirus.html>

- Will waive cost-sharing, where applicable, for phone and video telemedicine visits until June 4, 2020.
- Use telemedicine services if they are a part of a member's plan.

## **AvMed** \*Please note update as of March 23, 2020

[https://www.avmed.org/documents/20182/4380806/Coronavirus+QA\\_Benefits++Coverage\\_V7.pdf/6826bf32-ec39-4019-8310-79bf7f7bae11](https://www.avmed.org/documents/20182/4380806/Coronavirus+QA_Benefits++Coverage_V7.pdf/6826bf32-ec39-4019-8310-79bf7f7bae11)

- Page 6 has frequently asked questions providers may have.

## **BCBS NC** \*Please note update as of April 3, 2020

<https://www.bluecrossnc.com/provider-news/hey-providers-tell-your-patients-stay-home-and-see-you-video-or-phone-well-pay-it-make>

<https://www.bluecrossnc.com/provider-news/covid-19-telehealth-update-and-details-how-stay-date>

- Telehealth updates and details.

## **BCBS TN** \*Please note update as of March 26, 2020

<https://bcbstupdates.com/bluecross-expanding-telehealth-access-with-in-network-providers/>

<https://bcbstupdates.com/provider-faq/>

- BlueCross will further expand affordable access to telehealth services by covering virtual visits with in-network providers at the same benefit levels as in-person visits.
- This change includes primary care providers, specialists and behavioral health providers with this capability.
- Effective through June 30, but could be extended.

## **CareFirst BCBS MD** \*Please note update as of April 3, 2020

<https://www.member.carefirst.com/members/pop-up/coronavirus-information-and-illness-prevention.page>

<https://individual.carefirst.com/individuals-families/about-us/coronavirus-healthcare-providers.page>

- For telemedicine accessed through a CareFirst Video Visit, copays, coinsurance, and deductibles will be waived for the duration of this public health emergency—including behavioral health, lactation support, nutrition counseling and urgent care services.
- For other provider sponsored telemedicine, CareFirst will continue to pay providers for those services, but members may be subject to copays, coinsurance or deductibles.
- For clinician staff of primary care, general practice, internal medicine, pediatrics, OBGYN and associated nurse practitioners, CareFirst will pay for telephone-only consultations during this public health emergency, with no member out-of-pocket cost.
- Telemedicine guidelines for Primary Care Providers and OB/GYNs, Behavioral Health Providers, and Specialists.

## **Cigna** \*Please note update as of July 31, 2020

<https://www.cigna.com/newsroom/news-releases/2020/cigna-takes-additional-actions-to-protect-customers-and-communities-against-covid-19>

<https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>

- As the public health emergency continues, and the country slowly starts to reopen, we continue to look for ways to support our customers and the providers who are dedicating their lives to deliver important care.
- As previously announced, our interim COVID-19 coverage guidelines were set to expire on July 31, 2020. To further help ensure providers can continue to deliver care how and where patients want it, we are again extending our interim coverage guidelines, as follows:
  - Virtual care and eConsult guidelines are extended until December 31 2020.
  - Cost-share waivers for COVID-19 related testing and treatment are extended until October 31 2020.
  - Other accommodations (e.g., administrative relief policies) are extended until October 31 2020.
- As the role of virtual care (i.e., telehealth) has become a critical tool to provide access to safe and timely care, we believe extending our interim virtual care and eConsults guidelines through December 31, 2020 is an essential step to encourage continued wellness and chronic care visits by our customers.
- Additionally, the COVID-19 pandemic has demonstrated that virtual care has expanded importance and is an effective tool to deliver clinically appropriate services. Because of this, we are actively working on a future-state permanent virtual care solution that we hope will seamlessly allow customers to continue to receive coverage for quality care in a virtual setting, while ensuring that providers can be fairly reimbursed for the necessary services they deliver virtually. More information about this policy will be shared in the coming months. For now, our interim COVID-19 virtual care guidelines will remain in effect until at least December 31, 2020.
- To provide further information on our coverage of COVID-19 tests, we have published a [COVID-19: In Vitro Diagnostic Testing coverage policy](#), which is effective August 1, 2020. This policy supplements our interim guidelines and offers additional clarity and details about how we cover medically necessary diagnostic COVID-19 tests.

