

Technical Billing/Reimbursement Guidance from Payers

Utah Medicaid

In response to the COVID-19 emergency, and the potential for Medicaid members to experience decreased access to needed services, Utah Medicaid is clarifying our policy regarding the delivery of covered services via telehealth. While some components of the guidance reflect Medicaid's ongoing policy, other parts pertain to the emergency time period. Utah Medicaid is currently defining this period to extend to April 30, 2020, but will re-evaluate as circumstances require.

What types of services can be delivered through telehealth?

Any covered Medicaid State Plan service that is clinically appropriate, that does not require hands-on care, examination, testing or interaction with the Medicaid member, and can be reasonably accommodated, may be provided through telehealth.

Can telehealth be utilized statewide?

Yes, telehealth can be used to deliver services statewide.

Must a reimbursable telehealth service include video/teleconferencing?

No, while use of video/teleconferencing is typically required, a telephone call between the provider and the member, when clinically appropriate, is permitted at this time.

How does a provider bill for telehealth services?

For fee-for-service claims submitted directly to Medicaid, the provider must bill using "place of service - 02" when submitting the claim. For Medicaid Managed Care Plans, please contact the plan the member is enrolled in for additional information.

Are Medicaid Managed Care Plans required to follow Medicaid's policy?

Yes, by contract, managed care plans that contract with Utah Medicaid are required to follow Medicaid's benefit and coverage policies.

What documentation must be kept for telehealth services?

At a minimum, the provider should follow current policies regarding documentation of delivered services.

Is the rate paid to the provider for services delivered via telehealth different than services delivered in person?

No, the rate is the same whether services are delivered in person or through telehealth.

Are either the provider or Medicaid member required to have special equipment or computer applications to participate in telehealth?

It depends. Our previous general definition of telehealth typically involved videoconferencing equipment in a clinician's office and another remote site that was usually another clinic or medical office. Based on rapidly evolving guidance from Centers for Medicare and Medicaid Services (CMS) and the federal Department of Health and Human Services (HHS), at this time, we are including a broader concept of telehealth services to include a Medicaid member's home or other community settings.

Depending on the type of service provided, more traditional telehealth equipment may still be utilized, but for other services, use of more routine telephonic/video chat software may be utilized.

Do telehealth services need to be provided using a HIPAA compliant format?

CMS provided some guidance on this topic on March 17, 2020

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

This guidance states in part:

"A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. Office of Civil Right (OCR) is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency."

Although allowed under the emergency guidance from the Health and Human Services at the federal level, Utah Medicaid policy requires providers to use HIPAA compliant means of communicating (i.e., Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet) to the greatest extent possible.

Will Medicaid be making any permanent changes to its telehealth policy?

Yes, there are several changes that we will be making soon. These include, use of telephone only telehealth for certain services, reimbursement for originating site and use of asynchronous telehealth (store and forward) for certain services

Where can I send additional comments or questions?

Additional questions or comments can be sent to:
medicaidmemberfeedback@utah.gov

Medicare

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.

More specific details including specific HCPCS codes can be found on their website [Medicare Telemedicine Health Care Provider Fact Sheet](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet).

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AETNA

For the next 90 days, until June 4, 2020, Aetna will waive member cost sharing for a covered telemedicine visit regardless of diagnosis. Aetna members are encouraged to use telemedicine 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. Self-insured plan sponsors will be able to opt-out of this program at their discretion.

For the 90-day period, Aetna has added specific HCPCS codes. All telemedicine services not noted will be covered according to Aetna's current policy. All other telemedicine coverage is stated in the Aetna Telemedicine policy which is available to providers on the NaviNet and Availity portals.

Details regarding specific billing instructions related to COVID-19, can be found in the provider section of our website : <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html>

Cigna

As the COVID-19 pandemic continues to spread throughout the United States, we appreciate that providers across the country are on the front line to offer dedicated care to our customers and help protect local communities.

We also know it's more important than ever for Cigna to be committed to our customers' health and to remove the barriers you face in delivering safe, efficient, and quality care.

