Telemedicine – Payer Policies

COVID-19 updates

Payer	Telemedicine Policy
Carefirst	Telehealth is a covered benefit for CareFirst members (BlueChoice HMO and PPO) as long as the criteria outlined in the CareFirst medical policy is met. FEP members (prefix begins with "R") only have telehealth benefits when they utilize their contracted vendor, Teladoc. The telehealth benefit for out of area BCBS members may vary from member to member. Link to retrieve telemedicine policy is below. At advanced search, enter telemedicine to retrieve most current policy. https://provider.carefirst.com/providers/medical/medical-policy.page When submitting claims for telehealth services you should submit your claims using the appropriate code for the service rendered and add the appropriate modifier discussed in the medical policy. Benefits **are provided** for telemedicine services in all CareFirst jurisdictions when meeting the definition of Telemedicine in this Medical Policy and when provided in accordance with the guidelines as outlined below (see Provider Guidelines). Benefits **are not provided** for any technical fees or costs for the provision of telemedicine services. Benefits **are not provided** for any services delivered through telemedicine services that are not covered when provided face-to-face. Services for diagnosis, consultation or treatment provided through telemedicine must meet all the requirements of a face-to-face consultation or contact between a licensed health care provider and a patient consistent with the provider's scope of practice for services appropriately provided through telemedicine services. Diagnostic, consultative and treatment telemedicine services should be reported with the appropriate Category I or Category III CPT® code and the HCPCS modifier -GT (*via interactive audio and video telecommunication systems)* or CPT® modifier -95 (*synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system).* Home is an approved Originating Site.
United	Update March 14, 2020 Effective immediately, UnitedHealthcare is expanding our policies around telehealth services for our Medicare Advantage, Medicaid and commercial membership, making it even easier for patients to connect with their health care provider. UnitedHealthcare will waive the Centers for Medicare and Medicaid's (CMS) originating site restriction for Medicare Advantage, Medicaid and commercial members, so that care providers can bill for telehealth services performed while a patient is at **home**. This change in policy is effective until April 30, 2020, but we may extend that date if necessary and will communicate through all appropriate channels. This policy change applies to members whose benefit plans cover telehealth services, and will allow those patients to connect with their doctor through audio/video visits. Member cost sharing and benefit plans apply. *https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html*

Until April 30, 2020, UnitedHealthcare will reimburse appropriate claims for telehealth services under the following codes:

Commercial

For all UnitedHealthcare commercial plans, any originating site requirements that may apply under UnitedHealthcare reimbursement policies are waived so that telehealth services provided via a real-time audio and video communication system can be billed for members at home or another location. UHC will reimburse telehealth services, which are:

1. Recognized by CMS and appended with modifiers GT or GQ and (2) recognized by the AMA included in Appendix P of CPT and appended with modifier 95. Reimbursable codes can be found embedded in the reimbursement policy https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf

Excerpts from United's telemedicine Policy:
United Healthcare will consider for reimbursement Telehealth services which are recognized by The Centers for
Medicare and Medicaid Services (CMS) and appended with modifiers GT or GQ, or G0 (numeric zero, not alpha O) for telehealth services related to acute stroke, as well as services recognized by the AMA included in Appendix P of CPT and appended with modifier 95.
In addition, United Healthcare recognizes certain additional services, which can be effectively performed via Telehealth/Telemedicine. These services will be considered for reimbursement when reported with modifier GT or GQ:

- Medical genetics and genetic counseling services (code 96040)
- Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum (codes 98960-
- 98962)
- Alcohol and/or substance abuse screening and brief intervention services (codes 99408-99409)
- Remote real-time interactive video-conferenced critical care evaluation and management of the critically ill or critically injured patient, use 99499

United Healthcare requires one of the telehealth-associated modifiers (GT, GQ, G0 or 95) to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth. United Healthcare will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately. Coding relationships for modifier GQ and modifier 95 are administered through the United Healthcare Procedure to Modifier Policy.
United Healthcare recognizes the CMS-designated Originating Sites considered eligible for furnishing Telehealth services to a patient located
In an Originating Site. Please see United's telemedicine policy for a list of approved Originating Sites. Patient home is currently only an approved Originating Site for monthly end stage renal, ESRD-related clinical assessments, and for purposes of treatment of a substance use disorder or a co-occurring mental health disorder.

