

## Telemedicine Support Guidelines for COVID-19

The Delaware Department of Insurance issued guidance in a bulletin dated March 20, 2020 which included telemedicine, see bulletin at <https://tinyurl.com/doibulletin>.

With respect to health insurance carriers, the Governor's Updated Emergency Declaration reinforce that:

- Patients do not have to present in-person or before relevant services may be provided
- Delaware residents do not need to be in Delaware at the time relevant services are provided; and
- Out-of-state providers who would be permitted to provide these services in Delaware if they were licensed under Title 24 may provide telemedicine services to a Delaware resident if they hold an active license in another jurisdiction.

Accordingly, the Department expects carriers who are covering claims under insurance policies to which the telemedicine provision applies to fully reimburse providers who are providing telemedicine services through telehealth in accordance with the law. Since COVID19 is a communicable disease, some insureds may choose to seek medical advice through these services instead of in-person health care services for any care, including but not limited to symptoms that relate to COVID-19. Accordingly, this provision applies to all telehealth and telemedicine services, not just those provided in connection with the testing and treatment of COVID-19.

### Guidance from Delaware Insurance Payers

#### **Aetna**

We're here to help you, help your patients and recently announced these resources and enhancements when applicable:

- If you request testing related to COVID-19, we'll waive your Aetna patient's cost sharing.
- 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.
- Aetna is offering its Medicare Advantage brief virtual check-in and remote evaluation benefits to all Aetna Commercial members and waiving the co-pay.

<https://tinyurl.com/aetnatele>

#### **AmeriHealth Caritas**

In response to the COVID-19 public health emergency, AmeriHealth Caritas Delaware is expanding its telehealth policies effective immediately. We're closely monitoring updates from the Division of Medicaid and Medical Assistance (DMMA), the Centers for Disease Control and Prevention (CDC), and Centers for Medicare & Medicaid Services (CMS) to adjust our policies as needed.

<https://www.amerihealthcaritasde.com/assets/pdf/covid-19/covid-19-telehealth-faq.pdf>

## Cigna

Cigna recently announced that we will:

- 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 providers
- Cigna will allow providers to bill a standard face-to-face visit for all virtual care services, including those not related to COVID-19.
- This means that providers can perform services for commercial Cigna customers in a virtual setting and bill as though the services were performed face-to-face.
- Providers should bill using a face-to-face evaluation and management code, append the GQ modifier, and use the POS that would be typically billed if the service was delivered face to face.<sup>1</sup>
- Providers will be reimbursed consistent with their typical face-to-face rates.
- Providers can also bill code G2012 for a 5-10 minute phone conversation, and Cigna will waive cost-share for the customer. This will allow for quick telephonic consultations related to COVID-19 screening or other necessary consults, and will offer appropriate reimbursement to providers for this amount of time.<sup>2</sup>
- Customer cost-share will apply as outlined below.<sup>2</sup>

Cigna claims processing systems will be able to accurately and timely administer claims when health care providers follow the below coding guidance. Claims will be processed consistent with these rules beginning April 6, 2020 for dates of service on or after March 2, 2020 and until at least May 31, 2020.<sup>3</sup>

1. QualCare Workers' Compensation providers should not use a GQ modifier.
2. Not applicable to QualCare Workers' Compensation.
3. Effective dates for QualCare Workers' Compensation are being determined. We will provide updates as the information becomes available.

<https://tinyurl.com/cignatele>

## CMS

The Centers for Medicare & Medicaid Services (CMS) issued a series of temporary regulatory waivers to further support the ability of the nation's healthcare system to respond to COVID-19.

The changes outlined below will take effect immediately across the entire country:

- **New telehealth codes.** CMS will pay for 80 additional telehealth codes, including home visits, emergency department visits, and therapy services. Providers can waive copayments for all telehealth services for Original Medicare beneficiaries.
- **Virtual check-ins.** Clinicians can provide virtual check-in services (HCPCS G2012, G2010) to both new and established patients. Previously, these services were limited to established patients only.
- **Telephone codes.** CMS will reimburse for telephone evaluation and management services provided by a physician (CPT 99441-99443) and telephone assessment and management services provided by a qualified non-physician healthcare professional (CPT 98966-98968). These codes are only available to established patients but may be furnished using audio-only devices.  
On 3/30 CMS added 80 additional telehealth codes <https://tinyurl.com/cmsaddittele>
- **E-visits.** Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits (HCPCS G2061-G2063). These codes are only available to established patients and must be initiated by the patient.
- **Removal of frequency limitations on Medicare telehealth.** Subsequent inpatient visits (CPT 99231-99233), subsequent skilled nursing visits (CPT 99307-99310), and critical care consult codes (CPT G0508-G0509) no longer have limitations on the number of times they can be billed.

