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Payor Summary of Coverage Expansion in Response to COVID-19 Pandemic

Update Date	Health Plan	Plan Type	Waivers	Telehealth	Additional Notes
DMHC All Plan Letters					
DMHC ANNOUNCEMENTS: 9/4/2020 All Plan Letter 20-032, DMHC Telehealth Services APL 20-009 and APL 20-013 will remain in effect for the duration of the California declared state of emergency or until further notice from the Department, whichever is earlier.					
DMHC ANNOUNCEMENTS: 4/7/2020 All Plan Letter 20-013, DMHC Billing for Telehealth Services - Uniformity of billing telehealth services, document the service as if performed in person, use CPT Code for service rendered, use POS 02 to designate telehealth, use modifier 95 for synchronous or GQ for asynchronous rendering of service. Some health plans may require different coding. This APL does not apply to Medicare Advantage.					
DMHC ANNOUNCEMENTS: 3/18/2020 All Plan Letter 20-009, DMHC Reimbursement for Telehealth Services - Health Plans (HP) shall reimburse provider at same rate as in-person service if service is the same regardless of modality of delivery, cost-sharing shall be the same for telehealth services as same service provided in-person, reimbursement for telephone service shall be the same as if the service is rendered via video provided telephone modality is medically appropriate for patient.					
12/10/2020	AETNA	Fully Insured Commercial and Medicare Advantage	Cost-sharing waived for testing related to COVID-19 / Waive cost-share for IP admissions effective 3/25-6/4/2020 December 31, 2020.	AETNA'S LIBERALIZED COVERAGE OF COMMERCIAL TELEMEDICINE SERVICES WILL BE EXTENDED THROUGH DECEMBER 31, 2020. COST-SHARE WAIVERS FOR TELEMEDICINE SERVICES WILL EXPIRE ON JUNE 4TH (some exceptions). Patients can use TeleDoc or in-network provider over the phone or through a telemedicine platform (real-time visual connection). Telemedicine is expanded to Aetna Medicare members as outlined by CMS. Telemedicine services may include the patient home as the originating site using a telephone or video capable device. The Medicare Advantage virtual check-in and remote evaluation benefit will be available to Aetna Commercial members.	AETNA updated telemedicine policy effective 1/1/2020 – Full Policy is located in the Availity website under Aetna Payer Space.
			Medical cost share waiver ended June 4, 2020 for commercial plans, behavioral health telemedicine services is extended to 12/31/2020. Patient cost sharing waived for covered in-network telemedicine visits regardless of diagnosis for Medicare Advantage plans and mental health services until December 31, 2020. Cost-share waivers will be extended for commercial and Medicare Advantage in-network telemedicine visits for OP behavioral health counseling, Medicare Advantage plan PCP services through December 31, 2020.	For Commercial plans, Aetna will continue to cover telephone only limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone, until December 31, 2020. The member cost share waivers for medical care for Commercial plans will end on June 4, 2020. Please see Aetna's telemedicine Policy for specific coverage.	Link: Aetna Provider What you need to know about COVID-19
			Per the CARES Act, Aetna will suspend sequestration reductions for Medicare Advantage plans for dates for service from May 1, 2020 through December 31, 2020.		
