



Navigating Coronavirus Series

Commercial and State Health Plan Carrier Policies

May 5, 2020

This webinar series brought to you by



Today's Presenters

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Provider Relief Fund- General

First tranche of funding (\$30B)

- April 10th - Released via direct deposit or mailed based to healthcare organizations (by TIN) that received Medicare FFS reimbursement in 2019
- Amount was equivalent to 6.2% of 2019 Medicare fee for service payments

Required actions

- Within 30 days of receipt, sign attestation in portal
- Submit sufficient documentation –funds used for health care related expenses or lost revenues
- ***Care does not have to be specific to treating Covid-19.*** HHS broadly views every patient as a possible case of COVID-19

Provider Relief Fund - General

Second tranche of funding (\$20- \$50B total General)

- April 27th - \$20 billion to providers distributing 1st and 2nd tranche fund based on 2018 Medicare net patient revenues
- Automatic if not, apply through HHS payment portal
- Funds allocated rotating basis *not 1st come 1st served*

Required actions

- Sign second attestation in portal
- Submit sufficient documentation –funds used for health care related expenses or lost revenues

Provider Relief Fund - General

Providers may only use these general distribution funds for limited purposes:

- [A]ll payments may only be used to prevent, prepare for, and respond to coronavirus, and that the Payment shall reimburse the Recipient only for health care related expenses or lost revenues that are attributable to coronavirus.
- If a recipient does not have lost revenues or increased expenses due to COVID-19 equal to the amount received a recipient **must return the funds**

There will be significant anti-fraud and auditing work done by HHS, including the work of the Office of the Inspector General.”

Provider Relief Fund - Targeted

Reimburse Providers for COVID-related treatment of the uninsured:

- Any health care provider who has provided treatment for **uninsured COVID-19 patients** on or after February 4, 2020, can request claims reimbursement through the program and will be reimbursed at Medicare rates, subject to available funding.
- Enroll on or after April 27
- Submit claims in early May
- Receive payment via direct deposit mid-May 2020

[COVIDUninsuredClaim.HRSA.gov](https://www.hrsa.gov/coronavirus/uninsured-claim).

Provider Relief Fund - Targeted

- Reimbursement will be made for: qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis, including:
 - Specimen collection, diagnostic and antibody testing.
 - Testing-related visits, including in the following settings: office, urgent care or emergency room, or via telehealth.
 - Treatment: office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ground ambulance transportation, non-emergent patient transfers via ground ambulance, and FDA-approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.
 - When an FDA-approved vaccine becomes available, it will also be covered

Paycheck Protection Program - Update

April 30- IRS Notice 2020-32

- Qualifying expenses ordinarily deductible under §162 are not deductible if paid with funds received from a PPP loan that is granted forgiveness.

For taxpayers, this means that all “qualifying expenses” under the PPP, such as payroll, rent, and utilities, will be nondeductible when taxpayers file their tax returns for the period covering the eight-week window (for calendar-year taxpayers, it will be the return for the year ending December 31, 2020)

Larry Wu, M.D.
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Blue Cross and Blue Shield of North Carolina

BLUE CROSS NC COVID-19 RESPONSE

Deck updated as of 05.05.2020. Content is subject to change.

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Priorities for COVID-19 Preparedness strategy

In preparation for a possible local COVID-19 outbreak, our strategies align with the following priorities:

- Ensuring that we make timely, meaningful changes to our policies to support both our members and the North Carolina health care delivery system;
- Communicating our plans and commitment to supporting the North Carolina health care delivery systems to all stakeholders.
- Ensuring that we protect our employees and can continue to run the business
- Modeling the potential financial impact of COVID-19 and its potential impact on our near-term financial results, liquidity, and capital position.

