

# Telehealth Billing During the COVID-19 Pandemic

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*COVID-19 is an ongoing situation and organizations' processes are changing daily to adapt to various needs during this crisis. As such, this information is up-to-date as of March 27, 2020. HBI is continually monitoring the situation and updating material as we gather additional information. While HBI has attempted to ensure the accuracy of research provided in this document, the information has been obtained from numerous resources. Therefore, HBI cannot guarantee its accuracy and is not liable for any claims or losses that arise from errors or omissions within this document.*

Many payers, including traditional Medicare and several state Medicaid programs, are expanding telehealth reimbursement and relaxing requirements in light of the spread of COVID-19 in the United States. The following tip sheet includes general information on codes, modifiers, and other information necessary to bill a clean claim.

HBI has been gathering provider bulletins and has linked to them in the appendices to provide access to additional, payer-specific details. It is also generally beneficial to consult managed care or payer contracting staff to ensure all relevant criteria for your organization are met.

## Services That Can Be Provided

Individual payers vary on what is reimbursed, but these are commonly included in bulletins announcing telehealth expansion:

### Telemedicine/Telehealth

- A visit using interactive audio and video for real-time communication.

### E-Visits

- A visit using a patient portal or other secure messaging system that is initiated by a patient; communication for a single "visit" can extend over seven days.

### Virtual Check-Ins

- A visit using interactive audio/video, recorded video, audio-only telephone, text only, or images only; the visit cannot be related to an in-person service that was provided within the preceding seven days and cannot result in an in-person service within 24 hours.

### Remote Monitoring – Chronic Care

- A visit using interactive audio/video, images, audio-only telephone, and/or text-only communication; these services were not included in CMS' expansion of telehealth but continue to be available to patients based on previous guidelines.

## Acceptable Technology

### Patient Portals

- Patient portals continue to be an acceptable medium for providing e-visits to patients.

### Telephone (audio only)

- Some payers are reimbursing for audio-only telehealth. See the CPT and HCPCS section for more details.

### Video Chat Services

- FaceTime, Skype, Microsoft Teams, Google Hangouts, Zoom for Healthcare, GoToMeeting, Webex, Amazon Chime, Updox, VSee, Doxy.me, and Facebook Messenger video chats are all temporarily acceptable even though they generally do not meet HIPAA privacy standards, according to the Office for Civil Rights. These are acceptable because they are non-public facing, meaning the communication can be closed to unauthorized participants.
- The OCR has stated that if those services are used in good faith to provide telehealth during the COVID-19 pandemic, it will not levy fines for HIPAA noncompliance, such as the lack of a business associate agreement. The OCR has also requested that healthcare providers advise patients that these services do not provide the same level of privacy as other telehealth avenues.
- The OCR, however, has stated that public-facing video chat services are not allowed for telehealth under this temporary relaxation, because the communication cannot be limited to only authorized participants. This includes Facebook Live, Twitch, and TikTok.

## Access to Care

### Existing Relationships

- Previously, patients often were required to have an existing relationship, including a face-to-face meeting, with the clinician before virtual services were provided. Temporary changes to this requirement include:
  - **Telehealth:** CMS announced it is temporarily waiving that requirement, as of March 6, 2020, and extending through “the duration of the COVID-19 Public Health Emergency.”
  - **E-Visits:** CMS has not waived the existing relationship requirement for e-visits.
  - **Virtual Check-ins:** CMS has not waived the existing relationship requirement for virtual check-ins.

### Initiating Service

- CMS requires patients to initiate e-visits and virtual check-ins for them to be reimbursable, but healthcare professionals can advertise these services to ensure patients know they are available.

### Pre-Authorization Requirements

- Some payers either do not require or are waiving requirements for pre-authorization of telehealth services.

### Referrals

- Some payers either do not require or are waiving requirements for referrals for telehealth services.

### Eligible Healthcare Professionals

- State licensing laws can affect which types of clinicians can provide telehealth care. CMS guidelines are provided here; other payer policies may vary.
  - **Telehealth:** In general, CMS reimburses for telehealth provided by physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse specialists, certified registered nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.
  - **E-Visits:** CMS generally reimburses for e-visits when provided by clinicians that cannot bill independently for E&M visits – physical therapists, occupational therapists, speech language pathologists, and clinical psychologists – in addition to covering e-visits performed by clinicians who can bill independently, such as physicians or nurse practitioners.

- **Virtual Check-In:** Generally, only a clinician that can independently bill for E&M services can provide a virtual check-in under CMS guidelines.