<https://tinyurl.com/cmsteflex>

## **DMMA**

Telehealth Provider Eligibility In response to COVID-19, effective 3/18/2020 until further notice provided by Governor John Carney, DMMA relaxed eligibility requirements for providers providing Telehealth Services. For services delivered through telehealth technology from DMAP or MCOs to be covered, healthcare practitioners must:

Act within their scope of practice;

- Be licensed for the service for which they bill DMAP;
- Any out of state healthcare provider who would be permitted to provide telemedicine services in Delaware if they were licensed under Title 24 may provide telemedicine services to a Delaware resident if they hold an active license in another jurisdiction;
- Be enrolled with, or have engaged in the process to become enrolled with, DMAP/MCOs; and
- Be located within the continental United States. Additionally, Title 24 requirements that patients present in person before telemedicine services may be provided are suspended.

### **Billing for Telehealth**

In general, services must be billed in accordance with applicable sections of DMAP Provider manuals. For Interactive Telehealth Services, the same procedure codes and rates apply to the underlying covered service as if those services were delivered face-to-face.

In response to COVID-19, effective 3/18/2020 until further notice, Telephonic Services can be provided to any member for any visit not related to an 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. Billable Telephonic Services must be between the patient and the Physician or other qualified health professional.

### **Originating Site Providers**

If the Health Care Provider at the Originating Site is making a room and telecommunications equipment available the provider may bill for an Originating Facility Fee using code Q3014.

### **Non-Federally Qualified Health Care Center (FQHC) Distant Site/Rendering Providers**

- Distant Site/Rendering Providers billing for Interactive Telehealth Services should continue to bill their appropriate Usual & Customary charge for the service provided and use Place of Service value **02** for all Telehealth charges.
- Distant Site/Rendering Providers billing for Telephonic Services should use the following codes as appropriate, and should use Place of Service value **02** for all Telehealth charges:
  - Physician or other qualified health professional:
    - 99441: 5-10 minutes of medical discussion
    - 99442: 11-20 minutes of medical discussion
    - 99443: 21-30 minutes of medical discussion

[https://dhss.delaware.gov/dhss/dmma/files/dmma\\_telehealth\\_bulletin\\_COVI\\_19.pdf](https://dhss.delaware.gov/dhss/dmma/files/dmma_telehealth_bulletin_COVI_19.pdf)

## **Highmark**

To help avoid further spread the virus, Highmark is actively encouraging our members to utilize telemedicine services and virtual visits. We are also expanding our telemedicine medical and reimbursement policies for a limited time to permit and pay for more telehealth providers, services and modalities.

Please be advised that any temporary modifications or provisions in our telemedicine policies and procedures are **for dates of service from March 13 through June 13, 2020** unless otherwise noted. Should this change at any time, Highmark will update this information accordingly.

## **Highmark Cont.**

Highmark telemedicine options:

Virtual Visits: Virtual Retail Clinic Visits, Virtual PCP Visits, Specialist Virtual Visits, Virtual Behavioral Health and TeleDermatology, Telemedicine/Telehealth visits with any provider whose scope of practice includes telehealth/telemedicine.

Telemedicine Appointments: Highmark contracts with four Blue Cross Blue Shield Association (BCBSA) approved telemedicine vendors – American Well (Amwell)<sup>™</sup>, Doctor On Demand<sup>™</sup>, Teladoc<sup>™</sup> and Bright Heart Health.

### ***Which providers can offer telemedicine?***

All providers are eligible to provide telehealth visits for covered services within the scope of their license, deemed appropriate using their medical judgment, and delivered within the definition of the code billed.

Note... Medicare Advantage plans continue to follow CMS guidelines.

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

Telemedicine Billing Code List: <https://tinyurl.com/highmarktelebill>

## **Highmark Health Options**

Telehealth: Highmark Health Options covers telehealth services and to the extent possible, we encourage the use of telehealth to screen and provide COVID-19 related services to Medicaid population. If there are any questions related to telehealth service and HHO policy, please contact us at 1-844-325-6251 or reach out to your provider relations representative.

<https://tinyurl.com/healthoptionstele>

## **United Healthcare**

UnitedHealthcare is temporarily waiving the CMS and state-based originating site restrictions and audio-video requirement, where applicable, for Medicare Advantage, Medicaid and commercial members. Care providers will be able to bill for telehealth services performed using audio-video or audio only communication while a patient is at home.

This change will apply immediately and be effective until June 18, 2020. The reimbursement policy change applies to services provided to members covered by all Medicaid plans.

Expanded Provider Telehealth Access - UnitedHealthcare is waiving the Centers for Medicare and Medicaid's (CMS) originating site restriction and audio-video requirement for Medicare Advantage, Medicaid and commercial members from March 18, 2020 until June 18, 2020.

Eligible care providers can bill for telehealth services performed using interactive audio/video or audio only, except in the cases where we have explicitly denoted the need for interactive audio/video such as with PT/OT/ST, while a patient is at home.

Member cost sharing will be waived for COVID-19 testing-related visits during this national emergency. UnitedHealthcare will also reimburse care providers for telephone calls to existing patients, as described within each of the sections below.

<https://tinyurl.com/uhctele>

Additional information from the Delaware Telehealth Coalition

<https://detelehealth.wixsite.com/detelehealth/covid-19-resources>

**IMPORTANT - ERISA plans are still exempt and therefore may not be subject to the same guidelines as CMS, DMMA and commercial insurers.**

Please note... Information may have been updated by the health plan due to changing conditions. MSD will revise as updates are received.