To honor this commitment, Cigna recently announced that we will:

- Waive customer cost-sharing for office visits related to COVID-19 screening and testing through May 31, 2020
- Waive customer cost-sharing for telehealth screenings for COVID-19 through May 31, 2020
- Make it easier for customers to be treated virtually for routine medical examinations by in-network physicians
- Provide free home delivery of up to 90-day supplies for Rx maintenance medications available through the Express Scripts Pharmacy and 24/7 access to pharmacists

To further this commitment, we are providing this COVID-19 Billing and Reimbursement Guidance to help ensure you can keep delivering the care you need to – in the office, at a facility, or virtually – all while getting properly reimbursed for the services you provide our customers. To allow accurate and timely reimbursement for COVID-19 related services, Cigna is requesting that health care providers submit claims using specific codes that our claim systems will recognize. If these recommended codes are used it will facilitate proper payment and help avoid errors and reimbursement delays. Please note that this billing guidance document will continually be updated. Please check this document daily for updates, clarifications, and additional frequently asked questions.

Details for interim billing guidelines for Coronavirus (COVID-19) can be found at <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>. Or providers can visit our provider portal at <https://cignaforhcp.cigna.com>.

PEHP

PEHP accepts the GT & 95 modifiers on claims or the 02 place of service code for telehealth services.

Additional information can be found on the home page of our provider portal

<https://www.pehp.org/providers>

Regence BlueCross BlueShield

For Regence members: We are temporarily expanding medical and behavioral health telehealth services to our Individual, group (including administrative services only groups who have the telehealth benefit), and Medicare members. This expansion will remain in effect through Utah's emergency declaration.

- We are expanding the services that can be offered by in-network providers via telehealth.
- The visits are considered the same as in-person visits and are paid consistently with in-person visits.
- The member's coinsurance and deductible will apply to these services.
- We are following the U.S. Department of Health and Human Services' (HHS') lead on discretion with respect to [HIPAA compliant platform requirements](#).
- The services must:
 - Be safely and effectively delivered via telehealth
 - Meet the code definition that is billed when provided via telehealth
 - Meet existing coverage criteria, including pre-authorization requirements and medical necessity
- Under this expansion for claims to process correctly, claims must be submitted with POS 11 or IOP and the GT modifier. (Note: To receive reimbursement consistent with an in-office visit, the POS must be either 11 or IOP. The GT modifier will indicate that the services were rendered via telehealth.)
- Claims can be submitted on or after Tuesday, March 24, 2020, for dates of service beginning on March 19, 2020.

Note: We will continue to cover the medical and behavioral health codes, as outlined in our [Virtual Care \(Administrative #132\) reimbursement policy](#). Claims submitted following the guidelines in this policy will be paid as they have been.

Telehealth vendors

In addition to in-network local providers, most members have access to one of two national telehealth vendors that can help assess a member's condition and determine the necessary next steps of care:

- [Doctor on Demand](#) provides medical and behavioral health video visits. It is available to Individual, small group, and mid-size group members. It is also offered as a buy up for large and ASO group members.
- [MDLIVE](#) provides medical and behavioral health care via video or phone visits for Medicare Advantage members and as a buy up for fully insured large group and administrative services only (ASO) group members.
- When members login to their account, they can view their telehealth benefits and access their telehealth vendor.

Nurse Line

Most members also have access to a 24/7 nurse advice line that they can call for answers to questions about common health concerns. More information can be found on the back of the member's card.

Secure messaging

[Ask a Doctor](#) provides routine medical care virtually by secure messaging (that can convert to video) with a board-certified, U.S.-based provider and is an option for members with mild or no symptoms. It is available to Individual, small, mid-size and large group members.

BCBS Federal Employee Program (FEP) members:

BCBS FEP can receive telehealth services through [Teledoc](#). View the [telehealth benefit information](#) for Blue Cross and Blue Shield Federal Employee Program® (BCBS FEP®) members.