Trends in Private Payor Telehealth Coverage

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Overview

Identification of Key Telehealth Policy Provisions

Specific Payor Policies

Discussion of National Payor Survey Findings
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.
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
Aetna Telemedicine Policy

- See cardiovascular monitoring equipment for home use policy
- Member cost-share waivers have ended
  - Self-funded plans have discretion to continue
- Currently covering certain telephone-only services “until further notice” updated 8/25/2021
- Payment parity still in effect
  - POS 02; Urgent care centers use 20; All other facilities use their respective POS
- No asynchronous coverage

Many flexibilities are still in effect until further notice
Aetna Behavioral Health Telemedicine Policy
Telehealth policy updated 8/10/2021

Telehealth originating site policy
New 11/1/2020

Blue Cross and Blue Shield of Kansas City
Cigna Virtual Care Policy

- Office visits; PT/OT (not ST); Telephone-only codes
- Payment parity
- 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

Permanent policy contains favorable telehealth language
Cigna Virtual Care Policy

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Humana MA Telehealth Policy

• MA policy has expanded coverage beyond original Medicare
  • 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
Humana’s commercial policies do not extend to many online, asynchronous services

**Humana Commercial Telehealth Coverage**

- Includes interprofessional consultations (consider – 95)
- Look at policy definitions for modifiers
- No coverage for internet-only telehealth (e.g. asynchronous portal messages) 99241-99243; video assessment (98969)
- Payment parity for office visits (use in-person POS code) with -95
- Silent on originating site fees
Reliance on many CMS rules makes UHC policy a moving target

United Healthcare

- Audio visual
- CMS covered telehealth
- AMA Appendix P
- “Additional Services”
- Pays originating site fees
- Recognizes Medicare originating sites
- Already recognizes home as eligible originating site
- Allows ST, OT, PT; chiropractors temporarily permitted
- CTBS, RPM according to member’s benefit plan
- Coding guidance
Available Through Heartland Telehealth Resource Center for Technical Assistance
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Upcoming Trainings

HTRC Education Series October webinars:
• Thursday, Oct. 14 at noon
• Thursday, Oct. 28 at noon

Take the survey to weigh in on the topics addressed!

Telehealth Collaborative and ECHO:
• First session is Oct. 12 from 9-10 AM
• Step-by-step instruction and evaluation for expanding or building your Telehealth program.
• Anyone can attend the ECHO sessions.
• 15 organizations from Kansas, Missouri and Oklahoma are invited to be part of the collaborative group to learn alongside a cohort of peer organizations.