## **Cigna Behavioral Health**

- Cigna Behavioral Health has sent emails to its participating providers on March 17, 2020.

## Community Health of Washington

<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf>

- The overview and sample state plan language apply to Medicaid fee-for-service payments and additional considerations may be warranted for states interested in offering telehealth within other delivery systems.
- States are not required to submit a State plan amendment (SPA) to pay for telehealth services if payments for services furnished via telehealth are made in the same manner as when the service is furnished in a face-to-face setting.
- A state would need an approved State plan payment methodology (and thus, might need to submit a SPA) to establish rates or payment methodologies for telehealth services that differ from those applicable for the same services furnished in a face-to-face setting.
- States may pay a qualified physician or other licensed practitioner at the distant site (the billing provider) and the state's payment methodology may include costs associated with the time and resources spent facilitating care at the originating site. The billing provider may distribute the payment to the distant and originating sites.

## Delaware Medical Assistance Program (Medicaid)\*Please note update as of April 3, 2020

<https://medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx>

<https://www.phi.org/news-events/1737/telehealth-coverage-technologies-vital-in-the-fight-against-cov-19>

[https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core\\_Download&EntryId=1084&language=en-US&PortalId=0&TabId=94](https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=1084&language=en-US&PortalId=0&TabId=94)

- Telehealth bulletin.

## HealthNet

[https://www.healthnet.com/portal/provider/content/iwc/provider/unprotected/working\\_with\\_HN/content/important\\_updates.action](https://www.healthnet.com/portal/provider/content/iwc/provider/unprotected/working_with_HN/content/important_updates.action)

- As of March 10, 2020, HealthNet is waiving cost-sharing for medically necessary COVID-19 screenings, tests and doctor office, urgent care and outpatient hospital visits.

## Highmark BCBS DE, WV \*Please note additional telemedicine information links as of March 19, 2020

DE: <https://hdebcbs.highmarkprc.com/Newsletters-Notices/COVID-19-CORONAVIRUS-INFORMATION-FOR-PROVIDERS>

<https://hdebcbs.highmarkprc.com/COVID-19/Telemedicine-and-Virtual-Visits-DE>

WV: <https://hwvbcbs.highmarkprc.com/Newsletters-Notices/COVID-19-CORONAVIRUS-INFORMATION-FOR-PROVIDERS>

<https://hwvbcbs.highmarkprc.com/COVID-19/Telemedicine-and-Virtual-Visits>

- We're waiving all telemedicine and virtual visit appointment fees for the next 90 days for all Medicare Advantage, ACA, and select employer plans.
- Highmark provides telemedicine coverage options through national telemedicine vendors as well as our in-network primary care and specialist providers who choose to offer such services using appropriate telecommunications technology.
- If you do not already offer these services, but are interested in providing them to your patients, you must 1) be a US-based, board certified and licensed to practice medicine in the state in which the member is located, and 2) use technology that is private, secure and HIPAA-compliant in order to provide a safe and confidential consult with a doctor online.

## Humana

<http://apps.humana.com/marketing/documents.asp?file=3895281>

- To help reduce the risk of infection and spread of disease, Humana is encouraging members to use telemedicine (e.g., video chat) as a first line of defense for all urgent care needs.
- Humana will waive out-of-pocket costs for telemedicine visits for urgent care needs for the next 90 days.
- This will apply to Humana's Medicare Advantage, Medicaid and commercial employer-sponsored plans, and is limited to in-network providers delivering live videoconferencing.
- Since we are waiving member cost share for covered COVID-19 testing and urgent care telehealth visits, do not collect payment from Humana Medicare Advantage, Medicaid, and Commercial HSA patients for these services. We will issue further information on how to determine if other ASO group sponsored plans have opted out of cost share waivers. In the meantime, please use your best judgment.
- Humana is working closely with federal agencies to understand the impacts of both telemedicine and the coronavirus test on High Deductible Health Plans and Health Savings Accounts.

