COVID-19 Telehealth Policies and Other Coding Options by Payer

March 18, 2020

Blue Cross Commercial/Medicaid – (Email from BlueCross to TNAAP)

Telehealth – through April 30th

You may bill for telehealth in two ways. From now until April 30, you can use codes 99441–99443 for telephonic provider-to-member consultation. This applies to all lines of business’ PCP or specialist benefits. You can also bill for virtual and telephonic consults with your patients by using E&M codes 99201–99215 from now through April 30. For behavioral health consultations, use codes 90791, 90792, 90832, 90834 and 90837. Please use place of service 02 for all of these options. Pricing for these services would be consistent with your BlueCross fee schedule.

(*No Modifiers Required)

Amerigroup – (TennCare memo - Novel COVID-19 Testing and Telehealth Services for TennCare Enrollees)

Amerigroup will provide coverage services delivered to members via telehealth, to include telephonic visits. Providers should bill the same E&M code they would bill for an in-person visit, along with Place of Service 02 (Telehealth) and submit the claim via their normal process.

Other options (Email from Amerigroup to TNAAP)

Amerigroup currently reimburses for CPT codes 99421, 99422, 99423 for online digital evaluation and management services for an established patient

UnitedHealthcare


Telehealth – through April 30th (could be extended)

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.

UnitedHealthcare will also reimburse providers for telephone calls to existing patients, as described below.

**UHC 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 [Telehealth and Telemedicine Policy UHC](#).

**UHC Medicaid**

For all UnitedHealthcare Medicaid 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. UnitedHealthcare Community Plan 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. (See Telehealth and Telemedicine Policy)

**Other Options**

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.

Effective immediately through April 30, 2020, our Medicaid plans will 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.
Other Commercial Payer Information - Tennessee Medical Association (TMA)

Cigna
- Patient may be located in his/her home during telemedicine visit
- $0 co-pay & enrollee cost-sharing for telemedicine visits related to COVID-19
- Normal co-pay & cost-sharing for coverage of virtual visits to an in-network provider for non-COVID-19 related routine treatment
- Coding guidance available soon

Humana
- Patient may be located in his/her home during telemedicine visit
- $0 co-pay & enrollee cost-sharing telemedicine visits provided by in-network providers for ALL urgent care needs
- No coding guidance available at this time

Aetna
- Patient may be located in his/her home during telemedicine visit
- $0 co-pay telemedicine visits for any reason through
  - Aetna-covered Teladoc; and
  - In-network provider delivering synchronous virtual care (live video-conference)
- Applies to all commercial plans and self-insured plans must opt-out
- Offering its Medicare Advantage brief virtual check-in and remote evaluation benefits to all Aetna Commercial members & waiving the co-pay (page 3 of the CMS Fact Sheet lists the requirements)

Medicare - Medicare Covid-19 Fact Sheet

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