## Patient Cost-Sharing

### ☐ CMS

- CMS announced it will allow healthcare providers to waive Medicare beneficiary cost-sharing that would typically apply to telehealth services. It does not appear that this cost-sharing waiver extends to e-visits or virtual check-ins.

### ☐ Private Payers

- Many private payers are waiving copays and other out-of-pocket costs for telehealth services.

## Place of Service Codes

### ☐ Place of Service Codes – Professional Claim

#### • 02, Telehealth

- Should be used for all synchronous telehealth services (using both audio and video for real-time communication) for Medicare beneficiaries; should not be used for asynchronous (“store and forward,” not in real time) telehealth services with the exception of providers in the Alaska and Hawaii federal telehealth demonstration, who should add modifier GQ.
- Some payers are requiring this place of service code for all telehealth services, including audio-only conversations, with the addition of modifiers (e.g., 95, GT, or GQ) to indicate the type of service provided.

#### • 11, Physician Office

- Should be used for Medicare beneficiary virtual check-ins and online visits (through an EHR portal or secure email, for example).
- Some payers require the place of service code for telehealth (either synchronous or asynchronous) to reflect the location from which the healthcare provider rendered service, such as their office, and modifiers to designate the service as telehealth.

### ☐ Place of Service Codes – Hospital Claim

- When telehealth is provided to a patient who is in another facility (called the “originating site”), that facility can submit a hospital claim (aka, facility fees):
  - CMS allows Part A billing of facility fees for originating sites with Q3014 and type of service 9, other items and services, when the originating site is one of the following:
    - 21, Inpatient Hospital
    - 22, On-Campus Outpatient Hospital
    - 23, Emergency Room – Hospital
    - 31, Skilled Nursing Facility
    - 50, Federally Qualified Health Center
    - 53, Community Mental Health Center
    - 65, End-Stage Renal Disease Treatment Facility (hospital-based)
    - 72, Rural Health Clinic
  - CMS allows Part B billing of facility fees for originating sites with Q3014 and type of service 9, other items and services, only with place of service code 11, Physician Office.

- Other payers may also require the place of service code to correspond with the type of facility where the patient was located and may accept additional facilities as originating sites.

**☐ Patient's Home Is Acceptable**

- CMS announced Medicare reimbursement is available temporarily for telehealth services provided when the patient remains at home, as of March 6, 2020, and extending through "the duration of the COVID-19 Public Health Emergency."
- No facility fee will be paid when the patient remains at home.

## CPT and HCPCS Codes

The following codes are generally acceptable to code care provided virtually, according to CMS, the American Medical Association, and additional industry sources. Specific payer rules may apply.

E-Visits Provided by Physician or Qualified Health Professional		
Code	Description	Typical Duration
99421	Patient-initiated digital E&M service, for an established* patient, for up to seven days	5-10 minutes, cumulative
99422		11-20 minutes, cumulative
99423		21 or more minutes, cumulative
G2061	Qualified non-physician healthcare professional online assessment service, for an established patient, for up to seven days	5-10 minutes, cumulative
G2062		11-20 minutes, cumulative
G2063		21 or more minutes, cumulative
E-Visits Provided by Qualified Non-Physician**		
Code	Description	Typical Duration
98970	Qualified non-physician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days	5-10 minutes, cumulative
98971		11-20 minutes, cumulative
98972		21 or more minutes, cumulative
G2061	Qualified non-physician healthcare professional online assessment service, for an established patient, for up to seven days	5-10 minutes, cumulative
G2062		11-20 minutes, cumulative
G2063		21 or more minutes, cumulative

\*Note – Some payers are allowing these codes to be billed for new patients during the COVID-19 emergency period.

\*\*Note – CMS will not reimburse for e-visits provided by qualified non-physicians. Other payer policies may vary.

Remote Monitoring - Chronic Care	
Code	Description
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff, physician, or other qualified health professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

Telehealth		
Code	Description	Typical Duration
99201	New patient office or other outpatient visit E&M services	10 minutes
99202		20 minutes
99203		30 minutes
99204		45 minutes
99205		60 minutes
99212	Established patient office or other outpatient visit E&M services	10 minutes
99213		15 minutes
99214		25 minutes
99215		40 minutes
99441	Telephone E&M service provided by a physician to an established patient, not originating from a related E&M service provided within the previous seven days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment	5-10 minutes
99442		11-20 minutes
99443		21-30 minutes
98966	Telephone assessment and management service provided by a qualified non-physician healthcare professional to an established patient, not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment	5-10 minutes
98967		11-20 minutes
98968		21-30 minutes
G0425	Telehealth consultation, emergency department or initial inpatient	30 minutes
G0426		50 minutes
G0427		70 or more minutes
G0406	Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or skilled nursing facilities	15 minutes
G0407		25 minutes
G0408		35 minutes
Q3014	Telehealth originating site facility fee	n/a

Additional telehealth services covered by CMS, such as psychiatric care and services related to end-stage renal disease, can be found [here](#).