MEMBER AND PROVIDER SUPPORT MEASURES

Overview

Member and provider support measures



“Timely, meaningful changes”

MARCH 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 1 st case in NC	4  NC announcement	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

COVID-19 (Coronavirus)

Measures we're
taking to support
members and
clinicians
(as of 4/30/2020)

For the latest updates, please visit
BlueCrossNC.com/Coronavirus



Expanded telehealth
measures



Waiving member cost-sharing
for COVID-19 screening, testing
and related treatments



No prior authorization for
COVID-19 testing and
notification only for some
PPA requirements



Members with COVID-19 diagnosis:
No prior authorization for diagnostic
tests and covered services that are
medically necessary based on CDC
guidelines



Ensure access to
medications



Speeding payments to
providers

COVID-19 measures By Segment



Interventions effective March 6, 2020	Policy vs. benefit change	Fully Insured	Self-Insured / ASO	SHP	HDHP	FEP	MA / ExH	IPP
		Group and Individual	Administrative Services Only	State Health Plan	High Deductible Health Plan	Federal Employee Program	Medicare Advantage & Experience Health	Inter-Plan Programs
Expansion of telehealth services	Reimbursement policy	✓	✓	✓	✓	✓	✓	Varies
Expansion of telephonic services	Reimbursement policy	✓	✓	✓	✓	✓	✓	Varies
Waive member cost share for testing, screening or related treatment	Benefit change	✓	Varies	✓	✓	✓	✓	Varies
Refill medications early	Policy	✓	Varies	✓	✓	✓	✓	Varies
Waive prior authorization for COVID-19 testing and notification only for some PPA requirements	Benefit change	✓	Varies	✓	✓	✓	✓	Varies
Waive prior authorization for medical necessary services for COVID-19 diagnosis or suspected diagnosis	Benefit change	✓	Varies	✓	✓	✓	✓	Varies

