



Pete Ricketts, Governor

TELEHEALTH QUESTIONS AND RESPONSES

Health insurers have responded to COVID-19 by voluntarily expanding coverage beyond what is mandated by the federal government. Insurers' expansion of telehealth coverage encourages people to stay home, stay safe, and stay connected to their health care providers, whenever telehealth is medically appropriate. The Department received several inquiries from providers regarding insurers' expanded telehealth coverage, and facilitated this survey to provide clarity.

If you are reading this survey to learn about reimbursement rates, please see question 17, the last question in the survey.

Please note that several responses refer to the "attached," and while attachments are not provided, pertinent information is available at the provider links, provided in answer to question 13.

General COVID-19 Coverage

The survey responses below are limited to telehealth coverage, but the following information may also be particularly useful for people and providers seeking information about insurer's mandatory and voluntary expansion of coverage for COVID-19.

As a starting point, the Families First Coronavirus Response Act (enacted 3/18/2020, available online at <https://www.congress.gov/116/bills/hr6201/BILLS-116hr6201enr.pdf>) § 6001(a) requires group health plans and health insurers offering group or individual coverage to provide coverage, with no cost sharing requirements or prior authorization or other medical management requirements, for in vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 that are approved, cleared, or authorized by the FDA, and the administration of those in vitro diagnostic products. Items and services furnished during a telehealth visit that results in an order for or administration of those in vitro diagnostic products are also to be provided without cost sharing, but only to the extent such items and services relate to the furnishing or administration of the in vitro diagnostic products or to the evaluation of an individual for purposes of determining the need for in vitro diagnostic products.

All insurers surveyed have online resource pages for COVID-19. Links are provided below. Many insurers have expanded this coverage for COVID-19 with no cost sharing, to include all treatment for COVID-19 beyond testing.

Aetna's resources are at <https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus.html>.

Aetna will waive member cost-sharing for inpatient admissions at all in-network and out-of-network facilities for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured commercial and Medicare Advantage plans. Self-insured plan sponsors will be able to opt-out of this program at their discretion.

Blue Cross and Blue Shield of Nebraska's (BCBSNE) resources are at <https://www.nebraskablue.com/Providers/COVID-19>.

BCBSNE continues to support our customers and has made the decision to waive member cost-sharing for in-network treatment of COVID-19 from March 1, 2020, through June 30, 2020. This applies to office, urgent care, emergency room and inpatient hospital stays for the following BCBSNE plan members: Fully insured, Individual, Medicare Supplement, Medicare Advantage. Further supporting our providers, 100% of allowable amounts for in-network covered benefits will be paid.

In addition to BCBSNE, other Blue Cross and Blue Shield Plans, as well as the BCBS Federal Employee Program (FEP), are waiving member cost shares related to COVID-19 treatment. For more information, go to www.bcbs.com.

Bright Health's resources are at <https://brighthouseplan.com/covid-19>.

Bright Health has waived cost sharing for testing, and has provided additional flexibility for telehealth as described below.

Medica's resources are available at <https://www.medica.com/corp/covid-19>.

Member cost-sharing for in-network COVID-19 hospital care will be waived. This includes copays, co-insurance and deductibles and applies to fully insured group, individual, Medicare and Medicaid members. Self-insured employers will have an opportunity to also waive member cost sharing for inpatient hospital services.

United Healthcare's (UHC) resources are at <https://www.uhc.com/health-and-wellness/health-topics/covid-19>.

We are waiving member cost-sharing for the treatment of COVID-19 until May 31, 2020 for Medicare Advantage, Medicaid, Individual and Group Market fully insured health plans.

The following telehealth survey responses are current as of April 7, 2020.

Covered Services, Billing Codes, and Preauthorizations

1. Do you require that a provider and patient have an existing doctor-patient relationship for any telehealth services to be covered? If yes, please explain.
Aetna Response: No.
Blue Cross Response: No, we do not require a pre-existing patient-physician relationship.
Bright Health Response: No

Medica Response: While our Emergency Telemedicine Reimbursement Policies are in effect, the requirement for a telemedicine visit to have an established relationship has been waived.

