

TELEHEALTH COVERAGE POLICIES IN THE TIME OF COVID-19 TO DATE

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As things rapidly develop on both what we know about COVID-19, policies around telehealth have also been developing alongside of it. Below is a summary of what is covered by various public and private payers with the information that has been released. Keep in mind that events are evolving and to consider this a living document that could change frequently as new information and new policies become available/are enacted. CCHP will continue to make updates when they become available.

EXISTING TELEHEALTH POLICY PRE-COVID-19	POLICY CHANGE IN RESPONSE TO COVID-19	WHAT WILL BE COVERED AT THIS TIME
MEDICARE		
Licensing		
With the declaration by the President of a national of emergency, the Secretary issued a 1135 Waiver for “requirements that physicians or other health care professionals hold licenses in the state in which they provide services if they have an equivalent license from another state.” Notice here . CMS has not issued guidance on how this will implemented.		
Fee-for-Service		
Limited reimbursement, restricted by geographic location, site, provider type, services and modality. CMS Fact Sheet for 2019 (NOTE: As of today, CMS has not issued their telehealth fact sheet for 2020. A few changes that were made for 2020 are missing from the CMS fact sheet. To identify those items, click HERE for CCHP’s Physician Fee Schedule Changes Fact Sheet).	HR 6074 Gave the Secretary the power to waive geographic and site restrictions to telehealth in Medicare. It did NOT expand the eligible provider list and included an additional qualifier that an eligible provider had to have a pre-existing relationship OR be in the same practice of a physician or practitioner who did have a pre-existing relationship with the patient.	With the national declaration of a state of emergency and a comment by the President at a press conference that said telehealth restrictions would be waived, presumably at least the waiver power in HR 6074 will be enacted. However, we have not seen any guidance or information on exactly what actions are being taken. At this point, we still need information from CMS regarding what is being waived.
Medicare Advantage		
Medicare Advantage (MA) plans have the flexibility to have more expansive telehealth policies related to types of services covered, where those services can take place (no geographic or site limitations), modality used. Still limits the types of providers reimbursed.	Medicare Advantage Organizations were informed by CMS that if they wish to expand coverage of telehealth services beyond what has already been approved by CMS, they will exercise its enforcement discretion until it is determined that it is no longer necessary in conjunction with the COVID-19 outbreak. (CMS Memo)	MA plans have some flexibility to expand their coverage of telehealth beyond what they currently do. What is covered will depend on what each plan decides to do. NOTE: MA plans do NOT have to provide these more expansive telehealth services. They are only required to provide what is covered by Fee-for-Service.
Other Technology-Enabled Services		
Virtual Check-In Codes G2010, G2012*	No Change Made	Virtual check-in codes do not have geographic or site

<p>Can be done synchronously and asynchronously and telephone can be used</p>		<p>restrictions attached so they can be used to engage with patients, but the reimbursement amount for these codes is low and are only meant to act as quick check-ins with patients that do not last more than a few minutes. These codes are also only available for established patients, are patient initiated and cannot result from or lead to an E/M service.</p>
<p>Interprofessional Telephone/Internet/EHR Consultations (eConsult) * 99446, 99447, 99448, 99449, 99451, 99452</p>	<p>No Change Made</p>	<p>eConsult allows a provider-to-provider consultation. Pays both providers, but check definition for the time needed for each code.</p>
<p>Remote monitoring services: * Chronic Care Management Complex Chronic Care Management Transitional Care Management Remote Physiologic Monitoring Principle Care Management</p>	<p>No Change Made</p>	<p>These services are not considered “telehealth” services and were never subject to telehealth limitations. They do have other factors that limit how they can be used so make sure you check the definition for the codes.</p>
<p>Online Digital Evaluation (E- *Visit) – G2061-2063 Online medical Evaluations – 99421-99423</p>	<p>No Changes Made</p>	<p>These services are not considered “telehealth” services and were never subject to telehealth limitations.</p>
<p>MEDICAID</p>		
<p>EXISTING TELEHEALTH POLICY PRE-COVID-19</p>	<p>POLICY CHANGE IN RESPONSE TO COVID-19</p>	<p>WHAT WILL BE COVERED AT THIS TIME</p>
<p>Telehealth reimbursement policies vary from state to state. If the State Medicaid program has managed care, telehealth reimbursement can vary from plan-to-plan. For Medicaid fee-for-service policies, check CCHP’s website.</p>	<p>A Medicaid FAQ was issued stating that state Medicaid programs have broad authority to utilize telehealth within their Medicaid programs including using telehealth or telephonic consultations in place of typical face-to-face requirements when certain conditions are met. States would have to use the Appendix K process for this.</p>	<p>Still developing. Some states have encouraged providers and health plans to utilize telehealth more broadly to provide services but for many states the policies continue to be developing as they navigate this situation.</p>