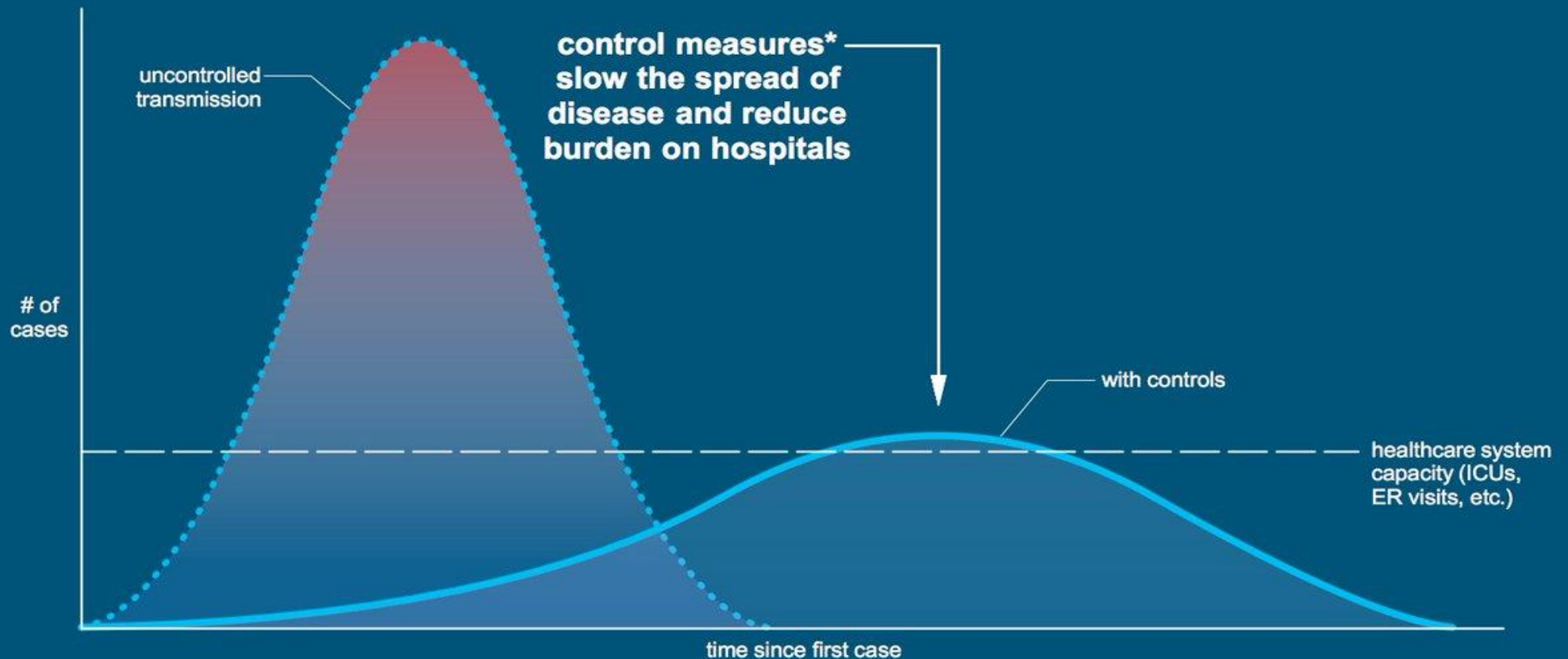
MEMBER AND PROVIDER SUPPORT MEASURES

Telehealth



Telehealth is key for social distancing

LOWER AND DELAY THE EPIDEMIC PEAK



* control measures may include handwashing, teleworking, limiting large gatherings, minimizing travel, etc.

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Carl T. Bergstrom @CT_Bergstrom

Member and provider support measures



Telehealth – Pay at parity

Pay at parity for a telehealth visit as a face-to-face visit

Includes any Blue Cross NC contracted providers who typically see patients in person for services that can be provided through telehealth

Includes all specialties

+ **Provider impact:**

- Incentivizes providers to offer telehealth
- Provides a safer environment for health care workers
- Decreases the need for personal protective equipment (PPE)

+ **Member impact:**

- Expands access to telehealth, which keeps members safer and allows them to practice social distancing
- Allows members to continue receiving the care they need from PCPs and specialists, including behavioral health care, during the pandemic

Telehealth – Cost-share waiver for vendor-based services

Waive member cost share (i.e. deductibles, copays, coinsurance) for telehealth visits conducted through MDLIVE and/or Teladoc if covered by a member's plan

+ Member impact:

- Provides an additional way to access care, especially if they don't have a primary care provider
- Removes a financial barrier to accessing health care

MEMBER AND PROVIDER SUPPORT MEASURES

Waiving member cost-sharing for COVID-19 testing, screening and related treatments



Member and provider support measures



Cost-share waiver for testing, screening and related treatments

Waive member cost share (i.e. deductibles, copays, coinsurance) for COVID-19 diagnostic testing, screening or related treatments

Includes diagnostic and antibody COVID-19 tests that are cleared, approved or authorized by the FDA and ordered by a provider

Includes COVID-19-related treatments that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19 or have a suspected diagnosis

+ Member impact:

- Removes the financial barrier to accessing care

MEMBER AND PROVIDER SUPPORT MEASURES

Temporarily removing some administrative tasks



Member and provider support measures



Waiving prior approval for some requirements

Waive prior approval (PPA)

Includes COVID-19 diagnostic tests and medically necessary covered services for members with COVID-19 diagnosis or suspected diagnosis

Includes emergent (non-elective) inpatient admissions and post-acute care services and waive concurrent review – only require 24-hour notification

+ **Provider impact:**

- Speeds up care during the surge
- Maximizes the number of patients a provider can see

+ **Member impact:**

- Ensures access to care

MEMBER AND PROVIDER SUPPORT MEASURES

Ensuring access to medication



Member and provider support measures



Ensuring access to medication

Waive early medication refill limits (90-day prescription of maintenance medication(s) for ongoing conditions; can be mail-ordered)

Protecting supplies of medications related to COVID-19

+ **Member impact:**

- Ensures access to the medicine they need

+ **Provider impact:**

- Ensures all prescribers have access to needed medications, whether for COVID-19 or existing medical conditions, as they're evaluated for effectiveness for COVID-19

MEMBER AND PROVIDER SUPPORT MEASURES

Speeding payments to providers



Member and provider support measures



Speeding payments to providers

Enhanced our claims payment processes to speed payments to providers

Expediting credentialing

Creating programs to provide assistance to independent primary care providers

+ **Provider impact:**

- Helps alleviate revenue and potential short-term cash flow challenges during the pandemic
- Reinforces the health care workforce

+ **Member impact:**

- Ensures access to care if more providers can continue operating, especially for members in rural communities

INNOVATIONS AND IMPROVEMENTS

Discussion on changes post-pandemic



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United Healthcare



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UnitedHealthcare Resources

1. Policy changes supporting adoption and effective use of Telehealth including PCP and BH
2. Reducing administrative burden for practices and patients to enhance access to care
3. Addressing the financial strain of practices
4. Innovations and improvements in healthcare delivery that I hope will emerge as we go forward.