Telephone-Only Services*		
Code	Description	Typical Duration
99441	Telephone E&M service provided by a physician to an established** patient, not originating from a related E&M service provided within the previous seven days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment	5-10 minutes
99442		11-20 minutes
99443		21-30 minutes
98966	Telephone assessment and management service provided by a qualified non-physician healthcare professional to an established patient, not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment	5-10 minutes
98967		11-20 minutes
98968		21-30 minutes

\*Note – CMS requires a video component for telehealth services, but some other payers allow telephone-only services during the COVID-19 emergency period.

\*\*Note – Some payers are allowing these codes to be billed for new patients during the COVID-19 emergency period.

Virtual Check-Ins – Physician or Qualified Health Professional	
Code	Description
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward) including interpretation with follow-up with the patient within 24 business hours, not originating from a related E&M service provided within the previous seven days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified healthcare professional who can report E&M services, provided to an established patient, not originating from a related E&M service provided within the previous seven days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

Virtual Check-Ins – Qualified Non-Physician		
Code	Description	Typical Duration
98966	Telephone assessment and management service provided by a qualified non-physician healthcare professional to an established patient, not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment	5-10 minutes
98967		11-20 minutes
98968		21-30 minutes

## Modifiers

- ❑ **Modifier 95:** Synchronous telemedicine service rendered via a real-time interactive audio and visual telecommunications system
  - Should be used for telehealth.
  - Should not be used for e-visits or virtual check-ins.

- Note – CMS does not require this modifier on Medicare or Medicaid claims. Private payer policies may vary.

**Modifier CR:** Catastrophe/disaster related

- Some payers are requiring this modifier to be used when billing under fee-for-service methodologies.

- Note – CMS does not require this modifier for telehealth, though it does require this modifier on non-telehealth Medicare Part B claims billed under the CMS blanket waivers described [here](#). Similarly, CMS does not require the recently activated DR (disaster related) condition code on telehealth claims.

**Modifier GQ:** Via asynchronous telecommunications system

- CMS requires providers in Alaska and Hawaii to use this modifier for asynchronous telehealth under the federal telemedicine demonstration.
- Some payers require this modifier on asynchronous telehealth claims.

**Modifier GT:** Via synchronous telecommunications system

- Some private payers require this modifier on synchronous telehealth claims.
- CMS requires this modifier only for telehealth billed under CAH Method II.

**Modifier G0**

- CMS requires this modifier when telehealth is used to diagnose and treat an acute stroke.

## Revenue Code

**780:** Telemedicine - General

- This is the only telemedicine-specific revenue code. Payer policies may vary on whether other revenue codes could be appropriate for specific types of virtual care.

## Other Notes

**Effective Dates**

- Some codes specific to COVID-19 were introduced but not yet effective, and whether they would be retroactive varies. Consult HBI's **COVID-19 Coding Updates** ([here](#)) for more info.
- Much of the telehealth expansion and associated relaxation of requirements (such as ability to waive cost-sharing) is temporary. Some payers have indicated telehealth expansion will continue for the duration of the COVID-19 pandemic. Others have set end dates in mid-2020. It would be beneficial to consult the information shared by specific payers in the appendices to stay apprised of expected end dates.

**Reimbursement Parity**

- CMS is reimbursing at the same rate as in-person services for telehealth services provided when the patient remains at home for the duration of the COVID-19 pandemic.
- State laws vary on whether telehealth services are reimbursed at the same rate as in-person services and on whether that parity stops with private payers or also extends to Medicaid. State-specific information is available from the American Telemedicine Association [here](#).

**Consent to Treat**

- Some payers accept verbal consent to treat from patients for telehealth services. Verbal consent should be documented thoroughly, such as by including it in a telehealth visit recording or having the clinician include those details in clinical documentation. Some healthcare providers require verbal consents to be witnessed by a third party, and their signature is documented along with the clinician's.
- Another option is to integrate consent to treat forms electronically, such as requiring patients to check a box or click a button indicating they have reviewed consent information and agree. Only after performing that step will a virtual care encounter be launched.