## Independence BCBS \*Please note update as of March 20, 2020

<https://news.ibx.com/coronavirus-2/>

[medpolicy.ibx.com/policies/MPI.nsf/872889ed03971afc8525750800571e91/b0e08a9ffa945aa88525852a00779cd2!OpenDocument](https://medpolicy.ibx.com/policies/MPI.nsf/872889ed03971afc8525750800571e91/b0e08a9ffa945aa88525852a00779cd2!OpenDocument)

- Will waive cost-sharing, where applicable, for phone and video telemedicine visits.
- Effective from March 6, 2020 to June 4, 2020.
- Use telemedicine services if they are a part of a member's plan.

## Johns Hopkins \*Please note update as of March 26, 2020

<https://www.hopkinsmedicine.org/telemedicine/video-visits.html>

- Telemedicine information and frequently asked questions.

## Kaiser Permanente \*Please note update as of March 26, 2020

<https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/health-wellness/coronavirus-information>

## LifeWise \*Please note updates as of April 2, 2020

<https://www.lifewise.com/provider/coronavirus>

- Virtual care is covered under the scope of your current contract with LifeWise, as long as the care provided is appropriate within the scope of the provider's licensure.
- Note: telehealth services aren't coded like in-office visits.

## Magellan Complete Care \*Please note an update as of April 3, 2020

<https://www.magellanprovider.com/education/telehealth.aspx>

<https://magellanprovider.com/news-publications/spotlight/crisis.aspx>

- During the COVID-19 crisis, providers are not required to complete an attestation prior to using telehealth.
- Links for latest COVID-19 updates for Magellan public sector plans in Louisiana, Pennsylvania, Virginia, and Wyoming.

## Maryland Physicians Care \*Please note an update as of March 26, 2020

<https://www.marylandphysicianscare.com/providers/coronavirus-information.html>

- MDH issued further guidance to authorize the reimbursement of audio-only health care services for SOMATIC health care providers and to grant further flexibility regarding the use of HIPAA-compliant telehealth technology during the state of emergency.

## **Medicare** Regarding Telemedicine \*Please note an update as of April 7, 2020

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctst.pdf>

- CMS Alert! Medicare Beneficiaries Expanded Telehealth Benefits During COVID-19 Outbreak Under the Coronavirus Preparedness and Response Supplemental Appropriations Act and Section 1135 waiver authority, the Centers for Medicare & Medicaid Services (CMS) broadened access to Medicare telehealth services, so beneficiaries can get a wider range of services from their doctors and other clinicians without traveling to a health care facility. On March 6, 2020, Medicare began temporarily paying clinicians to furnish beneficiary telehealth services residing across the entire country.

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

- Medicare coverage and payment of virtual services--- Under President Trump's leadership, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

<http://links.blr.mkt8036.com/servlet/MailView?ms=MTcxODk2MzkS1&r=MzkwMTI2OTg4MTM5S0&j=MTg2MDM3NTU1NQs2&mt=1&rt=0>

- Via Decision Health--- Breaking News on April 7, 2020 regarding modifier to COVID-19 test related E&Ms AND Expanded list of Telehealth Codes.

## **Medicare** Regarding Temporary Provider Enrollment and MAC Hotlines for Enrollment

<https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

## **Medicare** Regarding Accelerated & Advance Payments \*Please note update as of April 27, 2020

<http://links.blr.mkt8036.com/servlet/MailView?ms=MTcyNjg2MTIS1&r=MzkwMTI2OTg4MTM5S0&j=MTg2MTUxNDk5MgS2&mt=1&rt=0>

- In a surprise Sunday night announcement, CMS announced it was stopping the Accelerated and Advance Payments (AAP) program it recently offered as a solution for providers cash-strapped by COVID-19 closures.