PRIVATE INSURERS		
EXISTING TELEHEALTH POLICY PRE-COVID-19	POLICY CHANGE IN RESPONSE TO COVID-19	WHAT WILL BE COVERED AT THIS TIME
Coverage varied from payer-to-payer, depending on the plan.	Several health plans have announced that they will make telehealth more widely available or offering telehealth services for free for a certain period of time. Some of the announcements have come from Aetna, Cigna and BlueShield BlueCross. Additionally, Vice President Pence had announced that he had secured a commitment from the health plans to cover telehealth services, but no details or which plans had agreed were given.	Still developing. Few details have been given and would require individuals to inquire with their insurer what is exactly covered. Some links to the announcements: Aetna Cigna BlueShield BlueCross

* See [CCHP's Introductory Billing Guide to Medicare Fee-for-Service](#).

FQHCs/RHCS – How can I use telehealth?

MEDICARE	MEDICAID	PRIVATE PAYER
FQHCs and RHCs can only act as the originating site for telehealth delivered services. The geographic and site limitations will still apply with only certain exceptions that were in place prior to COVID-19. FQHCs and RHCs can utilize some of the technology-enabled services to treat patients such as the virtual check-in and some of the chronic care management codes but not others like eConsult. For these technology-enabled codes, FQHCs and RHCs will receive a fee-for-service rate, not the PPS rate.	This will vary from state-to-state, with some states allowing FQHCs and RHCs to act as distant site providers, and some allowing them to receive their PPS rate, and others not. Some states prohibit FQHCs and RHCs from acting as the distant site provider but may allow them to be originating sites. Other states are silent. Check CCHP's 50 State Report or your state Medicaid program.	Will vary from payer-to-payer and state-to-state.

State Actions:

California –

- Guidance to Medi-Cal Manage Care Plans -
<https://www.dhcs.ca.gov/services/Documents/MMCD/COVID-19Memo.pdf>
- Behavioral Health Bulletins -
https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx

Colorado – Plans were directed to conduct outreach and education campaigns to remind enrollees of their telehealth options and to provide telehealth services to cover COVID-19-related in-network telehealth services at no cost share.

https://drive.google.com/file/d/1_9Z6CVhzAxNNxUWBKeAfVHgfr3mXQB_T/view?inf_contact_key=28252f60b0e45481d432c387e674dd83

District of Columbia – Medicaid Program Update

https://coronavirus.dc.gov/sites/default/files/dc/sites/dhcf/release_content/attachments/DHCF-PRINT-UFL_UF_DHCF-PRT-06_1038_001.pdf

Massachusetts – Medicaid Managed Care Plans required to cover telehealth and certain telephonic services as a means by which members may access all clinically appropriate, medically necessary covered services - <https://www.mass.gov/doc/managed-care-entity-bulletin-20-coverage-and-reimbursement-for-services-related-to-coronavirus/download>

New York – Providers who submit a “self-attestation” form will be able to provide telemental health for people affected by disaster emergency for a time-limited period. -

<https://omh.ny.gov/omhweb/guidance/use-of-telemental-health-disaster-emergnecy.pdf>

Texas – Allowing phone consults and easing some regulations -

<http://www.tmb.state.tx.us/dl/920E0677-1BAF-C306-781B-A570AD6795A1>