# Appendix A – Blue Cross Blue Shield Bulletins

## □ Blue Cross Blue Shield

All Blue Cross and Blue Shield plans are temporarily covering telehealth without cost-sharing when services are provided by in-network providers (more info [here](#)). These have been separated from other private payers here due to the high level of state-specific information BCBS plans are publishing. The following resources come from state-specific plans with more details on coverage and were active as of March 25, 2020.

- **Alabama:** <https://www.bcbsal.org/web/coronavirus>
- **Alaska:** <https://www.premiera.com/wa/provider/coronavirus-faq/>
- **Arizona:** <https://newscenter.azblue.com/blue-cross-blue-shield-of-arizona-expands-support-for-coronavirus-services-and-care-waives-telehealth-cost-share-for-members/>
- **Arkansas:** <http://www.arkansasbluecross.com/coronavirus/covid-19/2020/03/21/answering-your-questions-about-covid-19-coverage>
- **California Blue Cross:** <https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5>
- **California Blue Shield:** <https://news.blueshieldca.com/2020/03/16/teladoc-covid-19>
- **Colorado:** <https://providernews.anthem.com/colorado/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-20-2020>
- **Connecticut:** <https://providernews.anthem.com/connecticut/article/information-from-anthem-for-care-providers-about-covid-19-3>
- **Delaware:** <https://faqs.discoverhighmark.com/coverage-costs/>
- **Florida:** <https://www.floridablue.com/COVID19>
- **Georgia:** <https://providernews.anthem.com/georgia/article/information-from-anthem-for-care-providers-about-covid-19-4>
- **Hawaii:** <https://hmsa.com/media-center/2020/03/coronavirus-pressrelease/>
- **Blue Cross of Idaho:** <https://bcidaho.com/coronavirus/>
- **Idaho, Regence:** <http://news.regence.com/releases/regence-blueshield-taking-action-to-support-members-through-coronavirus-covid-19-outbreak>
- **Illinois:** [https://www.bcbsil.com/provider/education/2020/2020\\_03\\_16.html](https://www.bcbsil.com/provider/education/2020/2020_03_16.html)
- **Indiana:** <https://providernews.anthem.com/indiana/article/information-from-anthem-for-care-providers-about-covid-19-6>
- **Iowa:** <https://www.wellmark.com/about/newsroom/coronavirus-covid-19>
- **Blue Cross and Blue Shield of Kansas City:** <https://www.bluekc.com/consumer/blue-kc/articles/120.html>
- **Kentucky:** <https://providernews.anthem.com/kentucky/article/information-from-anthem-for-care-providers-about-covid-19-7>
- **Louisiana:** <https://www.lsuhs.edu/orgs/studenthealth/insurance/>