United Healthcare recognizes but does not require Place of Service (POS)code 02 for reporting Telehealth services rendered by a physician or practitioner from a Distant Site. Modifiers GT, GQ, GO, or 95 are required instead to identify Telehealth services.
United Healthcare recognizes federal and state mandates regarding Telehealth and Telemedicine.

Additionally, for commercial, Medicare Advantage and some Medicaid plans, UnitedHealthcare already reimburses appropriate claims for several technology-based communication services, including virtual check-ins, which may be done by telephone, for established patients.

Until April 30, 2020, UnitedHealthcare will extend this reimbursement to all Medicaid plans.

Virtual Check-In, including Telephone:

Commercial & Medicare Advantage

Our commercial and Medicare Advantage plans currently reimburse for "virtual check-in" patients to connect with their doctors remotely. These services are for established patients, not related to a medical visit within the previous 7 days and not resulting in a medical visit within the next 24 hours (or soonest appointment

	available). These services can be billed when furnished through several communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010). UnitedHealthcare will also reimburse for patients to communicate with their doctors using online patient portals, using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable.
Aetna	***For the next 90 days, until June 4, 2020, Aetna will offer zero co-pay telemedicine visits – for any reason****. Aetna members should use telemedicine as their first line of defense in order to limit potential exposure in physician offices. Cost sharing will be waived for all virtual visits through the Aetna-covered Teladoc® offerings and in-network providers delivering synchronous virtual care (live video-conferencing) for all Commercial plan designs. Self-insured plan sponsors will be able to opt-out of this program at their discretion.* ***Aetna is also offering its Medicare Advantage brief virtual check-in and remote evaluation benefits*** *to all Aetna Commercial members and waiving the co-pay. These offerings will empower members with questions or concerns that are unrelated to a recent office visit and do not need immediate in-person follow-up care to engage with providers without the concern of sitting in a physician's office and risking potential exposure to COVID-19.* Aetna only reimburses pay for two-way, synchronous (i.e. real-time) audiovisual interactive communication between the patient, and the physician or health care practitioner when billed on a CMS-1500 claim form. This electronic communication means the use of interactive and secure Health Insurance Portability and Accountability Act (HIPPA) compliant telecommunications equipment that includes, at a minimum, synchronous audio and video equipment. The patient must be present and participating throughout the communication. The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a telemedicine service (a physician/healthcare professional - patient encounter from one site to another) are generally the same codes that describe an encounter when the physician and patient are at the same site. Providers must bill modifier GT or 95 with an eligible CPT/HCPCS code. When physicians or healthcare professionals report modifier GT, they certify that they rendered services to a patient via an interactive audio and visual telecommunications system. Unless required by law or contract, payment for telemedicine medical services billed with the GT or 95 modifier is 75% of the reimbursement rate for services rendered face-to-face. Behavioral Health services that are listed within this payment policy and billed by a behavioral health provider are paid at the same rate as face-to-face services if they are billed with the GT or 95 modifier. Per Aetna, bill POS 02 for telemedicine; ***there are no limitations regarding setting***.
Cigna	**UPDATE 3/17/20:** <u>Virtual Care visits ***not related*** to COVID-19*</u> - Visits are covered under member's standard benefits through our national vendors MDLive & American Well - Visits are covered under member's standard benefits through Cigna's network of providers through **May 31, 2020** <u>Virtual Care visits ***related to*** COVID-19*</u> - Visits are covered with no member cost share through our national vendors MDLive & American Well through **May 31, 2020** - Visits are covered with no member cost share through Cigna's network of providers through **May 31, 2020** <u>COVID-19 Screening and Testing*</u> - COVID-19 in-network screening/testing will be covered with no member cost-share for customers through **May 31,2020**