Please visit **UHCprovider.com** regularly for up-to-date information.



May 1, 2020

UnitedHealthcare will cover cost share for COVID-19 antibody testing for our members. Read [more details](#).

To health care workers,
physicians and staff

At no other time in history has your work, bravery and dedication been more evident. Our heartfelt thanks go out to you for all that you do each and every day to help make the world a healthier place.

COVID-19 Updates and Resources



Latest COVID-19 Updates

April 23, 2020 at 10:36PM

Credentialing Updates

April 27, 2020 at 08:28AM

**Prior Authorization and
Ongoing Patient Care
Updates**

April 23, 2020 at 10:36PM

Telehealth Services

May 01, 2020 at 07:37PM

**Testing, Treatment, Coding &
Reimbursement**

Telehealth

Reminder: Virtual Check-Ins and E-Visits

Virtual check-ins can be done with a phone, captured video or image. E-visits require online patient portals and must begin with the patient.

Providers can continue to use virtual check-ins and e-visits where rules include:

- Not related to a medical visit within last seven days
- Does not result in a medical visit within 24 hours or soonest available appointment

Virtual Check-Ins and E-visits are not considered telehealth services.

Telehealth policies are being updated frequently. Please check the policy site for the most up-to-date information at UHCprovider.com/covid19.



Telehealth Interim Policy Changes



Centers for Medicare and Medicaid (CMS) have waived the originating site restrictions so patients can have telehealth visits with their own providers from their homes.

UnitedHealthcare's telehealth provider policies have been updated to reflect:

- Home as a reimbursable originating site for telehealth visits
- Audio-only telehealth visits are reimbursable
- Physical, occupational and speech therapy telehealth services provided with audio-video are reimbursable *
- HIPAA technology regulations have expanded, allowing provider discretion for telehealth communication devices and applications to use

* Reimbursable codes are limited to the specific set of physical, occupational and speech therapy codes found on UHCprovider.com



Telehealth policies are being updated frequently. Please check UHCprovider.com for the most up-to-date information.

Last update: May 1, 2020. Check UHCprovider.com regularly for up-to-date information.

During the national public health emergency, providers may use an expanded range of technology to complete telehealth visits.

Telehealth platform options:

- HIPAA-compliant video communication products purchased from a telehealth technology vendor
- Everyday communication technologies that allow video chats:
 - Apple FaceTime
 - Facebook Messenger video chat
 - Google Hangouts video
 - Skype

Even during the emergency, public-facing video tools such as Facebook Live and TikTok should *not* be used for clinical care delivery.

Telehealth visits should be conducted through HIPAA-compliant technology, if possible.

- CMS and their auditing body will not pursue providers who do not use HIPAA-compliant video communication products (e.g., Apple's Face Time, Facebook Messenger video chat, Google Hangouts video, Skype).
- **Providers should notify patients that these communication methods do have privacy risks.**

Billing and Reimbursement

- Cost sharing will be waived for the treatment of COVID-19 through May 31, 2020 for Fully-Insured Commercial Medicare Advantage and Medicaid members.
- Cost sharing will be waived for in-network, non-COVID-19 telehealth visits until June 18, 2020.
 - Commercial, Medicare and Medicaid policy changes apply to members whose benefit plans cover telehealth services and allow those patients to connect with their doctor through live, interactive audio and audio-video visits.
- UnitedHealthcare will work with self-funded customers who want to implement similar waivers.
- Telehealth visits can be used for both COVID-19 and other health needs, which help keep members in their homes while still receiving the care they need.
- UnitedHealthcare member benefits are updated regularly on the eligibilityLink Tool.