## **Molina** (For market specific information, change state at top of page)

<https://www.molinahealthcare.com/members/common/en-US/Pages/Coronavirus.aspx>

## **Multiplan**

<https://www.multiplan.com/>

(Click on "COVID-19 State Regulatory Information" link)

- State specific guidelines are provided to health carriers, that may utilize the Multiplan network, regarding cost-sharing and/or out of network services.

## **Premera in WA** \*Please note updates as of April 2, 2020

<https://www.premera.com/wa/provider/coronavirus-faq/>

- Virtual care is covered under the scope of current contract with Premera, if the care provided is appropriate within the scope of the provider's licensure.
- Note: telehealth services aren't coded like in-office visits.
- Telehealth cost shares will be waived for all in-network providers. If a telehealth provider charges you a copay, deductible, or coinsurance for telehealth services through June 30, Premera will reimburse when the claim is processed.

## Prestige

<https://www.prestigehealthchoice.com/provider/covid-19.aspx>

- Prestige Health Choice will cover all medically necessary services required to facilitate testing and treatment of COVID-19 for its eligible members.

## Providence

<https://healthplans.providence.org/support-for-health-plan-members-and-medicare-beneficiaries-impacted-by-covid19/>

- Cost-sharing and benefits may vary depending on your plan, eligibility, changes in coverage for members or their dependents, current status of the "State of Emergency," and status of the COVID-19 outbreak.

## Regence in OR \*Please note updates as of April 3, 2020

<https://www.regence.com/provider/library/whats-new/covid-19>

- Members have coverage for medical and behavioral health telehealth services through our in-network providers.
- On-demand care options allow members to receive non-COVID-related care and if members have concerns about having COVID-19 symptoms, members can be efficiently screened while protecting patients, providers and the community from exposure.
- View our [Virtual Care \(Administrative #132\) reimbursement policy](#) to learn more about our members' telehealth, telemedicine and store and forward services eligible for reimbursement.

## Sunshine Health

<https://www.sunshinehealth.com/providers/telemedicine-for-medicaid.html>

- No specific update due to COVID-19, but includes telemedicine policy.

## Tricare/Humana Military \*Please note update as of March 19, 2020

<https://www.humanamilitary.com/provider/education-and-resources/quick-access/policy-updates-and-alerts/COVID-19-telemedicine-031320>

- TRICARE covers the use of interactive audio/video technology services and are subject to the same referral and authorization requirements and include, but are not limited to clinical consultations, office visits and telemental health.
- Providers must be licensed in the states where telemedicine services are provided and received.
- Video conferencing platforms used for telemedicine services must have the appropriate verification, confidentiality and security parameters necessary to meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA).
- If a beneficiary meets all other criteria for a covered service for speech therapy and for continuation of PT/OT, (but not initiation of PT/OT), it is covered using telemedicine, using any coding modifiers as you would for a TRICARE network provider office visit.

## United Healthcare \*Please note updated as of April 1, 2020

<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html>

<https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html>

- Waiving the CMS site restriction for Medicare Advantage, Medicaid, and commercial members so that care providers can bill for telehealth services performed while the patient is at home.
- Designated Telehealth Partners - Members can access their existing telehealth benefit offered through one of UnitedHealthcare's designated partners for free.
- Expanded Provider Telehealth Access - all eligible in-network medical providers who have the ability and want to connect with their patient through synchronous virtual care (live videoconferencing) can do so. We will waive member cost sharing for COVID-19 related visits.
- Policy change is effective until June 18, 2020 with the possibility of the date being extended if necessary.
- Policy change applies to members whose benefit plans cover telehealth services.
- Will allow those patients to connect with their doctor through audio/video visits.