- **Maine:** <https://providernews.s.anthem.com/maine/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-19-2020-1>
- **Maryland:** <https://individual.carefirst.com/individuals-families/about-us/coronavirus-healthcare-providers.page>
- **Massachusetts:** [https://provider.bluecrossma.com/ProviderHome/wcm/connect/7de2d366-27c9-4ef2-9125-5cce9626502c/MPC\\_082715-2U+Telehealth+Final.pdf?MOD=AJPERES&CVID=](https://provider.bluecrossma.com/ProviderHome/wcm/connect/7de2d366-27c9-4ef2-9125-5cce9626502c/MPC_082715-2U+Telehealth+Final.pdf?MOD=AJPERES&CVID=)
- **Michigan:** [https://www.msms.org/Portals/0/Documents/MSMS/Resources/For\\_Practices/COVID-19/MSMS%20COVID\\_19\\_Resource%20Alert.pdf?ver=2020-03-17-205619-150&cldee=a21jZmF0cmkZ2VAbXNtcy5vcmc%3D&recipientid=contact-11ecc3e4bb7be91180f7000d3a044486-fe26fb1ffffc4362b10221148eaf7369&esid=aa0d329a-7c68-ea11-8100-000d3a01cf d3](https://www.msms.org/Portals/0/Documents/MSMS/Resources/For_Practices/COVID-19/MSMS%20COVID_19_Resource%20Alert.pdf?ver=2020-03-17-205619-150&cldee=a21jZmF0cmkZ2VAbXNtcy5vcmc%3D&recipientid=contact-11ecc3e4bb7be91180f7000d3a044486-fe26fb1ffffc4362b10221148eaf7369&esid=aa0d329a-7c68-ea11-8100-000d3a01cf d3)
- **Minnesota:** <https://www.bluecrossmn.com/about-us/new sroom/coronavirus-how-we-are-responding-covid-19>
- **Mississippi:** *Guidance not available publicly*
- **Missouri:** <https://providernews.s.anthem.com/missouri/article/information-from-anthem-for-care-providers-about-covid-19-8>
- **Montana:** <https://www.bcbsmt.com/provider/education-and-reference/news?lid=k7sxogp8>
- **Nebraska:** <https://www.nebraskablue.com/Providers/Alerts-and-Updates/Happening-Now>
- **Nevada:** <https://providernews.s.anthem.com/nevada/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-19-2020>
- **New Hampshire:** <https://providernews.s.anthem.com/new-hampshire/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-19-2020-2>
- **New Jersey:** <https://www.horizonblue.com/providers/news/new s-legal-notice/covid-19-response-eliminating-cost-sharing-qualified-netw ork-telemedicine-services>
- **New Mexico:** [https://www.bcbsnm.com/pdf/nmcc\\_telehealth\\_qrg.pdf](https://www.bcbsnm.com/pdf/nmcc_telehealth_qrg.pdf)
- **New York, Empire:** <https://providernews.s.empireblue.com/article/information-from-empire-for-care-providers-about-covid-19>
- **Blue Cross Blue Shield of Western New York:** <https://www.bcbswny.com/content/w ny/provider/new s/coronavirus.html>
- **North Carolina:** <https://www.bluecrossnc.com/sites/default/files/document/attachment/services/public/pdfs/medicalpolicy/telehealth.pdf>
- **North Dakota:** <https://www.bcbsnd.com/providers/new s-resources/healthcare-new s/covid-19-telehealth-expansion-update>
- **Ohio:** <https://providernews.s.anthem.com/ohio/article/information-from-anthem-for-care-providers-about-covid-19-9>
- **Oklahoma:** <https://www.bcbsok.com/company-info/alerts-announcements/alerts-announcements?lid=k7sxor5p>
- **Oregon:** <http://new s.regence.com/releases/regence-blueshield-taking-action-to-support-members-through-coronavirus-covid-19-outbreak>
- **Pennsylvania, Capital BlueCross:** <http://capbluecross.mediaroom.com/2020-03-09-Capital-BlueCross-Temporarily-Modifies-Coverage-to-Help-Members-Deal-with-Spread-of-COVID-19>
- **Rhode Island:** <https://www.bcbsri.com/providers/sites/providers/files/policies/2020/03/2020%20Telemedicine%20Services%20Medical%20Policy%20%20.pdf>
- **South Carolina:** <https://www.southcarolinablues.com/web/public/brands/sc/members/live-healthy/blog/categories/Health/covid-19-virtual-visits-telehealth/>
- **South Dakota:** <https://www.wellmark.com/about/new sroom/coronavirus-covid-19>
- **Tennessee:** <https://bcbstnew s.com/w ere-answering-provider-questions-about-coronavirus-covid-19/>

- **Texas:** [https://www.bcbstx.com/provider/clinical/tele\\_services.html](https://www.bcbstx.com/provider/clinical/tele_services.html)
- **Utah:** <http://news.regence.com/releases/regence-blueshield-taking-action-to-support-members-through-coronavirus-covid-19-outbreak>
- **Vermont:** [https://vtdigger.org/press\\_release/blue-cross-and-blue-shield-of-vermont-coronavirus-preparation/](https://vtdigger.org/press_release/blue-cross-and-blue-shield-of-vermont-coronavirus-preparation/)
- **Virginia, Anthem:** <https://providernews.anthem.com/virginia/article/information-from-anthem-for-care-providers-about-covid-19-2>
- **Virginia, CareFirst:** <https://individual.carefirst.com/individuals-families/about-us/coronavirus-healthcare-providers.page>
- **Washington, Premera:** <https://www.premera.com/wa/provider/coronavirus-faq/>
- **Washington, Regence:** <http://news.regence.com/releases/regence-blueshield-taking-action-to-support-members-through-coronavirus-covid-19-outbreak>
- **Washington, DC:** <https://individual.carefirst.com/individuals-families/about-us/coronavirus-healthcare-providers.page>
- **West Virginia:** <https://faqs.discoverhighmark.com/coverage-costs/>
- **Wisconsin:** <https://providernews.anthem.com/wisconsin/article/information-from-anthem-for-care-providers-about-covid-19-10>
- **Wyoming:** <https://files.constantcontact.com/7faa96cb201/de4be222-b1dc-488f-ba79-d82b2627810c.pdf>

# Appendix B – Other Private Payer Bulletins

## □ Other Private Payers

The effective dates of expansion and covered telehealth services, as well as the amount of information available publicly, vary by payer. The following resources come from private payers with more details on coverage and were active as of March 25, 2020.