UnitedHealthcare will reimburse for telehealth services that are:

Commercial/Medicaid

- Recognized by CMS and appended with modifiers GT or GQ
- Recognized by the AMA, included in Appendix P of CPT and appended with modifier 95

Medicare Advantage

- Covered telehealth services found in UHC Medicare Advantage reimbursement policy or [cms.gov](https://www.cms.gov)

Physical, Occupational, Speech Therapy and Chiropractic Therapy

- Telehealth services list found on uhcprovider.com

Billing

1. Utilize the appropriate Office Visit E/M code for the current visit.
2. Use Telehealth Place of Service code for where services would have occurred.
3. Use 95 (or GT) modifier.
4. Refer to CDC ICD-10-CM Official Coding Guidelines.

Last update: April 6, 2020. Check [UHCprovider.com](https://uhcprovider.com) regularly for up-to-date information.

THE FUTURE POST COVID-19

- Telehealth is here to stay
- Utilizing Telehealth as a means for monitoring and caring for patients with chronic conditions and decreasing their risk of “picking something up in the office”
- Ability to ward off abuse of the ED or Urgent Care center and encourage patients to **CONTACT YOU FIRST**
- Vivify monitoring and education and telemedicine visits to assist with long term chronic care management as an adjuvant to your care.
- Education of the members to be able to utilize telehealth and use it to improve health and well being.
- Ways to expand access to care, BH, and ancillary services without needing to leave your home.

ADDITIONAL RESOURCES

Please visit **UHCprovider.com** regularly for up-to-date information.



May 1, 2020

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**Testing, Treatment, Coding &
Reimbursement**

Testing, Coding and Reimbursement



Testing, coding and reimbursement protocols and guidelines are established based on guidance from the Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), state and federal governments and other health agencies. We're closely monitoring COVID-19-related updates from these partners and updating this site as quickly as possible when new information is available. Care providers should work with local and state health departments to coordinate testing.

Diagnosis Codes

CDC interim coding guidance

Laboratory Testing Codes

HCPCS U0001 for the laboratory test developed by the CDC

HCPCS U0002 for the laboratory test developed by entities other than the CDC.

New CPT® Code

CPT code 87635 for specific lab testing to identify severe acute respiratory syndrome coronavirus 2 (SARS-2-CoV-2)

- **Expanded Coverage**

UnitedHealthcare will waive cost-sharing for COVID-19 testing for Medicare Advantage, Medicaid, and Individual and Group Market health plans from March 18, 2020 through this national emergency. We're also waiving cost sharing for COVID-19 testing-related visits during this same time, whether the testing-related visit is received in a health care provider's office, an urgent care center, an emergency department or through a telehealth visit. And, we're waiving cost sharing for the treatment of COVID-19 until May 31, 2020 for Medicare Advantage, Medicaid, and Individual and Group Market fully insured health plans. Review the information on this site for additional details.

COVID-19 Testing-Related Telehealth Visits

- From Feb.4, 2020 and throughout this national emergency, we will waive member cost sharing for in-network and out-of-network COVID-19 testing-related telehealth visits, including both interactive audio-video and audio-only.

- **Cost Share Covered for COVID-19 Antibody Testing**
- During the national public health emergency period, UnitedHealthcare will cover FDA-authorized COVID-19 antibody tests ordered by a physician or appropriately licensed health care professional without cost sharing (copayment, co-insurance or deductible). This coverage applies to members enrolled in Medicare Advantage, Medicaid, and Individual and Group Market health plans. Benefits will be otherwise adjudicated in accordance with the member's health plan.
- UnitedHealthcare is requesting all **physicians and health care professionals who perform and bill for COVID-19 antibody tests to register the tests you will use for our members.** UnitedHealthcare will use the registration information to assist health care professionals in choosing tests that are FDA-approved and to better understand the clinical reliability of the tests being used. Additional instructions on test registration will be provided on this site on May 8, 2020.

