

Payer Guidance for COVID Billing



*Indicates see comments

This is a working document that will be frequently updated-last update 6.15.20

| 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 |

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|------------------------------|----------------------|--|---------------------|---|--|--|--|--|--|--------------------------------------|--|---|--|--|---|
| 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 | |

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| 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 | | | |