- **Aetna:** [https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc\\_link\\_content\\_section\\_responsivegrid\\_copy\\_responsivegrid\\_accordion\\_10](https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_10)
- **AllWays Health Partners:** <https://www.allwayshealthpartners.org/meet-us/New%20room/Coronavirus-Notice>
- **Ambetter Health:** <https://www.ambetterhealth.com/coronavirus.html>
- **AmeriHealth New Jersey:** [https://www.amerhealthnj.com/html/news/new\\_s\\_20160111.html?](https://www.amerhealthnj.com/html/news/new_s_20160111.html?)
- **Bright Health:** <https://brighthouseplan.com/brighter-life/understanding-coronavirus>
- **Centene:** <https://www.centene.com/covid-19-resource-center.html>
- **Cigna:** [https://www.cigna.com/new%20room/new\\_s-releases/2020/cigna-takes-additional-actions-to-protect-customers-and-communities-against-covid-19](https://www.cigna.com/new%20room/new_s-releases/2020/cigna-takes-additional-actions-to-protect-customers-and-communities-against-covid-19)
- **Emblem Health:** <https://www.emblemhealth.com/providers/clinical-corner/um-and-medical-management/covid19>
- **Gesinger Health Plan:** <https://www.geisinger.org/health-plan/healthy-living-blog/2020/03/19/19/18/telehealth-services-available-to-ghp-members>
- **Harvard Pilgrim Health Care:** [https://www.harvardpilgrim.org/public/new\\_s-detail?nt=HPH\\_New\\_s\\_C&nid=1471929138048#COVID19%2011](https://www.harvardpilgrim.org/public/new_s-detail?nt=HPH_New_s_C&nid=1471929138048#COVID19%2011)
- **Health Care Services Corporation:** [http://www.hcsc.com/new%20room/category/company-new\\_s/covid-19-information#](http://www.hcsc.com/new%20room/category/company-new_s/covid-19-information#)
- **Health Net of California:** [https://www.healthnet.com/portal/provider/content/iw\\_c/provider/unprotected/working\\_with\\_HN/content/important\\_updates.action](https://www.healthnet.com/portal/provider/content/iw_c/provider/unprotected/working_with_HN/content/important_updates.action)
- **Highmark:** <https://www.highmark.com/hmk2/new%20room/2020/pr03062020CoronavirusCoverage.shtml>
- **Humana:** <https://press.humana.com/press-release/current-releases/humana-takes-steps-care-members-response-coronavirus>
- **Johns Hopkins HealthCare:** [https://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/providers\\_physicians/resources\\_guidelines/coronavirus-updates-32020](https://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/resources_guidelines/coronavirus-updates-32020)
- **Kaiser Permanente:** <https://www.kaiserpermanente.org/html/public/about/coronavirus>
- **Magellan Health:** [https://ir.magellanhealth.com/new\\_s-releases/new\\_s-release-details/magellan-health-expands-telehealth-services-support-clients](https://ir.magellanhealth.com/new_s-releases/new_s-release-details/magellan-health-expands-telehealth-services-support-clients)
- **Molina:** <https://www.molinahealthcare.com/providers/common/Pages/wacovid19.aspx>
- **Oscar:** [https://www.pnewswire.com/new\\_s-releases/oscar-shares-update-on-covid-19-301019312.html](https://www.pnewswire.com/new_s-releases/oscar-shares-update-on-covid-19-301019312.html)

- **Optima Health:** <https://www.optimahealth.com/documents/communications/news-releases/press%20release%20optima%20health%20addresses%20covid-19%20march%206%202020.pdf>
- **Passport Health Plan:** <https://passporthealthplan.com/coronavirus-update/>
- **Priority Health:** <https://www.priorityhealth.com/landing/about-covid-19/providers>
- **UnitedHealthcare:** <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html#2-mar20>
- **Valley Health Plan:** <https://www.valleyhealthplan.org/Pages/Coronavirus-Prevention-and-Preparation.aspx>

# Appendix C – Government Payer Bulletins

The effective dates of expansion and covered telehealth services, as well as the amount of information available publicly, vary by payer. The following resources include more details on coverage and were active as of March 25, 2020.

