Trends in Private Payor Telehealth Coverage

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The information in this session is intended to be educational and is not legal advice. No attorney-client relationship is created by way of this informational session.
Identification of Key Telehealth Policy Provisions

Specific Payor Policies

Discussion of National Payor Survey Findings
KEY TELEHEALTH POLICY PROVISIONS

Payment parity and cost sharing have been two key features of private payor coverage.

**Cost Sharing**
- Generally waived for COVID-19 related telehealth.
- Generally waived for non-COVID-19 conditions during the height of PHE.

**Payment Parity**
- Most major private payors reimbursing telehealth at in-person rates, including audio only, during PHE.

**Out of Network**
- Less (about half) of major insurers covered out of network telehealth during PHE.

COVID-19 federal legislation mandates insurers cover and waive cost sharing for COVID-19 tests and encounters related to administering the test and includes telehealth until the end of the federal PHE.
Discussion of National Payor Survey Findings
Other Key Elements

- Service parity
- Initiating visit requirements
- Payor-sponsored telehealth platforms
- Inclusion of audio-only
- Inclusion of remote patient monitoring
- Eligible professionals
- Originating sites

Self-funded group plans may not enjoy the same extended coverage and flexibilities.
Many flexibilities are still in effect until further notice

Aetna Telemedicine Policy

• Cost sharing generally waivers ended 06/2020; self-funded plans have discretion to continue
• See cardiovascular monitoring equipment for home use policy
• Currently covering certain telephone-only services “until further notice” updated 06/2022
• Limited asynchronous coverage “Asynchronous telemedicine services such as email, fax, text and store and forward will not be covered unless state-mandated, included in a custom plan sponsor exception, or is a Medicare covered remote evaluation provided to our Medicare members.”
Aetna Telemedicine Policy

• “For Commercial plans, Aetna will cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone until further notice. For specialty, most general medicine and some behavioral health visits, a synchronous audiovisual connection is still required.”
Aetna Telemedicine Policy

• Use POS 02 or 10 with GT or 95 (commercial, non-facility)
• POS where service would have been rendered in-person with modifier 95 (Medicare)
• POS 02 and 10 will continue to be paid at non-facility rate, at amount equivalent to in-person office visit
• Urgent care centers use 20
• “All other facilities” use their respective POS
**Aetna Telemedicine Policy**

- Physicians working from home: “Per CMS guidance, physicians should continue to bill using their currently enrolled location” (commercial and Medicare)
- If member is in a capitated plan, no separate payment

Providers can render services from remote locations without impact service location billing
Aetna Behavioral Health Telemedicine Policy
• **Telehealth policy** updated July 2022
• **Telehealth originating site policy** New 11/1/2020

**Blue Cross and Blue Shield of Kansas City**
BCBSKC Telemedicine Policy

- Use POS 11 (not 02) for telehealth during the PHE with 95
- Afterwards, use 02 and 10
- Payment will be at facility rate
- Use POS 20 for urgent care telehealth

Place of service reporting will impact rate of payment
BCBSKS Telemedicine Policies

- Cost share for fully insured plans waived; exception: State of Kansas
- Continued payment parity with in-person visits
- Patient’s home pulse ox during telehealth is accepted
- Bypass of flu, respiratory lab panel medical review has ended
Policy contains limitations unique to Cigna which can create administrative challenges to administer.

Cigna Virtual Care Policy

- Payment parity, subject to benefit plan
- Office visits; PT/OT (not ST); Telephone-only codes
  - But, see CPT list and ST codes
- Medicare AWV codes
- Audio-visual except telephone only codes
- Service limit: clinical condition is low to moderate complexity
- No store-and-forward
- No originating site fee
- Use typical face to face service POS code; add -95, -GT, -GQ
Cigna Virtual Care Policy

- Document method (e.g. A/V, audio-only)
- Asynchronous review of images, video not separately paid
- Policy contains full list of eligible telehealth codes; more limited than Medicare
- Preventive medicine services are not included
Humana MA Telehealth Policy

• “At a minimum, we always follow CMS or state-specific requirements”
• MA policy expands coverage beyond original Medicare
  • No cost sharing for in-network primary, urgent, behavioral care
  • Primary care, urgent care, mental health or substance abuse services, as defined by Humana
  • Provided by professional credentialed with Humana
• Real time (no store and forward)
• Audio or visual
Unknown what policies will look like after the PHE

Humana Telehealth and Virtual Services

- Updated December 2021
- “Will not necessarily apply” after the PHE
- Audio only is allowed if visual is “impossible”
- Telehealth services for commercial plans are now subject to cost sharing, effective 2021
- Effective January 1, 2022, use –FQ to identify an audio only telehealth service
- Payment parity for office visits when you use office POS. Add Modifier -95 and/or -FQ
Review covered code list; services are different from Medicare

Humana Telehealth and Virtual Services

• Group psychotherapy 90853 not covered as telehealth by Humana
• ESRD not listed
• ST, OT, PT not listed
• Many neuropsych services not listed
• Hospital services not listed
Reliance on many CMS rules makes UHC policy a moving target.

United Healthcare
- Last updated August 2022, updated eligible code list
- Audio visual
- Use POS 02, 10; modifiers 95, GT, GQ, G0 not required by allowed
- Pays originating site fees; use actual POS for originating site
- Recognizes Medicare originating sites
- Recognizes home as eligible originating site, relationship to PHE unknown
- Allows ST, OT, PT
- Chiropractors no longer listed in the policy, but follow this link and still described as temporarily permitted
- CTBS, RPM according to member’s benefit plan
- Coding guidance
Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
htrc@kumc.edu
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