

## Billing and Coding Update for COVID-19 (June 29, 2020)

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Everyone is asking how long telehealth will continue to be covered with no cost sharing for patients, and the answers are varied at this point. Payers continue to refine their coding guidelines, and billers are now looking how to get reimbursed correctly at the full rates we were promised.

**Medicare and Medicaid** say telehealth waivers will continue through the end of the Public Health Emergency (PHE). The Indiana Health Coverage Programs' (IHCP, Indiana Medicaid) regular telehealth policy will continue beyond the PHE.

**Anthem HIP** continues to pay for telehealth visits with 99201-99215, POS 02 and modifier 95 at the reduced facility rate rather than the non-facility rate because they are following Medicaid coding guidelines, but Medicare reimbursement guidelines. The ISMA has been in contact with the IHCP to address this issue, but we have not seen a response yet. Anthem will only pay for telephone-only codes 99441-99443 when they are secondary crossover claims.

### Anthem's coverage for telehealth continues

#### Telehealth (video plus audio)

Effective from **March 17 through Sept. 30, 2020**, Anthem's affiliated health plans will waive member cost shares for telehealth visits from **in-network** providers, including visits for mental health or substance use disorders, for our fully-insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. For **out-of-network** providers, Anthem is waiving cost shares from **March 17 through June 14, 2020**. Cost sharing will be waived for members using Anthem's authorized telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video plus audio services. Self-insured plan sponsors may opt out of this program.

#### Telephonic-only care

Effective from **March 19 through September 30, 2020**, Anthem's affiliated health plans will cover telephonic-only visits with **in-network** providers. Out-of-network coverage will be provided where required. This includes covered visits for mental health or substance use disorders and medical services, for our fully-insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. Cost shares will be waived for in-network providers only. Self-insured plan sponsors may opt out of this program.

Details are on the [Anthem coronavirus webpage](#).

Cigna

As federal guidelines continue to evolve in support of the COVID-19 pandemic, Cigna is adopting a position consistent with the federal public health emergency period, which ends on July 24, 2020. As such, **Cigna is extending the customer cost-share waivers and other enhanced benefits, including our interim virtual care policy, through at least July 31, 2020.**

The guidelines on this page also apply to customers with individual and family plans (IFPs). Additionally, on June 1, 2020, Cigna [announced](#) that Cigna Medicare Advantage and Cigna individual and family plan plans will waive customer cost-share for certain non-COVID-19 services. The news release also announced that Cigna Medicare Advantage is extending all cost-share waivers through the end of 2020, while **Cigna IFP will extend these cost-share waivers through the end of the public health emergency period, currently July 31, 2020.**

Please note that all other commercial plans (i.e., employer-sponsored plans) continue to have customer cost share for non-COVID-19 services, and cost-share waivers for COVID-19 services are still scheduled to end at the end of the public health emergency period, currently July 31, 2020.

### UHC's coverage for telehealth continues

For **Medicare Advantage** members... in-network telehealth services provided through live **interactive audio-video** can be billed for members at home or another location **through Sept. 30, 2020.**

**Audio-only:** In accordance with CMS fee schedule changes for audio-only codes, providers will continue to be reimbursed for audio-only visits at the rate they would receive for audio-video or in-person codes. CMS rates for audio-only telephonic evaluation and management (E/M) codes, as well as virtual check-ins (which may be done by telephone) and e-visits for established patients, are being adjusted retroactively for dates of service on or after March 1, 2020.

Audio-only visits and other services not requiring video technology include:

- **Audio-only (telephone) E/M services (CPT codes 99441-99443).**
- Online digital E/M services/e-visits (CPT codes 99421-99423 and HCPCS codes G2061-G2063).
- Virtual check-ins (HCPCS codes G2010 and G2012).

Please note that Medicare Advantage provider and member incentive programs will not include encounters that are audio only and will require telehealth visits that use live, interactive audio and visual elements.

### UHC commercial

	COVID-19	Non-COVID-19

In Network	For in-network telehealth services, UnitedHealthcare is waiving cost share <b>through Sept. 30, 2020</b> , for COVID-19 visits.*	For in-network telehealth services, UnitedHealthcare is waiving cost share <b>through Sept. 30, 2020</b> , for non-COVID-19 visits.*
Out of Network	For out-of-network telehealth services, UnitedHealthcare is waiving cost share <b>through July 24, 2020</b> , for COVID-19 visits.	For out-of-network telehealth services, cost share waiver does not apply.

Details are on the [UHC coronavirus webpage](#).

**COVID-19 diagnostic laboratory tests**

- Use CPT code 99211 to bill for assessment and collection provided by clinical staff as an incident to service, unless another evaluation and management (E/M) code is billed on the same day for concurrent services. This applies to all patients, not just established patients.
- Submit the CS modifier with 99211 (or other E/M code for assessment and collection) to waive cost sharing.
- Contact your Medicare administrative contractor if you did not include the CS modifier when you submitted 99211, so they can reopen and reprocess claims.
- Medicare will automatically reprocess claims billed with 99211 that denied due to place-of-service edits.

**CPT update for COVID-19 antigen tests**

Code 87426 is intended for use as the industry standard for accurate reporting and tracking of antigen tests using immunofluorescent or immunochromatographic technique for the detection of biomolecules produced by the SAR-CoV-2 virus.

The long descriptors, short and medium descriptors can be accessed on the [AMA COVID-19 billing and coding guidance webpage](#).