## ☐ Medicare – All States

- **CMS:** <https://www.cms.gov/new-sroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

## ☐ Medicaid – All States

- **CMS:** <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>

## ☐ Medicaid – State Programs

Some links below lead to pages that include a wealth of useful COVID-19 response information from state Medicaid programs, in addition to bulletins about expanded telehealth. Search “telehealth” on those pages to find specific guidance.

- **Alabama:** [https://medicaid.alabama.gov/alert\\_detail.aspx?ID=13746](https://medicaid.alabama.gov/alert_detail.aspx?ID=13746)
- **Alaska:** [http://manuals.medicaidalaska.com/docs/dnld/Update\\_Temp\\_Expansion\\_of\\_Medicaid\\_Telemed\\_Coverage.pdf](http://manuals.medicaidalaska.com/docs/dnld/Update_Temp_Expansion_of_Medicaid_Telemed_Coverage.pdf)
- **Arizona:** <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#telehealth>
- **Arkansas:** [https://medicaid.mmis.arkansas.gov/Download/provider/provdocs/Memos/MemoDMS-01\\_Telemed.pdf](https://medicaid.mmis.arkansas.gov/Download/provider/provdocs/Memos/MemoDMS-01_Telemed.pdf)
- **California:** <https://www.dhcs.ca.gov/Documents/COVID-19/APL19-009-Supplement-Telehealth-031820.pdf>
- **Colorado:** <https://www.colorado.gov/pacific/hcpf/covid-19-provider-information>
- **Connecticut:**  
[https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=pb20\\_09.pdf&URI=Bulletins/pb20\\_09.pdf](https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=pb20_09.pdf&URI=Bulletins/pb20_09.pdf)
- **Delaware:** [https://dhss.delaware.gov/dhss/dmma/files/dmma\\_telehealth\\_bulletin\\_COVID\\_19.pdf](https://dhss.delaware.gov/dhss/dmma/files/dmma_telehealth_bulletin_COVID_19.pdf)
- **Florida:** [https://ahca.myflorida.com/covid-19\\_alerts.shtml](https://ahca.myflorida.com/covid-19_alerts.shtml)
- **Georgia:** <https://medicaid.georgia.gov/covid-19>
- **Hawaii:** <https://medquest.hawaii.gov/en/plans-providers/provider-memo.html>
- **Idaho:** <https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2013.PDF>
- **Illinois:** <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200320b.aspx>
- **Indiana:** [https://www.in.gov/fssa/files/telemed\\_billing\\_guide.pdf](https://www.in.gov/fssa/files/telemed_billing_guide.pdf)
- **Iowa:** [https://www.iowamedical.org/iowa/iowa\\_Public/Public\\_Affairs/News/2019/COVID-19%20Telehealth%20Resource%20Page.aspx](https://www.iowamedical.org/iowa/iowa_Public/Public_Affairs/News/2019/COVID-19%20Telehealth%20Resource%20Page.aspx)
- **Kansas:** [http://www.kdheks.gov/coronavirus/toolkit/COVID-19\\_Toolkit.pdf](http://www.kdheks.gov/coronavirus/toolkit/COVID-19_Toolkit.pdf)
- **Kentucky:** <https://chfs.ky.gov/agencies/dms/Documents/ProviderTelehealthFAQs.pdf>
- **Louisiana:** <https://www.louisianahealthconnect.com/new-sroom/ldh-novel-coronavirus-disease--covid-19--provider-update--3-14-20.html>