UHC Response: UnitedHealthcare has waived any requirement that the provider have any existing relationship consistent with CMS guidelines.

2. Please provide your company's list of services that can be provided via telehealth during the declared emergency, with corresponding billing codes (for example, 99444 or 99211-99215), plus any required modifier (for example, GT or 95).

Aetna Response: Please see the attached Telemedicine and Direct Patient Contact policy which contains CPT codes we normally cover and additional codes we will allow and waive cost share until June 4, 2020.

Blue Cross Response: Telehealth services should be billed with modifier 95 and POS 02. BCBS will pay for any CPT code and any ICD-10 diagnosis with no cost share for the patient regardless of diagnosis, not just related to the coronavirus.

Bright Health Response: 99201-99205, 99211-99215, G2010, G2012, G2061-G2063, 90832, 90834, 90837, 90792, 99213. Modifier 95

Medica Response: See attached list of services and codes.

UHC Response: UnitedHealthcare will reimburse appropriate claims for telehealth services for dates of service through June 18, 2020. For all UnitedHealthcare commercial plans, any originating site or audio-video requirements that may apply under UnitedHealthcare reimbursement policies are waived, so that telehealth services provided via a real-time audio-video or audio only communication system can be billed for members at home or another location. UnitedHealthcare will reimburse telehealth services that are: (1) recognized by CMS and appended with modifiers GT or GQ and (2) recognized by the American Medical Association (AMA) included in Appendix P of CPT and appended with modifier 95. Reimbursable codes can be found embedded in the reimbursement policy at: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf>.

3. State whether the services that can be provided via telehealth have been expanded during the declared emergency.

Aetna Response: Until June 4, 2020, Aetna will waive member cost sharing for any covered telemedicine visit - regardless of diagnosis. Aetna members should use telemedicine as their first line of defense in order to limit potential exposure in physician offices. For all Aetna plans offering Teladoc® coverage, cost sharing will be waived for all Teladoc virtual visits. Cost sharing will also be waived for covered real-time virtual visits* offered by in-network providers (live video-conferencing and telephone-only telemedicine services) for all Commercial plan designs.

Blue Cross Response: Yes, these are expanded services during the time of this pandemic.

<p>Bright Health Response: Yes, including urgent care, mental health service, and behavioral health services.</p>
<p>Medica Response: Yes, through the passage of our Emergency Telemedicine Reimbursement Policies. See attached.</p>
<p>UHC Response: • To increase system access and flexibility when it is needed most, UnitedHealthcare expanded its telehealth policies to make it easier for people to connect with their healthcare provider. People will have access to telehealth services in two ways: • Designated Telehealth Partners: Members can access their existing telehealth benefit offered through one of UnitedHealthcare’s designated partners (Teladoc, AmWell and Doctor On Demand) for free. • Expanded Provider Telehealth Access - Through June 18, 2020, UnitedHealthcare will waive the Centers for Medicare and Medicaid’s (CMS) originating site restriction and audio-video requirement for Medicare Advantage, Medicaid and commercial members. Eligible care providers can now bill for telehealth services performed using 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. Benefits will be processed in accordance with the member’s plan. UnitedHealthcare will waive cost-sharing for in-network, non-COVID-19 telehealth visits for its fully-insured Commercial, Medicare Advantage, and Medicaid members. UnitedHealthcare previously stated it would waive cost-sharing for telehealth visits related to COVID-19 testing, in addition to waiving cost-sharing for 24/7 Virtual Visits with preferred telehealth partners. • Telehealth Expansion for Physical Therapy, Occupational Therapy and Speech Therapy – Additionally, from March 18 through June 18, 2020, UnitedHealthcare will allow physical, occupational and speech therapists to bill telehealth services when they are rendered using interactive audio/video technology. Benefits will be processed in accordance with the member’s plan.</p>
<p>4. Some community members may be experiencing anxiety or depression. Please state whether treatment for these conditions via telemedicine is covered, and if so, which services.</p>
<p>Aetna Response: Yes, members may use telemedicine services for any reason, not just COVID-19 diagnosis.</p>
<p>Blue Cross Response: All credentialed behavioral health providers may bill for telehealth services using any CPT code to be paid at the providers existing face to face fee schedule.</p>
<p>Bright Health Response: Yes, behavioral health services: psychology (90832, 90834, 90837) and psychiatry (90792 and 99213)</p>
<p>Medica Response: Our Emergency Reimbursement Policy includes a list of Eligible Services, and the following are included. The following are examples of (but not limited to) Eligible Services under the policy. Some of these may include treatment for anxiety or depression: • Smoking cessation • Alcohol and substance abuse (other than tobacco) structured assessment and intervention services • Individual psychotherapy • Psychiatric diagnostic interview examinations • Family psychotherapy with or without patient present.</p>
<p>UHC Response: UnitedHealthcare will reimburse appropriate behavioral health claims in accordance with plan benefits and consistent with the positions taken herein.</p>

