



Claims Payment Policy

Subject: COVID-19 Telehealth and Other Virtual Services

Application: Medicare Advantage plan

Published date: 04/17/2020

Revision date: 5/29/2020

Disclaimer: The intended audience of this medical claims payment policy is health care providers who treat CarePlus members. This policy is made available to provide information on certain CarePlus claims payment policies. This policy is a guideline only and does not constitute medical advice, guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy does not govern whether a procedure is covered under a specific member plan or policy, nor is it intended to address every claim situation. Claims may be affected by other factors, such as: state and federal laws and regulations, provider contract terms, and our professional judgment. This policy is subject to change or termination by CarePlus. CarePlus has full and final discretionary authority for its interpretation and application. No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise without express written permission from CarePlus. When printed, this version becomes uncontrolled.

Overview

The 2019 novel coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), causes the disease known as coronavirus disease 2019 (COVID-19). In response to the increased spread of COVID-19, CarePlus announced expanded access to *telehealth* and other virtual services such as virtual check-ins, e-visits and telephone evaluation and management (E/M) services.

This policy outlines CarePlus' billing expectations and reimbursement for *telehealth* and other virtual services during the COVID-19 Public Health Emergency (PHE).

[Medicare Advantage Payment Policy](#)

[Definitions of *Italicized* Terms](#)

[References](#)

[General CarePlus Resources](#)

Medicare Advantage Payment Policy

In addition to the policy, claims payments are subject to other plan requirements for the processing and payment of claims, including, but not limited to, requirements of medical necessity and reasonableness and applicable referral or authorization requirements.

The following policy applies only to professional services rendered during the COVID-19 PHE. This guidance will not necessarily apply beyond the PHE.

This policy is based on federal and state guidance published as of May 29, 2020. This policy is subject to change as such guidance changes.

PHE Telehealth and Other Virtual Services Coverage Criteria

CarePlus Medicare Advantage (MA) plans allow *telehealth* and other virtual services as follows:

- The CarePlus member is not required to be located in a rural or other specific area of the United States.
- The CarePlus member may access the service from their home.
- The CarePlus member does not need to be an established patient of the provider.
- The provider must satisfy applicable federal and state qualified health care practitioner requirements including, but not limited to, licensure, certification and registration requirements.
- Services that must ordinarily be furnished face-to-face can be provided using only audio only if those services can be provided without video and only if it is impossible to use video to provide that specific service.
- Other plan coverage rules and limitations, including medical necessity, still apply.

Unless prohibited by applicable federal or state statute or regulation, CarePlus plans allow *telehealth* and other virtual services if it is medically appropriate to furnish the service via telecommunications-based technology, the service is coverable by the plan, and all applicable coding requirements are satisfied.

A procedure code for a medical discussion should not be used to report a service if no medical discussion occurred, and time spent discussing administrative or other non-medical matters should not be included in calculating medical discussion time.

Note: CarePlus MA plans are applying the same coverage-related waivers to *Original Medicare telehealth services* that the Centers for Medicare & Medicaid Services (CMS) has announced in response to the COVID-19 PHE. See the relevant guidance from CMS on these waivers available in the [References](#) section of this policy.

PHE Waivers

In response to the increased spread of COVID-19, CarePlus is making the following waivers to claims processing for *telehealth* and other virtual services. These waivers are subject to change at any time, without notice, at CarePlus' sole discretion. These waivers apply to services covered under individual and group MA, fully-insured commercial and Medicare supplement plans. They do not necessarily apply to services covered under a self-insured commercial plan.

Telehealth Waivers Effective March 6, 2020

- CarePlus is reimbursing 100% of either the contracted rate or *base maximum* amount payable under the member's plan for a covered *telehealth* or other virtual service outlined in this policy rendered by an in-network provider. This includes any *member cost-sharing* that would have otherwise applied.
- CarePlus is reimbursing an office visit furnished via *telehealth* by an in-network practitioner at the same rate as an in-person office visit.

To enable such claims processing, CarePlus requires a provider to submit a charge for a *telehealth* service with the place of service (POS) code that would have been reported had the service been furnished in person. In addition, CarePlus requires a provider to report a *telehealth* or other virtual service with *modifier 95* to identify that the service was furnished via telecommunications-

based technology. If a provider has already submitted a claim to CarePlus, before the publication of this policy, for a *telehealth* service provided during the PHE with *POS code 02*, it is not necessary to submit a corrected claim; for such claims, CarePlus will apply waivers and calculate reimbursement as stated in this policy to such claims. Similarly, if a provider has already submitted a claim to CarePlus, before the publication of this policy, for a virtual service provided during the PHE without *modifier 95*, it is not necessary to submit a corrected claim; for such claims, CarePlus will apply waivers as stated in this policy to such claims

COVID-19-Related Waiver, Effective February 4, 2020, that affects Telehealth and Other Virtual Services

- CarePlus is also reimbursing 100% of either the contracted rate or *base maximum* amount payable under the member's plan for a covered service, including a *telehealth* or other virtual service, rendered by an in-network or out-of-network provider, billed with a COVID-19 related diagnosis code. This includes any *member cost-sharing* that would have otherwise applied.