12/10/2020	ANTHEM BLUE CROSS	Fully-insured, employer sponsored, Individual, Medi-Cal and Medicare Plans	Cost-share waived for screening & testing for COVID-19. Waiver is applicable to hospital (including ED), urgent care and provider office visits related to screening & testing for COVID-19. EFFECTIVE 3/17/2020 patient cost-share will be waived for in-network provider telehealth/virtual care services provided via video+audio technology. EFFECTIVE 4/1/2020 cost-share waiver for COVID-19 treatments through 5/31/2020.	<u>Managed Medi-Cal Telehealth:</u> Anthem's primary telehealth/virtual care option for Managed Medi-Cal is LiveHealth Online. The patient may use the service with a mobile device or computer with a webcam. Another option for Medi-Cal patients is the Anthem 24/7 NurseLine, 1-800-224-0336. EFFECTIVE 3/17/2020 in-network providers may provide telehealth/virtual care to Medi-Cal members via internet video+audio technology and EFFECTIVE 3/19/2020 telephonic only services when appropriate.	Anthem COVID-19: What You Need to Know
			Prior authorization is not required for diagnostic services related to COVID-19 screening - testing. Prior authorization waivers also include inpatient transfers (voluntary notifications requested), 21-day inpatient requirement before transferring patient to a long-term acute care hospital, COVID-19 DME related services and respiratory services. CLAIMS AUDITS-RETRO REVIEWS-POLICY CHANGES will be limited to ease demands.	<u>Commercial & Medicare Telehealth:</u> Anthem's telehealth/virtual care option for commercial and Medicare plans is with LiveHealth Online. The service is free to the patient if included in their plan. The member card should identify LiveHealth OnLine when benefit is included. EFFECTIVE 3/17/2020 In-network providers may provide telehealth/virtual care via internet video+audio technology and EFFECTIVE 3/19/2020 telephonic only services when appropriate. Cost-share is waived for telehealth/telephonic services. Self-insured plan sponsors will have the choice to participate with waiving cost-share and/or telehealth. An example of a Self-insured employer plan is a labor union trust or employer trust like Western Growers.	Anthem Provider Communications

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5/8/2020	BC/BS FEDERAL EMPLOYEE PROGRAM	Federal Employee Plan	Waive cost-share for diagnostic tests or treatment consistent with CDC Guidance if diagnosed with COVID-19. Cost-share waived regardless of testing positive or negative for COVID-19. Waive cost-share for ALL telehealth services provided by Teladoc related to COVID-19.	Waivers are for virtual care services provided by Teledoc. Further guidance regarding expansion of telehealth services is pending confirmation from the FED Plan.	
			Prior authorizations waived for diagnostic tests or treatment for patients diagnosed with COVID-19	3/19/2020 - BCBS announced coverage expansion for telehealth services for the next 90 days. The expanded coverage telehealth services for fully-insured members and also applies to in-network telehealth providers (e-visits not confirmed by FED plan)	

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12/10/2020	BLUE SHIELD OF CALIFORNIA	Commercial, Individual & Family, Employer sponsored, Trio, Tandem, Promise Health Plan (formerly Care 1 st), Medicare Advantage plans.	<p>Cost-shares are waived for COVID -19 screening and testing and for Teledoc virtual care services. Cost-waivers for COVID treatment/testing and Teledoc are extended to December 31, 2020. Patient cost shares will be waived until May 31. UPDATE EFFECTIVE- Mar 1—May 31, 2020 cost-share waived for COVID-19 treatment.</p> <p>Prior approval for screening, testing or treatment for COVID-19 is not required.</p>	<p>Effective 3/17/2020 Blue Shield expanded telehealth to include non-public facing remote audio and/or video communication services (FaceTime, Skype) for in-network providers. Blue Shield cost-share waivers not related to COVID-19 screening/testing/treatment are for virtual care services provided by Teledoc, Heal (on-demand physician house calls for PPO members only), and NurseHelp 24/7. Blue Shield members should refer to their benefit documents or Blue Shield to determine which options are included in their plan. Mental health services may be provided via video+audio technology or telephonically, patient cost-share does apply.</p>	<p>COVID-19: What our network providers need to know</p>
12/10/2020	CIGNA	Fully-insured plans, Self-funded plans may elect to follow the CIGNA guidelines	<p>Waive cost-sharing for ofc visits related to Covid-19 screening, testing and treatment through May 31, 2020, EXTENDED through July 31, 2020 EXTENDED through October 31, 2020-including in-person, phone call or real-time synchronous virtual visits. Cost-sharing waiver will apply for services of confirmed cases of COVID-19. Cigna extending cost-share waivers and other enhanced benefits through July 31, 2020 October 21, 2020.</p> <p>Waiver of prior authorizations for non-COVID-19 patients transfers from acute IP hospital to in-network long term acute care hospitals.