

Payer Guidance for COVID Billing



*Indicates see comments

This is a working document that will be frequently updated-last update 5.18.20

Payor	Claims Readiness	Identifying Claim	Testing - HCPCS or CPT	Waiver of Patient Liability (may not include self insurance plans)	Face to Face Reimbursement for Virtual Services	Codes to be Used for Virtual Care	POS for Virtual Services	Patient Cost Share	CPT	DX Code	POS	Modifier	Processing of other claims	Telehealth	Comments
Cigna	4/6/2020	ICD10	U0001, U0002, 86735	Office visits, screening, testing and telehealth through 5/31/20	Yes	E&M	11	Waived through 5/31/2020	G2012, use Face to Face E&M codes	Z03.818, Z20.828	11*	GQ, GT of 95		Cigna has updated their interim virtual care billing guidance to allow providers to bill a standard face-to-face visit for all virtual care services including those not related to COVID-19. www.CignaforHCP.com	POS 11 - will ensure reimbursed at E&M rate. Patient copay/cost share applies to B97.29 (positive case) Provider may bill with a POS 02 however they may be reimbursed at reduced rates per their contract.
Regence (incl: Individual, Group, MedAdv)	3/24/2020 - holding claims on their end		U0001, U0002, 86735	Telehealth, test and office visit	Yes	Telemedicine	11	Co-insurance and deductible will apply for telehealth services	Current Procedural Terminology (CPT*) 99441-99443, CPT 99421-99423, CPT 98966-98968, CPT 98969, CPT 99201-99203, CPT 99212-99214, HCPCS G2012 FEP 99421-99423, 98970-98972, 99441-99443, 98966-98968, G0406-G0408, G0425-G0427, G2010, G2012, G2061-G2063 and Q3014	Utilize CDC guidance for coding	11	95		Yes	POS 11- COVID will be processed at E&M Rate. OS 02 for other Telehealth services if billed for COVID-19 will be reimbursed as it is today. Telehealth expansion through the end of each states emergency declaration. If claims sent previously without guidelines - provider needs to submit corrected claims
UHC (all plans)	4/1/2020		U0001, U0002, 86735	Testing, office visits and telehealth	No face to face reimbursement	E/M Codes	11	Waived - starting 3/31/2020 -6/18/2020 ***for all MedAdv UHC waiving cost share for all covered office-based professional services performed by both PCP's and specialists with DOS starting 05/11/2020-09/30/2020.	Use appropriate Office visit E/M code (99211-99215) (99201-99205)	Utilize CDC guidance for coding	11 or 20, 22, 23	95		Waived for treatment of COVID through 05/31 for Commercial, MedAdv and Medicaid. Starting 3/31 waiving cost sharing for in network, non-COVID telehealth visits for MedAdv, Medicaid Individual and group market fully insured.	https://www.uhcprovider.com/content/dam/provider/docs/public/policies/com-m-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf
Medicare	4/1/2020		U0001, U0002, 86735	Testing, office visits and telehealth	Yes, telehealth, virtual, e-communications	E&M Preferred; telemed codes if other not available.	11 (https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-03-mlnc-se#_Toc36815181)	Waived	https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes		11	95		Yes https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet These visits are considered the same as in person visits and will be paid at the same rate as regular, in person visits. Following 1135 waiver guidelines allowing health care providers to reduce or waive cocst-sharing for telehealth visits paid by federal healthcare programs.	3/6/2020 forward https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-03-mlnc-se#_Toc36815181