Definitions of *Italicized Terms*

- ***Base maximum amount payable under the member's plan:*** The maximum amount of reimbursement for a covered expense, determined by the member's plan. Depending on the plan, this may be the maximum allowable fee, the appropriate Medicare fee schedule rate or an amount derived from another payment model. Actual plan reimbursement may be less than this base maximum amount, because of applicable adjustments.
- ***Member cost-sharing:*** Any portion of the amount allowed for a covered service that the member must pay the provider, including deductible, co-pay, and coinsurance.
- ***Original Medicare telehealth services:*** Telehealth services covered by Original Medicare under Section 1834(m) of the Social Security Act.
- ***Place of service (POS) code 02:*** The location where health services and health related services are provided or received, through a telecommunication system.
- ***Telehealth:*** A means to deliver health care services to a patient at a different physical location than the health professional using electronic information or telecommunications technologies consistent with applicable state and federal law. Telehealth services include telemedicine services and are also known as virtual visits. A service that can be delivered without any direct communication between the provider and the patient is not a telehealth service, even if the provider uses electronic communications to deliver that service. For example, the interpretation and report of a magnetic resonance imaging (MRI) scan by a radiologist is not a telehealth service, because it is possible to provide the service without direct communication between the patient and the radiologist or someone acting for the radiologist, even if electronic communication is used to transmit the interpretation and report.

References

- Centers for Medicare & Medicaid Services website. [Coronavirus \(COVID-19\) Partner Toolkit](https://www.cms.gov). <https://www.cms.gov>.
- Centers for Medicare & Medicaid Services website. [Coronavirus Waivers & Flexibilities](https://www.cms.gov). <https://www.cms.gov>.
- Centers for Medicare & Medicaid Services website. [Current Emergencies](https://www.cms.gov). <https://www.cms.gov>.
- Centers for Medicare & Medicaid Services website. [MLN Matters® Number: SE20011 Revised](https://www.cms.gov). <https://www.cms.gov>.
- Centers for Medicare & Medicaid Services website. [Medicare Telemedicine Health Care Provider Fact Sheet](https://www.cms.gov). <https://www.cms.gov>.
- Centers for Medicare & Medicaid Services website. [Medicare Telehealth Frequently Asked Questions \(FAQs\)](https://edit.cms.gov). <https://edit.cms.gov>.
- Centers for Medicare & Medicaid Services website. [List of Telehealth Services](https://www.cms.gov). <https://www.cms.gov>.
- Centers for Medicare & Medicaid Services website. Medicare Learning Network. [Telehealth Services](https://www.cms.gov). <https://www.cms.gov>.
- Centers for Medicare & Medicaid Services website. [Place of Service Code Set - Place of Service Codes for Professional Claims](https://www.cms.gov). <https://www.cms.gov>.
- Centers for Medicare & Medicaid Services HCPCS Level II and associated publications and services.

Claims Payment Policy

Subject: COVID-19 Telehealth and Other Virtual Services

- Centers For Disease Control And Prevention website. [International Classification of Diseases, Tenth Revision, Clinical Modification \(ICD-10-CM\)](https://www.cdc.gov). <https://www.cdc.gov>.
- CarePlus Coronavirus website. CarePlus Health Plans Coronavirus
- CarePlus Telehealth website. CarePlus Telehealth
- CarePlus Telehealth FAQ's for Providers website. Telehealth FAQs for CarePlus
- American Medical Association's CPT® and associated publications and services.
- World Health Organizations International Classification of Diseases, 10th Revision, Clinical Modification and associated publications and services.

General CarePlus Resources

- [Availability](#) – Providers can register for access to information on a variety of topics such as eligibility, benefits, referrals, authorizations, claims and electronic remittances.
- [Education and news](#) – This page can help you find clinical guidelines, educational tools, Medicare and Medicaid resources, and other resources to help you do business with us.
- [Medical and pharmacy coverage policies](#) – CarePlus publishes determinations of coverage of medical procedures, devices and medications for the treatment of various conditions. There may be variances in coverage among plans.