</p>	<p>Virtual visit with or without video, 5-10 minute phone call use G2012. All other virtual visits (synchronous real-time) related to COVID-19 use the usual face/face E/M CPT code, Mod GQ, GT or 95 with POS 11 (or POS that would typically billed if service was delivered face-to-face) for cost-sharing waiver. Cigna allows services virtually for routine medical exams by in-network physicians. All other virtual visits not related to COVID-19 will include applicable plan cost-share. Services can be performed by phone, video or both. Coding instructions are included in the link provided under Additional Notes. It is important to code as indicated to ensure accurate payment for services. Enhanced virtual care benefits will remain in effect until date of service July 31, 2020. EXTENDED virtual care and eConsult guidelines until December 31, 2020.</p> <p>2021 - CIGNA Virtual Care Reimbursement Policy Number R31</p>	<p>Cigna's response to COVID-19</p>
12/10/2020	HEALTH NET	Commercial HMO/PPO/EPO, Medicare Advantage HMO, Medi-Cal Tulare County, Medi-Cal CalViva	<p>Cost-share waived for medically necessary COVID-19 screening, testing, in doctor office, urgent care and outpatient hospital (including ED) visits. UPDATE - cost share waived for telehealth services delivered Mar 17- Jun 30, 2020 for all diagnosis codes including non-COVID-19 related.</p> <p>Prior approval not required for COVID-19 screening and testing (PPGs delegated by Health Net should apply the same)</p>	<p>During the course of this declaration of emergency for Commercial and Medi-Cal members, coverage for telehealth services will be temporarily expanded in accordance with regulatory requirements, and will be reimbursed whether the telehealth service is delivered via audio/video technology or via audio-only technology (when deemed medically appropriate for the patient's medical condition). Medicare and MMP/Cal MediConnect members, coverage for telehealth services will follow guidance released by CMS which includes telecommunications involving both audio+video and audio only technology.</p>	<p>Health Net COVID-19 Alerts</p> <p>Medicare Telemedicine Health Care Provider Fact Sheet</p>
4/15/2020	HUMANA	Commercial, Medicare Advantage	<p>Cost-share waived for COVID-19 testing and urgent care telemedicine visits. UPDATE - cost share waiver for telehealth services delivered by in-network providers and cost-share waiver for COVID-19 related treatments including IP hospital admissions.</p>	<p>Urgent care telemedicine visits.</p>	<p>Humana will issue further information on how to determine if other ASO (Self-Insured) group sponsored plans have opted out of cost share waivers</p>
4/15/2020	KAISER PERMANENTE	Commercial, Medicare Advantage	<p>Cost-share waived for screening and/or testing of COVID-19. UPDATE - waive cost-share for IP and OP services related to the treatment of COVID-19 for dates of service from Apr 1-May 31, 2020.</p>	<p>Kaiser has limited types of services approved for telehealth. Services include outpatient mental health, applied behavioral analysis (ABA) supervision and parent training, speech, occupational and physical therapy. Kaiser encourages the use of HIPAA compliant telehealth platforms whenever possible and will accept applications such as FaceTime or Skype. Telehealth policies will be published/updated in the Kaiser Provider Portal, check the site frequently.</p>	<p>Community Provider Portal - Northern California - Home</p>

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3/19/2020	MAGELLAN HEALTHCARE	Behavioral Health	Waiving requirements for telehealth services (e.g. attestations)	Effective 3/18/2020 Magellan will help with access to a telehealth platform. HIPPA-compliant platforms which includes both audio and video is suggested. Magellan will allow sessions via telephone if telehealth is not possible. Telephone or non-public methods (FaceTime, Skype) acceptable during the COVID-19 crisis. Magellan will allow intensive outpt and partial hospitalization programs to deliver services via telehealth.	Link: Magellan COVID-19 FAQ
3/25/2020	SANTE HEALTH	All Santé HMO plans	Cost-share waived for necessary medical screening and testing for COVID-19, for hospital (including ED), urgent care and provider visits where the purpose of the visit is to be screened and/or tested for COVID-19. Prior authorization waived for services related to COVID-19.	As a proactive step, Santé has approved telehealth services to deliver care when medically appropriate, as a means to limit enrollee's exposure to others who may be infected with COVID-19. Santé is following CMS guidelines for commercial and Medicare Advantage plans and DMHC All-Plan Letter dated 3/19/2020.	http://www.santehealth.net/PublicMemos.Asp March 20 2020 -10 COVID-19 NOTICE TELEHEALTH.PDF
12/10/2020	TRICARE	Tricare/HNFS Military Plans	Cost-share is not waived. RETROACTIVE to March 18, 2020 cost-shares for COVID-19 testing and related services, ofc visits, urgent care or ED visits (including covered telemedicine) during which tests are ordered or administered are waived. UPDATE EFFECTIVE 5/12/2020 Cost-share/ copayment/deductibles are waived for covered in-network telehealth services. Authorization not required for COVID-19 related testing.	Authorization requirements are the same as in-person services. Audio-only telehealth services are not covered. UPDATE 5/19/2020 - Policy change adds the use of audio-only health care visits. HIPPA compliant synchronous virtual care is covered. RETROACTIVE to 3/18/2020 - COVID-19 antibody (serology) testing will be covered without requiring authorization. Antibody testing must meet the Families First Coronavirus Response Act (FFCRA) criteria.	Tricare/HNFS COVID-19 Outbreak: Using Telemedicine