- **Maine:** <https://www.maine.gov/dhhs/oms/COVID-19.shtm>
- **Maryland:** <https://mmcp.health.maryland.gov/Pages/telehealth.aspx>
- **Massachusetts:** <https://www.mass.gov/files/documents/2020/03/13/All-289.pdf>
- **Michigan:** [https://www.michigan.gov/mdhhs/0,5885,7-339-73970\\_5093\\_28508\\_76849-520225--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508_76849-520225--,00.html)
- **Minnesota:** <https://mn.gov/dhs/partners-and-providers/new-s-initiatives-reports-workgroups/long-term-services-and-supports/new-s/covid19.jsp?id=1053-424460>
- **Mississippi:** <https://medicaid.ms.gov/public-notice-for-spa-20-0010-telehealth-emergency-w-aiver/>
- **Missouri:** <https://dss.mo.gov/covid-19/mhn-provider.htm>
- **Montana:**  
<https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2020PN/provnoticetelemedicinepolicyclarification.pdf>
- **Nebraska:** <http://dhhs.ne.gov/Documents/COVID-19%20Medicaid%20&%20Long-Term%20Care%20FAQ.pdf#search=covid%20telehealth>
- **Nevada:** <http://dhcfp.nv.gov/covid19/>
- **New Hampshire:** <https://www.dhhs.nh.gov/ombp/medicaid/documents/telehealth-covid19.pdf>
- **New Jersey:** <https://www.state.nj.us/humanservices/new-s/press/2020/approved/20200323.html>
- **New Mexico:** <https://www.newmexico.gov/2020/03/20/state-medicare-program-and-superintendent-of-insurance-issue-new-requirements-to-promote-telemedicine-during-covid-19-emergency/>
- **New York:** [https://health.ny.gov/health\\_care/medicaid/covid19/index.htm](https://health.ny.gov/health_care/medicaid/covid19/index.htm)
- **North Carolina:** <https://medicaid.ncdhhs.gov/blog/2020/03/20/special-bulletin-covid-19-9-telehealth-provisions-clinical-policy-modification>
- **North Dakota:** <http://www.nd.gov/dhs/info/covid-19/docs/policy-medicare-temporary-telehealth.pdf>
- **Ohio:** <https://medicaid.ohio.gov/FOR-OHIOANS/COVID-19-Emergency-Actions>
- **Oklahoma:** <https://www.okhca.org/providers.aspx?id=112>
- **Oregon:** <https://www.oregon.gov/oha/HSD/OHP/Pages/COVID-19.aspx>
- **Pennsylvania:** <https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Provider-Resources.aspx>
- **Rhode Island:** [https://bhddh.ri.gov/mh/pdf/COVID-19%20Memo%20for%20RI%20Medicaid%20Telehealth\\_03182020%20\(002\).pdf?](https://bhddh.ri.gov/mh/pdf/COVID-19%20Memo%20for%20RI%20Medicaid%20Telehealth_03182020%20(002).pdf?)
- **South Carolina:** <https://msp.scdhhs.gov/covid19/>
- **South Dakota:** <https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Telemedicine.pdf>
- **Tennessee:** <https://www.tn.gov/tenncare/information-statistics/tenncare-information-about-coronavirus.html>
- **Texas:**  
[https://www.texmed.org/uploadedFiles/Current/2016\\_Practice\\_Help/Health\\_Information\\_Technology/Telemedicine/Telemedicine%20Quick%20Reference%20Chart%20for%20Payers.pdf](https://www.texmed.org/uploadedFiles/Current/2016_Practice_Help/Health_Information_Technology/Telemedicine/Telemedicine%20Quick%20Reference%20Chart%20for%20Payers.pdf)
- **Utah:** <https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf>
- **Vermont:** <https://dvha.vermont.gov/covid-19>
- **Virginia:** <https://www.dmas.virginia.gov/#/emergencyw-aiver>
- **Washington:** <https://www.hca.wa.gov/assets/billers-and-providers/telehealth-brief-for-COVID-03-2020.pdf>

- **Washington DC:** <https://www.dc-medicaid.com/dcw ebportal/documentInformation/getDocument/23217>
- **West Virginia:** <https://dhhr.wv.gov/bms/News/Documents/Telehealth%20COVID%20Precautions.pdf>
- **Wisconsin:** [https://www.forwardhealth.wi.gov/WIPortal/content/html/new s/covid19\\_resources.html.space](https://www.forwardhealth.wi.gov/WIPortal/content/html/new s/covid19_resources.html.space)
- **Wyoming:** Telehealth info not publicly available, but other COVID-19 response info available at [https://health.wyo.gov/wp-content/uploads/2020/03/Coronavirus\\_Disease\\_2019\\_HAN\\_8\\_3.18.20.pdf](https://health.wyo.gov/wp-content/uploads/2020/03/Coronavirus_Disease_2019_HAN_8_3.18.20.pdf)

□ **TRICARE**

- **Health Net Federal Services (TRICARE West):** [https://www.tricare-west.com/content/hnfs/home/tw /prov/res/provider\\_new s/covid-19-outbreak--using-telemedicine-.html](https://www.tricare-west.com/content/hnfs/home/tw /prov/res/provider_new s/covid-19-outbreak--using-telemedicine-.html)
- **Humana Military (TRICARE East):** <https://www.humanamilitary.com/provider/education-and-resources/quick-access/policy-updates-and-alerts/COVID-19-telemedicine-031320>