5. State whether any covered telehealth services are subject to preauthorization during the declared emergency, and if preauthorizations are required, describe any process to expedite preauthorizations during the declared emergency.

Aetna Response: No, prior authorization is waived until June 4, 2020.

Blue Cross Response: No prior authorization for telehealth is not required.

Bright Health Response: No, other than for services that would ordinarily require PA under the member's existing policy.

Medica Response: Telehealth visits for outpatient visits do not require preauthorization. Telehealth being performed for a service that would typically require preauthorization, will require preauthorization.

UHC Response: Telehealth services are not subject to prior authorizations during the declared emergency.

6. The Families First Coronavirus Response Act requires coverage for tests and testing-related services at no cost sharing and without preauthorizations or other medical management requirements. State whether your insurer has decided to waive copays or coinsurance for any telehealth services related to COVID-19 (for example, treatment after a positive test).

Aetna Response: Until June 4, 2020, Aetna will waive commercial member cost sharing for any covered telemedicine visit - regardless of diagnosis. Aetna members should use telemedicine as their first line of defense in order to limit potential exposure in physician offices. For all Aetna plans offering Teladoc® coverage, cost sharing will be waived for all Teladoc virtual visits. Cost sharing will also be waived for covered real-time virtual visits* offered by in-network providers (live videoconferencing and telephone-only telemedicine services) for all Commercial plan designs. Members may use telemedicine services for any reason, not just COVID-19 diagnosis. Self-insured plan sponsors will be able to opt-out of this program at their discretion.

Blue Cross Response: All telehealth services regardless of diagnosis are covered at no cost share to the patient.

Bright Health Response: Yes, all telehealth services (screening, visit) obtained in connection with a doctor-ordered COVID-19 test and diagnosis are covered. Member copay and coinsurance will be waived.

Medica Response: At this time, Medica is waiving cost-sharing for certain COVID-19 services, including testing and services to treat members with COVID-19 through May 31, 2020 dates of service. We are working to operationalize the benefits and will soon provide more information about it to members, as well as to providers and others.

UHC Response: UnitedHealthcare is waiving member cost-sharing for the treatment of COVID-19 through May 31, 2020 for its fully-insured commercial, Medicare Advantage and Medicaid plans. We will also work with self-funded customers who want us to implement a similar approach on their behalf. This builds on the company's previously announced efforts to waive cost-sharing for COVID-19 testing and testing-related visits, and the expansion of other member services. Through June 18, 2020, UnitedHealthcare will waive cost-sharing for in-network, non-COVID-19 telehealth visits for its fully-insured Commercial, Medicare Advantage, and Medicaid members. UnitedHealthcare previously stated it would waive cost-sharing for telehealth visits related to COVID-19 testing, in addition to waiving cost-sharing for 24/7 Virtual Visits with preferred telehealth partners.

7. State whether the types of licensure that will be covered for telehealth have been expanded during the declared emergency.

Aetna Response: No changes to telehealth licensures have been made.

Blue Cross Response: Yes, BCBS is allowing all credentialed providers to provide telehealth services during this pandemic timeframe. This is an expansion of the providers we usually expect telehealth services from. Includes dentists, physical, occupation and speech therapists, chiropractors and ABA therapists.

Bright Health Response: Yes, including DO, PsyD, MD, PHD, EdD.

Medica Response: Yes, our Emergency Telemedicine Reimbursement Policy includes an expanded list of provider types (see attached and below).

