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Payer Coverage of COVID-19 and Telehealth Visits
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The information provided here is the most currently available at the time of publication. We will continue to monitor and report additional updates as they become available. We cannot make any further recommendations or interpret what is posted by each individual payer or type of plan. If you are an ISMA member and have questions not addressed in this document or the references provided, please email Carol Hoppe @ caro@medlucidsolutions.com with COVID-19 in the Subject Line and I will attempt to find further answers.

Diagnostic Testing

CMS has created two new HCPCS codes for healthcare providers who need to test patients for Coronavirus (COVID-19). Providers can use HCPCS code **U0001** for the Centers for Disease Control and Prevention (CDC) "*2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel*" and code **U0002** for "*2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets)*" for Medicare and many other payers that have adopted these new codes for such tests.

Medicare will be able to accept these codes on April 1, 2020 for dates of service on or after February 4, 2020.

Telehealth and Other Technology Services during COVID-19

MEDICARE currently allows for patients to communicate with their doctors or certain other practitioners for **"virtual check-ins"** without going to the doctor's office. These brief, virtual check-in services are for:

- **Established patients** who have a relationship with a physician or certain practitioners;
- 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 **consent must be documented** in the medical record prior to the patient using the service; and
- The Medicare coinsurance and deductible would apply to these services.

Use HCPCS code **G2012** for "virtual check-in" when doctors and certain practitioners personally provide these virtual check-in services via **telephone.**

Use HCPCS code **G2010** for "*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".

Medicare also pays for patients to communicate with their doctors **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.

- Communications can occur **over a 7-day period**
- Services may be billed using the following CPT® and HCPCS codes
  - **99421** – Online digital E/M service for established patient, up to 7 days, cumulative time during the 7 days; 5 to 10 minutes
  - **99422** – 11 to 20 minutes
  - **99423** – 21 or more minutes
  - **G2061** – Qualified nonphysician health care professional online assessment, for an established patient, up to 7 days, cumulative time during the 7 days; 5 to 10 minutes
  - **G2062** – 11 to 20 minutes
  - **G2063** – 21 or more minutes
- The Medicare coinsurance and deductible would apply to these services.

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.

Telehealth Originating Sites
- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

MEDICARE ADVANTAGE
Medicare Advantage plans may provide benefits to their members for telehealth visits, including services when the beneficiary is located in a variety of locations **including their home.**

VACCINE
Once a vaccine is available, all Medicare Part D plans will be required to cover the vaccine.

OTHER PAYERS
As of 3/15/2020, the following payers have made these comments regarding COVID-19.

The Indiana Department of Insurance is addressing concerns that facilities that provide services such as childcare and meals to the community will lose their liability insurance if they remain open during the COVID-19 pandemic. There is no reason to believe that any carrier would be or is denying coverage at this time.
Insurance companies cannot cancel coverage without filing an endorsement change in the terms of the policy with the Department. Commissioner Stephen W. Robertson stated that the Department will aggressively support those facilities if their commercial insurance carrier attempts to deny their liability insurance without approval.
At this time, childcare facilities will maintain liability insurance if they choose to remain open and follow their normal protocol for children who may have an illness. Any facility that has a question about their coverage may contact the Department on Monday during normal business hours at 317-234-8582

ANTHEM BCBS

Anthem Blue Cross Blue Shield is waiving copays, coinsurance and deductibles and prior authorization to the focused test used to diagnose COVID-19 for all of Anthem's affiliated health plan fully-insured, individual, Medicaid and Medicare members when medically necessary.
Anthem also recommends members use telehealth when possible, as it can help prevent them from spreading a virus further within a physical clinical setting. Anthem's telehealth provider, [LiveHealth Online](), is a safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their homes via smart phone, tablet or computer-enabled web cam. LiveHealth Online is offered as a health plan benefit to many individual, employer-sponsored and Medicaid and Medicare members. It is also available as a cost effective option to all consumers.

As there is a heightened awareness of COVID-19 and more cases are diagnosed in the United States, [LiveHealth Online]() is increasing physician availability to handle a potential increase in patients, while maintaining reasonable wait times.

UnitedHealthcare Closely Monitoring Coronavirus (COVID-19)

UnitedHealthcare has waived all member cost sharing, including copays, coinsurance and deductibles, for COVID-19 diagnostic testing provided at approved locations, in accordance with Centers for Disease Control and Prevention (CDC) guidelines for all commercial insured, Medicaid and Medicare members.

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. [Learn more]()

ADDITIONAL REFERENCES

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