- UnitedHealthcare is requesting all physicians and health care professionals who perform and bill for COVID-19 antibody tests to register the tests you will use for our members. UnitedHealthcare will use the registration information to assist health care professionals in choosing tests that are FDA-approved and to better understand the clinical reliability of the tests being used. Additional instructions on test registration will be provided on this site on May 8, 2020.
- **The national public health emergency, as renewed, will end on July 25, 2020.** COVID-19 testing is rapidly evolving and UnitedHealthcare will continue to provide updates as they become available. Be sure to check back often for the latest information.

Additional Resources



Key Coding Links:

Telehealth Payable Codes: [cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes)

CMS Telehealth Fact Sheet: [cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf)

AMA Covid 19 Coding Scenarios: <https://www.ama-assn.org/system/files/2020-04/covid-19-coding-advice.pdf>

Key Policy Links:

UnitedHealthcare Telehealth Policy:
UHCprovider.com/en/resource-library/news/provider-telehealth-policies.html

Centers for Medicare & Medicaid Services (CMS) Policy:
[cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet)

Telehealth Scenario 1: Established patient visit with a provider who uses an audio-video or audio-only telecommunications system for COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
Established patient presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 or non-COVID-19 related care not resulting in COVID-19 diagnostic testing.	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with an established patient Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><i>*United States Department of Health and Human Services (HHS) is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</i></p>	<p>Step 1. Use appropriate Office Visit E/M code (99211-99215)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to Centers for Disease Control and Prevention (CDC) ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply.</i></p>

Telehealth Scenario 4: New patient visit with a provider who uses an audio-video or audio-only telecommunications system COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
<p>New patient* presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 or non-COVID-19 related care without COVID-19 diagnostic testing.</p>	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with a new patient Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><u><i>*HHS is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</i></u></p>	<p>Step 1. Use appropriate Office Visit E/M code (99201-99205)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply.</i></p>

*Subject to state law requirements.

Starting Telehealth in Your Office

- Help ensure that support staff understand and are trained to explain your telehealth technologies to your patients.
 - Send email instructions and have handouts available on how to access telehealth technology and how the telehealth visit will start.
- Have office support staff contact patients by phone prior to the visit to confirm their readiness to have a telehealth visit and verify the patient has access to your preferred telemedicine platform (or has a smart phone or tablet).
- When patients call in to cancel appointments for “social distancing,” offer them a telehealth alternative.
- Consider training a nurse or medical assistant staff to “room” telehealth patients when the physician is running behind schedule.



What does a practice need to offer telehealth?

During the national COVID-19 public health emergency, there are three pathways for providers to engage in telehealth:

- 1. Continue and/or expand existing in-practice telehealth capabilities.**
 - Are others in your office offering this service?
 - Is your EMR already equipped with video visit technology? (i.e., EPIC)
 - Has your group already partnered with a third-party platform? (i.e., AmWell)
- 2. Use your EMR's current telehealth compatible capabilities.**
 - Is it a module to turn on or add?
 - Is there a compatible vendor partner that links into your EMR?
- 3. Leverage everyday communication technologies for video visits.**
 - Do you have built-in video or a webcam for your computer?
 - Do you have a smart phone?



Telehealth – Example Clinic Workflow

- 1 Schedule a patient visit and verify patient's medical policy covers telehealth.
 - UnitedHealthcare is covering telehealth visits for commercial, Medicaid and Medicare (some self-funded plans may not cover telehealth visits).
- 2 Verify the patient has access to your preferred telemedicine platform.
- 3 Meet the patient in their home virtually and conduct the visit.
- 4 Consider scheduling a follow-up visit using telemedicine, if appropriate.
- 5 Complete the relevant documentation about the visit. Be sure to include that the patient gave informed consent for the visit.
- 6 Submit the claim with the relevant billing code and a telemedicine modifier.