UHC Response: As of March 19, 2020, there is no change to the type of care provider who may submit claims for broad telehealth services. UnitedHealthcare generally follows CMS' policies on the types of care providers eligible to deliver telehealth services, although individual states may define eligible care providers differently. These include: Physician, Nurse practitioner, Physician assistant, Nurse-midwife, Clinical nurse specialist, Registered dietitian or nutrition professional, Clinical psychologist, Clinical social worker, Certified Registered Nurse Anesthetists.

8. List the types of licensure that will be covered for telehealth during the declared emergency.

Aetna Response: The following Provider types can provide telehealth services. The services provided must be rendered according to their license: • Primary care providers • Nurse practitioners • Psychiatrist • Psychologist • Speech/language and pathologist • Occupational therapist • Licensed professional counselor • Licensed professional family therapist • Licensed clinical social worker • Licensed clinical alcohol and drug specialist • Mental health nurse practitioner.

Blue Cross Response: All credentialed providers. MD, DO, Nurse practitioners, physicians assistants, all behavioral health providers, dentists, physical, occupation and speech therapists, chiropractors, ABA therapists, DME providers and home health care providers.

Bright Health Response: DO, PsyD, MD, PHD, EdD.

Medica Response: The following provider types are eligible to provide telemedicine services: • Audiologist • Certified Genetic Counselor • Clinical Nurse Specialist • Clinical Psychologist • Clinical Social Worker • Licensed Professional Clinical Counselor • Licensed Marriage and Family Therapist • Licensed Drug & Alcohol Counselor • Dentist • Nurse Midwife • Nurse Practitioner • Occupational Therapist • Physical Therapist • Physician • Physician Assistant • Podiatrist • Registered Dietitian or nutrition professional • Speech Therapist.

UHC Response: UHC Response: See Response to question #7.

Telehealth Delivery Restrictions and Technology Platforms

9. Many elderly or rural patients do not have internet capability/savvy or smartphones. Please state whether you allow telehealth to be provided over regular, land-line phones or cell phones that do not have sophisticated privacy settings during the declared emergency.

Aetna Response: Yes, telephone-only telemedicine services can be conducted within the home for all Commercial plan designs.

Blue Cross Response: Yes, BCBS has waived the requirement for video conferencing for telehealth and will accept phone calls as telehealth services during this pandemic timeframe.

Bright Health Response: Yes.

Medica Response: Yes, our Emergency Reimbursement Policy has a specific provision to allow telephone only for health services which otherwise meet the requirements of telemedicine, specifically waiving the audio and visual requirements for members for which the video component is inaccessible. See the bolded text in the following provision from our policy:

- Interactive audio and video communications that permit real-time communication between the distant site physician or practitioner and the patient (this service is identified by appending the GT modifier to the procedure code). The services must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to a face-to-face encounter (this includes, but not limited to, Skype and Page 2 of 5 Telemedicine (Excluding Minnesota Health Care Programs) Face-Time). Note: During the COVID-19 Public Health Emergency Period, if the video component is inaccessible, that requirement may be waived.

UHC Response: As specified above audio-only telehealth is available.

10. State whether telehealth is covered if the patient is in their home.

Aetna Response: Yes, telephone-only telemedicine services will be covered when conducted within the home for all Commercial plan designs.

Blue Cross Response: Yes

Bright Health Response: Yes.

Medica Response: Yes, the Emergency Reimbursement Policy contains specific provisions to waive the general requirement regarding the originating site and specifically allows the originating site to be the patient's home. "Home" under the listing of Originating Site on page 2 of the policy linked above.

UHC Response: Through June 18, 2020, UnitedHealthcare will waive the Centers for Medicare and Medicaid’s (CMS) originating site restriction and audio-video requirement for Medicare Advantage, Medicaid and commercial members. Eligible care providers can now bill for telehealth services performed using 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.

11. The federal Office of Civil Rights and Department of Health and Human Services have stated that during the COVID-19 national emergency, OCR will not impose penalties for noncompliance with HIPAA rules for health care providers in connection with the good faith provision of telehealth for any reason, regardless of whether the telehealth is related to COVID-19.

