



New Telehealth Policies Expand Coverage for Healthcare Services

Date: 05/18/20

In order to ensure that all of our members have needed access to care, we are increasing the scope and scale of our use of telehealth services for all products for the duration of the COVID-19 emergency. These coverage expansions will benefit not only members who have contracted or been exposed to the novel coronavirus, but also those members who need to seek care unrelated to COVID-19 and wish to avoid clinical settings and other public spaces.

Effective immediately, the policies we are implementing include:

- Continuation of zero member liability (copays, cost sharing, etc.) for care delivered via telehealth*
- Any services that can be delivered virtually will be eligible for telehealth coverage
- All prior authorization requirements for telehealth services will be lifted for dates of service from March 17, 2020 through July 25, 2020
- Telehealth services may be delivered by providers with any connection technology to ensure patient access to care

**Please note: For Health Savings Account (HSA)-Qualified plans, IRS guidance is pending as to deductible application requirements for telehealth/telemedicine related services.*

Providers who have delivered care via telehealth should reflect it on their claim form by following standard telehealth billing protocols in their state. For further billing and coding guidance for telehealth services, we recommend following what is being published by:

- [Centers for Medicare and Medicaid \(CMS\)](#)
- [Department of Health and Human Services \(HHS\)](#)
- [American Medical Association \(AMA\)](#)

We believe that these measures will help our members maintain access to quality, affordable healthcare while maintaining the CDC's recommended distance from public spaces and groups of people.

This guidance is in response to the current COVID-19 pandemic and may be retired at a future date.

