



Health Alliance FLASH: Supplement to 3/24 COVID-19 Email

March 27, 2020

This notice is intended to supplement the “Important COVID-19 Updates” email sent this past Tuesday, March 24, in which Health Alliance and Health Alliance Northwest announced the temporary broadening of telehealth codes to cover additional services, including behavioral health therapy, in response to the COVID-19 pandemic. As the prior email indicated, telehealth services should be properly coded with the appropriate procedure code (CPT or HCPCS) and with a Place of Service Code of 02 (Telehealth). **However, although Tuesday’s email requested that providers include a modifier of -95, -GQ or -GT, we will temporarily accept these *newly-covered* telehealth services without the applicable modifier during the COVID-19 pandemic.** Please note that for telehealth services already previously covered by our plans, existing requirements remain in place.

Please also note that these developments are, in many cases, temporary and subject to change in light of additional federal, state and industry directives and guidance. Additionally, these developments may not apply to all self-funded plans, since coverage specifics vary by employer.

Below is the text of Tuesday’s email, with the detailed listing of the telehealth codes we are now temporarily accepting from authorized providers. Thank you for your continued care, concern and service for our members during this public health emergency.

Health Alliance and Health Alliance Northwest are temporarily broadening our telehealth codes to cover additional services, including behavioral health therapy, in response to the COVID-19 pandemic. This has been effective as of March 6 for our Medicare Advantage and Medicare Supplement plans, and as of March 19 for our fully-insured commercial plans, and will continue for the duration of the COVID-19 public health emergency. All of the following telehealth services should be coded by the procedure code (CPT or HCPCS), and with a Place of Service Code

02 (Telehealth). We will now temporarily accept the following additional telehealth codes from authorized providers:

90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90847, 98966, 98967, 98968, 98970, 98971, 98972, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99421, 99422, 99423, 99441, 99442, 99443, G0406, G0407, G0408, G0425, G0426, G0427, G2010, G2012, G2061, G2062, G2063

Please note: all the above codes are temporarily covered unless otherwise specified in your provider agreement.

In addition to expanding coverage to additional services, we will also temporarily cover the full cost or waive in-network requirements for members on some of our plans.* We recognize the advantages of telehealth services during this unique time, as they let members access certain types of care without having to visit the hospital or doctor's office, where there might be greater risk of contracting COVID-19.

As before, we invite our provider network to visit our [COVID-19 webpage](#) for up-to-date information about the illness, our response and questions about coverage.

*** For Illinois fully-insured, Short-Term, Federal Employees Health Benefits (FEHB), State of Illinois Active and State of Illinois MAPD plans:** we are temporarily offering telehealth visits with in-network providers at no cost to our members. **For Medicare Advantage and Medicare Supplement plans:** members can temporarily see providers via telehealth at in-network cost sharing levels, whether the provider is in their network or not. For Medicare Advantage this is an expanded list offered under the temporary guidance that has been added to the already covered telehealth codes. **For Washington and Iowa fully-insured plans:** we are temporarily covering the expanded telehealth services with cost sharing for in-network services. Please note that IRS guidelines require the application of a deductible for **HSA-eligible high deductible health plans**. Coverage specifics for **self-funded plans** vary by employer. If members have any questions about coverage, you can direct them to call the number on the back of their member ID card.