HO/Mcaid	4/1/2020	B97.29*	U0001, U0002, 86735	Testing, office visits and telehealth	Face to Face Reimbursement for Virtual Services	Report the service modality code (CPT or HCPC code as you would if the encounter was in person)	Use the POS indicator that best describes where the client is, for example "12" is home; "31" is SNF, "13" is assisted living facility, etc. Do not bill with the provider's location as the POS. The MCO's are adopting these policies as well.	Waived for COVID related	If codes from column F cannot be used they are allowing usage of 99441-43, 99421-23, and G2012 (all billed with CR)	B97.29 AND condition related dx code				Yes - utilize CR modifier https://www.hca.wa.gov/assets/billers-and-providers/Clinical-policy-and-billing-for-COVID-19-FAQ.pdf Use POS indicator that best describes where the client is, for example "12" is home, "31" is SNF, "13" is assisted living. Do not bill with the providers location as the place of service. Report the service modality code (CPT or HCPC code) as you would if the encounter was in person. Always document the modality used for delivery in the health care record.	2/4/2020 forward -HCAAH_COVID19@hca.wa.gov -Pneumonia confirmed as due to COVID-19 J12.89 -Lower/acute respiratory infection J22 -Covid is documented as being associated with respiratory infection J98.8 -Possible exposure, but ruled out after evaluation Z03.818 -Acute bronchitis confirmed as due to Covid J20.8 -Bronchitis not otherwise specified confirmed as due to Covid J40 -Cases with ARDS due to Covid J80 -Actual exposure to someone who is confirmed to have Covid Z20.828 -Signs/symptoms and definitive diagnosis has not been established R05 cough, R06.02 shortness of breath, R50.9 Fever, unspecified https://www.hca.wa.gov/assets/billers-and-providers/telehealth-brief-for-COVID-03-2020.pdf (link to links for MCO's which aren't updated to reflect 1153 waiver information)
L&I	Current	Documentation submitted with the billing	U0001, U0002, 86735	Testing & Initial Visit for health care providers and first responders. All others on a case by case basis for State & Self insured only. Fed WC will only cover once dx is confirmed	Face to Face Reimbursement for Virtual Services	E&M only. Must document that telehealth visit is due to pandemic	12	No Cost share applied	E&M codes only	CMS & CDC guidelines	12	No Modifier allowed	Claims processing is current	Yes (must be at home, real time video connection including both audio and video) Telephone visits are not allowed until 7/1/2020	Chart notes must document emergency situation (limiting exposure to COVID-19 for telehealth). Federal work comp will only cover once dx is confirmed
Aetna (all plans)	None listed		U0001, U0002, 86735	Testing, office visits and telehealth	Face to Face Reimbursement for Virtual Services	Telemedicine/E&M Coding (AMA Coding Advice power point) - if only phone visit use 99441-99443, 98966-98968, G2010, G2012	Commercial members - 02 Medicare Member - 02 or 11	Waived - until 6/4/2020	E&M codes and Telemedicine codes	U07.1, Z03818, Z20828, B97.29	Commercial members - 02 Medicare Member - 02 or 11	Commercial - GT or 95 Medicare Advantage - 11		Available until 6/4/2020	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_20
Premera (incl: MedAdvantage)	Holding on their end		U0001, U0002, 86735	Testing and related provider visit	Yes	E&M	11	Waived Except- Plans have OPT out	E&M - Codes 99446, 99447, 99448, 99449, 99451, 99452, G2010, 99441, 99442, 99443, 98966, 98967, 98968, 99444, 99421, 99422, 99423, 98969, 98970, 98971, 98972,	U07.1, Z03818, Z20828, B97.29	11	Commercial plans 95 or GT, Medicare Plans 95	All claims processing as normal (hoping to get within 15 days), will communicate any opportunities	Yes	Medicare Advantage - All other treatments and services including hospitalization are subject to the usual benefits and costshares Any care needed once diagnosis of COVID-19 Does not want CR (question pending on how they will assess patient responsibility)
First Choice	Now		U0001, U0002, 86735	Yes	No face to face reimbursement	Telemedicine	11	Waived (COVID ONLY)	Does not provide coding advice - utilize CMS and ADA for billing guidelines	CMS and ADA guidelines	11	95, GT		Exceptions - need to confirm each member - no blanket (largest is Multicare)	Pricing and payment delays
Kaiser				Screening, Testing, visit, lab test	No face to face reimbursement	Telemedicine (99421-99423, 99441-99443, 99451-99452 and 98966-98968, 98970-98972, G2010, G2012 and G2061-G2063	Commercial members - 02 Medicare Member - 02 or 11	Waived - exception H.S.A qualified plan	99421-99423,99441-99443,99446-99449, 99451-99452 and 98966-98972, G2010, D2012 AND G2061-G2063		Commercial members - 02 Medicare Member - 02 or 11	GQ, 95		Yes, services are medically necessary, originating site is qualified, distant site practitioner is qualified, interactive video is used, store and forward technology, patient is present, CMS guidelines are met	
Triwest/VA/Choice	Now	Modifier	U0001, U0002	Testing & Visit, authorization required	Face to Face Reimbursement for Virtual Services/Telephone not included	E&M	11	Cost share applies when auth guidelines not followed	E&M	CMS Guidelines	11	95		All services provided require prior authorization regardless if COVID related or not	

Tricare Prime & Select	4/1/2020 (they will hold on their end)	Modifier	U0001, U0002, 86735	Testing, no authorization required due to medical necessity	Face to Face Reimbursement for Virtual Services/Telephone not included	E&M	2	Waived for COVID diagnostic testing	E&M	Utilize CDC guidance for coding	2	GT		Subject to prior authorization requirements as normal, if authorized yes, service covered. Select plan does not require prior authorization but follows all other Tricare requirements	Bill using CPT or HCPCS codes with a GT modifier for the distant site and Q3014 for the originating site to distinguish telemedicine services. Use place of service "02" in conjunction with the GT modifier. For asynchronous telemedicine services, bill using CPT or HCPCS codes with a GQ modifier and place of service "02".
Tricare for Life secondary plan and will follow Medicare															
Molina	4/1/2020														https://www.molinahealthcare.com/providers/wa/medicaid/comm/PDF/COVID%20Telehealth%20Billing%20Policy-3.27.20.pdf
Molina Marketplace	Now					E&M	11		E&M		11	CR			
Ambetter	Now					E&M	2	Waived	E&M	CMS Guidelines	2				