	○ This includes office or virtual visit ○ Specimen collection by clinician ○ Lab testing by state, in-network hospital and/or in-network commercial lab (LabCorp/Quest) ***Billing and reimbursement guidance will be sent directly to our provider community early this week***
Kaiser	*Currently, Kaiser does not have an external reimbursement policy for telemedicine. Kaiser leadership is holding an urgent meeting 3/16 or 3/17 to discuss the high volume of requests in light of the recent crisis.*
Medicare	***UPDATE 3/17/20:*** ***CMS clarification*** ***https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet*** ***https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf*** Beneficiaries can communicate with their doctors or certain other practitioners without necessarily going to the doctor's office in person for a full visit. Since 2018, Medicare pays for "virtual check-ins" for patients to connect with their doctors without going to the doctor's office. These brief, virtual check-in services are for patients with an established relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to using virtual check-ins and the consent must be documented in the medical record prior to the patient using the service. The Medicare coinsurance and deductible would apply to these services. Doctors and certain practitioners may bill for these virtual check-in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010). Medicare also pays for patients to communicate with their doctors without going to the doctor's office using online patient portals. The individual communications, like the virtual check ins, must be initiated by the patient; however, practitioners may educate beneficiaries on the availability of this kind of service prior to patient initiation. The communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable. The Medicare coinsurance and deductible would apply to these services. 3 3/5/2020 In addition, Medicare beneficiaries living in rural areas may use communication technology to have full visits with their physicians. The law requires that these visits take place at specified sites of service, known as telehealth originating sites, and receive services using a real-time audio and video communication system at the site to communicate with a remotely located doctor or certain other types of practitioners. Medicare pays for many medical visits through this telehealth benefit. Certain beneficiaries, such as those needing a monthly end-stage renal disease visit or those needing treatment for substance use disorders or co-occurring mental health disorder may access telehealth services from their home without traveling to an originating site. The Medicare coinsurance and deductible would apply to these services. Medicare also pays doctors for certain non-face-to-face care management services and remote patient monitoring services. The Medicare coinsurance and deductible would apply to these services. Remote Patient Face-to-Face, Interactive Services must be provided in an eligible facility (originating site). No limitation on location of the health professional delivering the medical service (referring site). Services eligible for reimbursement include: consultation, office visits, individual psychotherapy and pharmacologic management.

Maryland Medicaid and Medicaid MCO's	***Temporary expansion of Medicaid Telehealth Services with the Home as an Originating Site.*** *Pursuant to the authority vested in the Secretary of Health by the laws of Maryland, including but not limited to Md. HEALTH-GENERAL Code Ann. Sections 18-102 and 18-103, to prevent the spread of disease and control communicable diseases, I hereby temporarily expand the definition of a telehealth originating site under COMAR 10.09.49.06 to include a participant's home or any other secure location as approved by the participant and the provider for purpose of delivery of Medicaid-covered services. The purpose of this expansion of regulatory authority is to ensure individuals can access certain health care services in their own home while mitigating possible risk for transmission of COVID-19. This expansion applies to services delivered to a Medicaid participant via fee-for-service or through a HealthChoice Managed Care Organization ("MCO"). This expansion will remain in place until further notice by the Department*. https://www.marylandphysicianscare.com/newsroom/covid-19telehealth.html Interested providers enrolled in the Medicaid Program must comply with all requirements in under COMAR 10.09.49 and the Maryland Medicaid Telehealth Program Manual which can be found online: https://mmcp.health.maryland.gov/Pages/telehealth.aspx Telehealth services must be billed with the appropriate service code and us the "GT" modifier to identify the claim as a telehealth delivered service. Providers should bill using the place of service code that would be appropriate as if it were a non-telehealth claim. The distant site should bill using the location of the doctor. If a distant site provider is rendering services at an off-site office, bill using place of service office (11). Place of Service Code 02 (Telehealth) is not recognized for Maryland Medicaid participants except for use on Medicare crossover claims to specify services rendered through a telecommunication system for dual eligible participants.