

## **Telemedicine Variances Among Payers**

Date ranges may vary by payer and state. Most payers indicate that they are subject to state restrictions and/or requirements.

Be sure to review payer website often as changes happen frequently.

While some national payers put forth guidelines, their local plans may have variances, so always verify before billing.

Payer	Billing	Authorization	Waivers
Aetna	<ul> <li>Commercial plans use POS 2 for telemedicine services.</li> <li>For full list of codes, must access Navinet or Availity.</li> </ul>	Prior authorizations are being extended to 9 months. If prior approval was for 6 months, practices must contact payer for extension.	<ul> <li>Cost-share waiver for commercial ends June 4, 2020.</li> <li>For Commercial plans, Aetna will continue to cover limited minor acute care evaluation and care management services until August 4, 2020.</li> </ul>
Anthem CA	Effective 3/19/20 with no listed end date:  In-office visit CPT codes only with POS 2 and 95, GT or GQ.  *Medi-Cal requires modifier 95 or GQ only  No telehealth/telephonic codes should be submitted.		
BCBS MI	Through 6/30/20:	Extension of 180 days offered through 5/31/20	

	<ul> <li>Specific plans allow:</li> <li>G2010, G2012</li> <li>99217, 99281-85, critical care codes</li> <li>POS 2 required.</li> </ul>		
BCBS TX	<ul> <li>States self-funded employer groups may still have cost-sharing fees applied and limit types of telemedicine services.</li> <li>3/10/20 through at least 5/31/20:         <ul> <li>POS 2</li> </ul> </li> </ul>	<ul> <li>Previous authorizations will be extended through 12/31/2020 except for specialty medications.</li> <li>Medicaid will follow state guidelines.</li> </ul>	
Cigna	<ul> <li>Modifiers GT, GQ, or 95         Through 5/31/20     </li> <li>No requirement on type of technology used (phone, video, both)</li> <li>Codes allowed:</li> <li>G2012</li> <li>Virtual exams: 99201-99215</li> <li>POS 11 (or POS normally billed)</li> <li>Append with GQ, GT or 95 modifier</li> </ul>	Elective in- and out-patient services have extended prior authorization to 6 months through at least May 31.	G2012: cost-sharing waived for all services  Non-COVID virtual visit:  • Standard cost-share will apply
Humana	Note: Records request will resume (both pre- and post- payment) 5/15/2020	Return to standard PA requirements effective 5/22/20 (meaning no automatic approval).	MA plans: Waiving costs through end of 2020 for specialty physicians (in-network).  Commercial:  Cost sharing related to those that have been seen

			for corona-related services (received testing or exam determined testing was necessary).  Services are appended with modifier -CS
Humana Military/ Tricare	<ul> <li>No coverage for telephone services 99441-99443</li> <li>Usage of POS 2 and GQ or GT.</li> </ul>	Provider must still be Tricare- authorized to bill and receive payment.	
Medicaid GA	POS 2 and/or modifier GT must be used.		Suspending all copayments beginning 5/1/20 through end of PHE.
Medicaid KY	States that all Medicaid (including MCOs) should allow Eye visit codes.		
UHC	<ul> <li>Eye visit codes allowed (added 4/30/20)</li> <li>For Medicaid use modifiers - 95 or -GT, however not stated in spreadsheet for MA or commercial; still may be applicable.</li> <li>Additional virtual services:</li> <li>Initial and subsequent observation codes (99217-20, 99224-26)</li> <li>Added Emergency department codes. (99281-85)</li> </ul>	<ul> <li>A 90-day extension of original end date for prior authorizations granted.</li> <li>Original end date must have been between 3/24/20 and 5/31/20.</li> <li>Services will be covered through 5/31/20 for from out-of-network providers without a referral.</li> </ul>	UHC MA is waiving all cost-sharing for specialist services no matter the reason for exam through at least 9/30/20.