(<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>) Has your company implemented any expansion of available telehealth platforms during the declared emergency?

Aetna Response: Yes. Providers can temporarily use non-public facing synchronous video chat platforms, such as Skype® and FaceTime®, to complete telemedicine visits as long as these platforms are allowed in their states and they are able to meet the standard of care via a telehealth encounter.

Blue Cross Response: Yes, BCBS will not require HIPAA compliant communications.

Bright Health Response: Yes, including Doctors on Demand.

Medica Response: Yes, our Emergency Reimbursement Policy temporarily suspends our general rule which requires providers meet our provider attestation of provider qualification to perform telemedicine services. The attestation requirements, which are now suspended under the Emergency Reimbursement Policy, had included HIPAA-compliance with all methods of communication. The Emergency Reimbursement Policy no longer requires the attestations and acknowledges the federal non-enforcement position of HIPAA for services rendered in good faith during the COVID-19 national Public Health Emergency.

UHC Response: For our commercial and Medicare members, we are following CMS standards for technology. The Health and Human Services Office for Civil Rights (OCR) is exercising enforcement discretion and waiving penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies. Providers are responsible to provide telehealth services in accordance with OCR’s Notice and may use:

- HIPAA-approved telehealth technologies
- The following platforms may be used during the current nationwide public health emergency: Popular applications that allow for video chats – including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype – may be utilized to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- These platforms are NOT approved: Facebook Live, Twitch, Snapchat, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth to Optum Behavioral Health plan members by covered health care providers.

12. Describe any restrictions or preferable treatment given to particular telehealth platforms.

Aetna Response: The use of telemedicine is encouraged as a first line of defense in order to limit potential COVID-19 exposure in physician offices. Outside of the expanded platforms mentioned above, health care providers should not, however, use public-facing video applications, such as Facebook Live®, Twitch® or TikTok®. For more information, refer to the temporary Federal guidelines concerning use of these platforms during the COVID-19 pandemic.

Blue Cross Response: BCBS has no preferred platform.

Bright Health Response: None, except any restrictions required under applicable state or federal law.

Medica Response: None.

UHC Response: UnitedHealthcare does not give preference to any particular telehealth platform. Providers are responsible to provide telehealth services in accordance with OCR's Notice and may use:

- HIPAA-approved telehealth technologies
- The following platforms may be used during the current nationwide public health emergency: Popular applications that allow for video chats – including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype – may be utilized to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- These platforms are NOT approved: Facebook Live, Twitch, Snapchat, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth to Optum Behavioral Health plan members by covered health care providers.

Provider Resources

13. List your company's links to provider resources for telehealth during the declared emergency.

Aetna Response: Aetna's Provider website addresses provider billing questions specific to CPT codes, HCPCS, ICD-10 codes and other codes as follows, the Provider FAQ page specifically for COVID is: <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html>.

Blue Cross Response: <https://www.nebraskablue.com/Providers/COVID-19>.

Bright Health Response: <https://cdn1.brighthealthplan.com/provider-resources/covid-claims-codes.pdf>.

Medica Response: <https://www.medica.com/-/media/documents/provider/medica-covid-19-preparedness-provider-faq.pdf?la=en&hash=58AA2956226B0969670E49A29B841259>

UHC Response: <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html>
<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html>
<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html>

Prescriptions

14. State whether use of telehealth affects a prescriber’s ability to order prescriptions, compared to in-person office visits, during the declared emergency. For example, for post-operative checkups, if a pain medication needs to be ordered, are there limitations set by the insurer or the PBM that affect the patient’s ability to receive a prescription?

Aetna Response: The provider may prescribe as needed according to their license. There are no restrictions due to telehealth.

Blue Cross Response: No limitations or special requirements are in place for telehealth prescriptions. Pharmacy prior authorizations remain in place but we allow early refills and 90 day refills.

Bright Health Response: No, there are no set limitations at this time. A member can be prescribed prescription medication after a telemedicine visit with a physician

Medica Response: No, use of telehealth will not affect a prescriber’s ability to order prescriptions. With respect to the example noted, there are no new limits established by Medica for any prescriptions sent by providers for these medications after telehealth or other virtual visits have taken place.