- Providers should connect with laboratory and radiology facilities to perform tests and send results back to the practice when ordered for a telehealth visit.
- Providers can develop processes to manage patients' electronic requests outside office hours as most telemedicine modalities have some method to have patients initiate conversations.
- Prepare for clinical life after the COVID-19 public health emergency:
 - Patients may not be able to use telemedicine visits from their home indefinitely. It is anticipated that CMS and UnitedHealthcare will reinstate the CMS originating site restriction following the COVID-19 public health emergency.
 - Provider groups that wish to continue to provide telehealth in the future should discuss options with their Clinical Transformation Consultant or UHN contact.
 - If using a video conferencing platform that is not HIPAA-compliant, create a transition plan to a HIPAA-compliant platform for your clinical associates and your patients.

Chris Broga, M.D.
Aetna

COVID-19: Taking Action

Aetna Telemedicine Policy Update

April 2020



Telemedicine for Commercial Plans

**Two-way,
Synchronous (i.e.
real-time)
Audiovisual
Interactive Medical
Service**

Modifiers GT, 95

We pay for two-way, synchronous (i.e. real-time) audiovisual interactive medical services between the patient and the provider.

We consider services recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifier GT, as well as services recognized by the AMA included in Appendix P of the CPT® Codebook and appended with modifier 95.

When a provider reports modifier GT or 95, it certifies the patient received services via an audiovisual telecommunications system.

- GT: Telehealth service rendered via interactive audio and video telecommunications system
- 95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications systems

COVID 19 Telemedicine Policy Enhancement Highlights

- **Aetna Commercial patients pay \$0 for covered telemedicine visits** until June 4, 2020
- **Until further notice, Aetna is also expanding coverage of telemedicine visits to its Aetna Medicare members**, so they can receive the care they need from you without leaving their homes. **With this change** and new flexibilities announced by the Centers for Medicare and Medicaid Services to help combat the virus, Aetna Medicare members can now see their providers virtually via telephone or video.

Telemedicine (continued)

List of Commonly billed Eligible CPT/HCPCS for two-way, synchronous visits:

Office or other outpatient visits or consults	99201 - 99205, 99211 - 99215, 99241 - 99245
Inpt. consult for a new or established patient & subsequent hospital care limited to 1 Telehealth visit every 3 days	99231, 99232, 99233, 99251 - 99255
Telehealth consults, ED or initial & follow up inpatient consults in hospitals or SNFs	G0425, G0426, G0427, G0406, G0407, G0408

The following codes require an audiovisual connection or telephone:

Eligible Code Description	CPT/HCPCS
Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.	G2010
Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	G2012
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 21-30 minutes of medical discussion.	98966, 98967, 98968
Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 20-30 minutes of medical discussion.	99441, 99442, 99443

Eligible Code Description	Eligible CPT/HCPCS
Psychiatric diagnostic interview examination	90791, 90792 GT or 95
Individual psychotherapy	90832, 90833, 90834, 90836, 90837, 90838 GT or 95
Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes	90839, 90840 GT or 95
Psychoanalysis	90845 GT or 95
Family or group psychotherapy	90846, 90847, 90853 GT or 95
Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	90863 GT or 95
Neurobehavioral status examination	96116 GT or 95

Telemedicine and Direct Patient Contact

Comprehensive Aetna policy with COVID – 19 updates and waivers as of March 20, 2020



Covid-19

Telemedicine (con't)

For more information and assistance

Aetna Resources

Health Care Providers - Aetna Call Center: 1 (800) 872-3862

Health Care Providers - Contact Aetna Online: <https://www.aetna.com/health-care-professionals/forms/contact-us-online.html>

Important links

Aetna's Telemedicine and Direct Patient Care policy and current list of eligible CPT/HCPCS codes (providers must register to access policy):

<https://aetnao365.sharepoint.com/sites/NetworkSharePoint/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FNetworkSharePoint%2FShared%20Documents%2FCOVID%2D19%20Provider%20Resource%20Documents%2FTelemedicine%5FExternal%20%2D%20Updated%203%2D19%2Epdf&parent=%2Fsites%2FNetworkSharePoint%2FShared%20Documents%2FCOVID%2D19%20Provider%20Resource%20Documents> :

For more COVID 19 information and daily updates: https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_3

Provider letter: <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid19-letter.html>

CVS Health news releases: <https://www.cvshealth.com/newsroom/press-releases>

Questions?