12/10/2020	UNITED HEALTHCARE	Fully-insured Commercial, Medicare Advantage	Cost-share waiver for COVID-19 testing, testing-related visits, antibody testing and treatment of COVID-19 through May 31, 2020 July 24, 2020 Oct 22, 2020. <u>TELEHEALTH COST-SHARE WAIVERS NON-COVID RELATED- Medicare Advantage Plans</u> effective from March 31 through Sept. 30, 2020. <u>Individual & Fully Insured Group plans</u> COVID-19 related, cost-share waived from March 31 - July 24, 2020 Sept 30, 2020. For non-COVID-19 visits, cost sharing will be waived for in-network telehealth services from March 31, 2020 through June 18, 2020 Sept 30, 2020. Timely Filing Extensions Date of Service on or after January 1, 2020 all plan types. Claims will not be denied for failure to meet timely filing if submitted through June 30, 2020. Per the CARES Act, UHC will suspend sequestration reductions for Medicare Advantage plans, applies to in & out of network providers for dates for service from May 1, through December 31, 2020.	<u>Telehealth Expansion, In-Network</u> Medicare Advantage plans from March 18, through Sept. 30, 2020 Dec 31, 2020 . Ind. & Fully Insured Group plans effective March 31 through June 18, 2020 July 24, 2020 Dec 31, 2020, in-network providers may use synchronous virtual care (live video-conferencing) or Audio-only. Policy changes apply to members whose benefit plans cover telehealth services & allow live interactive audio-video or audio- only visits. <u>Virtual check-in</u> services for new or established patients, not related to a medical visit within the previous 7 days and not resulting in a medical visit within the next 24 hours. Services can be furnished through communication technology modalities, such as telephone (CPT codes 99441-99443 & 98966-98968). Medicare Advantage plans effective from March 18 through Sept. 30, 2020 Dec 31, 2020 . Ind & Fully Insured Group plans effective March 18 through July 24, 2020 Dec 31, 2020 . <u>E-Visits</u> are for patients to communicate with their doctors using online patient portals, using CPT codes 99421-99423 and HCPCS codes G2061-G2063. The patient must generate the initial inquiry, communications can occur over a seven day period. For commercial and Medicare members, UHC is following the current CMS standards for technology. While the waiver is in force, providers may use telephones that have audio-video capabilities for furnishing telehealth services. In addition, UHC allows everyday communications technologies, such as FaceTime or Skype. EFFECTIVE 5/11/2020 , telehealth visits for Medicare Advantage members including DSNP members must be interactive audio-video to qualify for reimbursement except for audio-only visits classified by CMS on 5/1/2020 (refer to Medicare Code List)	COVID-19 Updates UHCprovider.com Summary of COVID-19 Dates by Program as of October 12, 2020 COVID-19 Provider Billing Guidance as of November 18, 2020

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12/10/2020	Dept Of Veterans Affairs	Community Care	Referrals and authorizations with expiration dates from 3/1 through 7/31/2020 will be extended to September 30, 2020.	Continue to implement physical distancing and take action to ensure the safety of our Veterans and your staff. Until this guidance is lifted, where possible convert all routine visits to telehealth, to include referrals/authorizations already in place. Please ensure Veterans do not attend routine appointments in-person except where the urgency of in-person treatment clinically outweighs the risk of contracting COVID-19. Enhanced telehealth encounters are an effective means to care for Veterans with routine needs, as clinically appropriate, and limits Veteran and staff risk for COVID-19.	VA Community Care COVID-19 Guidance

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12/10/2020	WORKERS' COMP PLANS	Workers' Compensation	Follows OCR relaxed enforcement of HIPPA requirements regarding compliant technology	The DWC encourages creative solutions appropriate to providing care to injured workers. W/C experts suggests the method of telehealth should be well documented. Patient consent should be documented. EFFECTIVE for dates of service on or after April 15, 2020 the DWC declared the effective date retroactive to 3/1/2020. The DWC has posted an order adopting changes based on Medicare's Physician Fee Schedule interim revisions which include an expanded list of services and suspending telehealth POS 02. Telehealth services should be identified with modifier 95 and place of service representing the POS where patient would have been reported had the service been furnished in-person. Reimbursement will be at the same rate for telehealth as they would for the same service provided in person. DWC RELEASE 2020-92 ISSUED 10/27/2020 - Medicare updated telehealth list added to the Official Medical Fee Schedule	DWC Guidance on Medical Evaluations during State of Emergency Period