UHC Response: UnitedHealth has not, to date, made any waiver of or exception to normal prescribing practice for telehealth purposes.

15. Are prescription refills allowed earlier during the declared emergency? In other words, are early refill limits waived? Is this limited to maintenance drugs for chronic conditions?

Aetna Response: We’re waiving early refill limits on 30-day prescription maintenance medications for all Commercial members with pharmacy benefits administered through CVS Caremark. Aetna Medicare members may request early refills on 90-day prescription maintenance medications at retail or mail pharmacies if needed. For drugs on a specialty tier, we’re waiving early refill limits for a 30-day supply.

Blue Cross Response: Yes “fill too early” limits have been waived.

Bright Health Response: Yes, Bright Health is allowing early 30-day supply refills of prescriptions and also offers 90-day supply fills on many of its formulary medications.

Medica Response: Yes, early prescription refills are being allowed. These refills are not limited to maintenance drugs for chronic conditions. Medica has a standing order process for emergency access to benefits. Pharmacies can use the submission clarification code (SCC) 13 to allow claims to fill early. Medica’s call center staff has also been assisting with these overrides and will load an override for members if the pharmacy is unable to get the override to pay with the (SCC) 13.

UHC Response: Health plan members needing help to obtain an early prescription refill can call the customer care number located on the back of their medical ID card for assistance. Members can also work with their pharmacist who can assist in obtaining an override. However, we recommend members who are not at risk avoid seeking an early refill to allow pharmacists to focus on customers with immediate prescription needs. UnitedHealthcare will cover early prescription refills in the same way that we cover prescriptions based on the member’s health benefits plan.

Regulatory Roadblocks

16. State whether there are legal or regulatory restrictions that are preventing patients from receiving care via telemedicine. If there are restrictions that apply, please provide a citation or reference.

Aetna Response: No.

Blue Cross Response: No restrictions.

Bright Health Response: None that we are aware of at this time.

Medica Response: Medica is not aware of any legal or regulatory restrictions at this time.

UHC Response: None listed.

Reimbursement

17. Please also indicate whether your company is paying for telehealth at in-person rates. For example, If a provider does a telehealth visit and code a 99213 with the telehealth modifier for that visit, will that visit be reimbursed at the same dollar amount as a 99213 if the provider saw the patient in the office. Please make this statement clear, there has been confusion in the provider community. If there are special instructions about how to bill, please provide the link to provider education on billing for telehealth to receive correct reimbursement.

Aetna Response: Telemedicine visits are currently covered with no cost sharing to the member. Aetna reimburses all providers for telemedicine at the same rate as in-person visits.

Blue Cross Response: Yes, we will pay the E&M code (99213 for example) for telehealth at the office visit, face to face rate per the provider's existing fee schedule. They must use the modifier 95 and POS 02 t indicate this is a telehealth visit.

Bright Health Response: Yes, reimbursement rates would be the same as the contracted rate for in-person visits pertaining to the same code submitted by the same provider. We are building out additional telemedicine providers and services that may bill at a rate that is different than other INN providers, as would the case with any provider contract. Billing guidance is here:
<https://cdn1.brighthealthplan.com/provider-resources/covid-claims-codes.pdf>

Medica Response: Yes it is paid at the in-person rate regardless of the code modifier. If you look at our coverage policy, we also pay in-person rates for audio-only visits when the audio-video capability is not available.

UHC Response: UnitedHealthcare will pay the same rates for telehealth as for an in-person visit for the same service, unless the provider has another reimbursement arrangement in place already. For example, if the provider bills 99213 with the appropriate telehealth modifier, UnitedHealthcare will reimburse the charge as if the provider saw the patient in the office. The code billed must be supported by the service provided.

UnitedHealthcare will reimburse telehealth services that are submitted with a modifier 95 and using a place of service that would have been reported had the service been furnished in the provider office. Billing guidance can be located at:

<https://www.uhcprovider.com/content/dam/provider/docs/public/resources/news/2020/Telehealth-Patient-Scenarios.pdf>

Reimbursable codes can be found embedded in the reimbursement policy at:

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf>