

Frequently Asked Questions: Coverage of Telehealth Services for COVID-19 and Other Treatment

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This document provides answers to Frequently Asked Questions about telehealth in the Commonwealth during the COVID-19 pandemic. It is divided into two sections: (I) Massachusetts requirements; and (II) Medicare requirements.



I. Massachusetts Requirements

On March 15, Governor Baker issued an [order regarding telehealth](#), which has been implemented through various guidance documents summarized here.

Which insurers must follow Massachusetts state orders on telehealth?

- All commercial health insurers offering coverage on the MA Health Connector
- MassHealth (Medicaid)
- The Group Insurance Commission (Commonwealth employees)

Approximately 55% of the Massachusetts population is covered by employer-sponsored health plans, which are regulated by the federal government and are therefore not subject to state-level rules or the company policies described below. We do not have information on the telehealth coverage policies of each employer-sponsored plan, and therefore recommend confirming coverage for each patient covered by an employer plan.

What COVID-19 related services are covered when delivered via telehealth?

All medically necessary COVID-19 treatment delivered via telehealth by in-network providers must be covered by insurers. This includes any remote testing, diagnosing, counseling, and treatment services for COVID-19.

What cost-sharing (out-of-pocket costs) and other requirements can private insurers establish for COVID-19 treatment delivered via telehealth?

Insurers must provide COVID-19-related telehealth services with no deductibles, coinsurance, or copayments. [DOI Bulletin 2020-02](#) provides the guidelines for determining what COVID-19 treatment is medically necessary (and therefore eligible to be covered as an in-network telehealth service with no cost-sharing).

Insurers may not require prior authorization: doctors do not need to get approval from the insurer before providing COVID-19 treatment.

Do insurers have to cover other, *non*-COVID-19 treatment delivered via telehealth?

Yes. During Governor Baker's emergency declaration, all insurers must allow in-network providers to deliver medically necessary services via telehealth. This applies to all covered, in-network services that may be clinically appropriate when provided via telehealth. Examples include medical doctor, behavioral health, and non-physician care which do not require in-person treatment of a patient. Note that the requirement to allow delivery of services via telehealth only applies to covered benefits. In other words, if a specific in-person service is not usually covered, it will also not be covered as a telehealth service.

What requirements can private insurers establish for *non*-COVID-19 treatment delivered via telehealth?

Insurers may not require prior authorization for a telehealth service that would not apply to the same in-person service; if a doctor does not need insurer approval before providing an in-person service, they do not need to get approval for the equivalent telehealth service.

Additionally, insurers may not limit the specific technologies used to deliver telehealth services, including audio-only/telephone services. A MassHealth provider resource concerning telephone and internet use for telehealth services is available [here](#).

What are the insurer reimbursement rates for telehealth services?

Unless insurers have existing agreements with a provider regarding reimbursement for telehealth services, insurers must reimburse for telehealth services at least at the same rate as for the in-person service. This minimum reimbursement obligation does not include facility fees related to the provision of telehealth services.

MassHealth reimburses the same amount for telehealth services as it would for the equivalent in-person service. MassHealth will reimburse distant site facility fees (related to the telehealth provider’s physical location or equipment) if such a fee is permitted under the provider’s governing regulations or contracts.

What are the telehealth coverage policies of specific insurance companies?

The table below provides an overview of insurer policies on coverage and cost-sharing for telehealth. For more information on coverage and billing requirements, please see the [Massachusetts Medical Society’s COVID-19 Billing Guidelines for Telehealth Service](#) (current as of March 24, 2020) and view the carrier policies linked below.

Insurer	COVID-19 Telehealth Covered	Zero Cost-Sharing for COVID-19 Telehealth	Other Telehealth Covered	Zero Cost-Sharing for Non-COVID-19 Telehealth
Aetna	✓	✓	✓	✓
AllWays Health Partners	✓	✓	✓ members age 2+	✓
Blue Cross Blue Shield	✓	✓	✓	✓
BMC HealthNet	✓	✓	✓	✓
Cigna	✓	✓ “screenings” only	✓	✓
Fallon Health	✓	✓	✓	✓ except high deductible plans
Harvard Pilgrim	✓	✓	✓	✓
Health New England	✓	✓	✓	✓
Tufts Health Plan	✓	✓	✓	✓
United Health Care	✓	✓	✓	✓

II. Medicare

What Medicare services can be provided via telehealth under the COVID-19 emergency declaration?

The Center for Medicare & Medicaid Services (CMS) has a list of Medicare services that are normally provided in-person that may be provided via telehealth, [available here](#). These services include evaluation and management visits (office visits), mental health counseling, preventive health screenings, emergency department visits, and home visits. There are three main types of virtual services that can be provided to Medicare beneficiaries: Medicare telehealth visits, virtual check-ins, and e-visits. Details on each type of visit, including billing codes, are [available here](#).

Which providers may deliver Medicare telehealth services?

Physicians and certain non-physician practitioners including nurse practitioners, physician assistants, and certified nurse midwives may provide Medicare telehealth services during the public health emergency. Other practitioners—for example certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals—may also furnish services within their scope of practice and consistent with Medicare benefit rules.

Home Health Agencies can provide more services to beneficiaries using telehealth, so long as such services are part of the patient's plan of care and do not replace in-person visits as ordered by the plan of care. Hospice providers can also provide routine home care via telehealth, so long as it is feasible and appropriate to do so.

Are Medicare telehealth services only limited to services related to COVID-19?

No. CMS is increasing telehealth flexibility for all Medicare beneficiaries.

Note that CMS has provided additional information on telehealth for [patients with ESRD](#) and [patients in long term care nursing home settings](#).

What are the payment rates for Medicare telehealth services?

Medicare pays the [same amount](#) for telehealth services as it would for the equivalent in-person service. Where rates differ by setting (doctor's office vs. hospital/facility), Medicare will pay the lower, facility rate for services furnished via telehealth.

What is the cost-sharing for Medicare telehealth services?

The expansion of telehealth services does not change cost-sharing for beneficiaries: individuals remain liable for their deductible and coinsurance.

Will CMS enforce an established/prior relationship requirement?

No. For telehealth claims submitted during the public emergency, HHS will not require that there was a patient-provider relationship before the telehealth services were provided.

Is there an "originating site" requirement for Medicare telehealth?

No. CMS is temporarily waiving the requirement that telehealth services be provided when the beneficiary is in a physician's office or healthcare facility. This allows Medicare to pay for telehealth services when beneficiaries are in any location, including their homes.

Do providers need to use specific technology for Medicare telehealth services?

No. The HHS Office for Civil Rights (OCR) is relaxing federal patient privacy laws and regulations (i.e., HIPAA requirements) for providers that serve patients in good faith using everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. A major limit on this flexibility, however, is public-facing communication applications, such as Facebook Live, TikTok, and Twitch.