All answers are intended for education and training purposes only. None of the information below should be construed as legal advice or a guarantee of payment.

The below questions were submitted during the 2020 PES Virtual Payer Panel. Information will be added as it becomes available.

1. Are there modifiers that can be used for Mental Health claims with multiple services on the same day? If so, what are they, and are these modifiers used across the board for every insurance?
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** Modifier 25 policy is available on Cignaforhcp.com along with a list of allowed/disallowed codes and documentation requirements.
    - **DMBA:** We don't generally tell providers how to bill and how to use modifiers. There are many helpful tools online that guide appropriate billing.
    - **PEHP:** We don't have a modifier they need to bill with. What would be expected is to bill appropriate mental health add-on codes when more than one is used on a date of service. For example, we may see a 90785 billed as an add-on to 90792.
    - **U of U:** Please follow coding guidelines.
    - **United:** Behavioral Health is delegated to Optum Behavioral Health. OBH portal https://www.providerexpress.com/content/ope-provexpr/us/en.html.
2. How do I get paid for CPT code 99203? Do I need to use a modifier?
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** Cigna partners with American Specialty Health Network to manage the Chiro network. Please reach out to ASHN for more information.
    - **DMBA:** We don't generally tell providers how to bill and how to use modifiers. There are many helpful tools online that guide appropriate billing.
    - **PEHP:** This is based on correct coding edits. This code may be considered inclusive to other codes billed. Modifier 25 can be used to indicate a "significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service", but it's still subject to review. This code is also only appropriate to bill for a new patient.
    - **U of U:** U of U Health Plans will allow procedure 99203 once every 3 years.
    - **United:** Contracts and services for Chiropractors are delegated to Optum Physical Health (OPH). Their network team can be reached at: network_physicalhealth@optum.com or call 1-800-873-4575. Questions around this should be directed here.

3. Why are OT and ST visits combined?
    - **Aetna:** This really depends on the provider's contract. As a rule, we do not combine OT & ST. Most of our contracts reimburse for the different therapy disciplines, but there may be some contracts that pay only 1 per day regardless of the discipline with a limit of 4 modalities per day.
    - **Cigna:** Visit limits and max are determined by the client.
    - **DMBA:** DMBA does not combine these.
    - **PEHP:** Occupational Therapy and Speech Therapy visits have separate copays and should be billed separately if provider is providing both services. Speech Therapy has a separate plan limit, while occupational therapy and physical therapy limits are combined for most of our groups.
    - **U of U:** Rehabilitation services are a combined benefit in the member's SPD.
    - **United:** I do not have enough information to answer this question. Optum Behavioral Health or UHC would have to research, but more detail or an example is needed.
4. What are payers' modifier rules for vaccines? Sometimes they pay if we don't include the 25 modifier with vaccines and sometimes they do.
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** We do not require this modifier.
    - **PEHP:** An E&M code billed in conjunction with vaccines could potentially be appropriate to bill with modifier 25 assuming it was for a "significant, separately identifiable evaluation and management". This is dependent on diagnosis and may require records to support modifier 25.
    - **U of U:** We have a -25 modifier policy on our website. Modifier -25 is not required when billing a preventive visit with immunizations.
    - **United:** Please refer to UHCProvider.com for reimbursement policies and procedures.
5. What are the modifier rules when a patient comes in for a well check and we do vaccinations?
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** See our Preventive Care Policy; routine immunization codes are listed and do not need a modifier.
    - **DMBA:** We don't generally tell providers how to bill and how to use modifiers. There are many helpful tools online that guide appropriate billing.

- **PEHP:** An E&M code billed in conjunction with vaccines could potentially be appropriate to bill with modifier 25 assuming it was for a "significant, separately identifiable evaluation and management". This is dependent on diagnosis and may require records to support modifier 25.
- **U of U:** Modifier -25 is not required when billing a preventive visit with immunizations.

6. Which modifiers should be used when there is a sick visit and a well visit done in the same day (i.e. we send a 99213 and 99393)?
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** POLICY - Preventive Medicine Evaluation and Management Service and Problem Based Evaluation and Management Service on the Same Day. When the above criteria are met, Cigna will provide reimbursement at:

        100% of the fee schedule or other allowed amount for the Preventive Medicine E/M Service • 50% of the fee schedule or other allowed amount for the Problem Based E/M Service

        In addition:

        Modifier 25 must be appended to the Problem Based E/M Service

        Modifier 25 must also be appended to the Preventive E/M service when billed with other minor procedures such as injection and IV hydration codes, if the preventive visit is separate and distinct from the minor procedure.
    - **DMBA:** We don't generally tell providers how to bill and how to use modifiers. There are many helpful tools online that guide appropriate billing.
    - **PEHP:** Modifier 25 can be used to indicate a "significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service". This is dependent on diagnosis and may require records to support modifier 25.
    - **U of U:** “ICD-10-CM strictly limits the circumstances under which a provider may report a same-day preventive visit and sick visit for the same patient. If the patient is symptomatic on arrival for a preventive visit, per ICD-10-CM guidelines, the visit no longer qualifies as a preventive encounter. A sick visit may be billed, but the preventive visit should be rescheduled.” https://www.aapc.com/blog/35667-icd-10-restricts-same-day-sick-and-well-visits/
    - **United:** Please refer to UHCProvider.com for reimbursement policies and procedures.

7. What are the modifier rules for well visits when a child comes in and is sick or it turns into an ADHD visit?

- **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
- **Cigna:** Bill the code associated with the ADHD screening. Covered when medically necessary when used to report preventive care screenings and interventions, are not for treatment of illness or injury, and when billed with a designated wellness diagnosis code.
- **DMBA:** We don't generally tell providers how to bill and how to use modifiers. There are many helpful tools online that guide appropriate billing.
- **PEHP:** Modifier 25 can be used to indicate a "significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service". This is dependent on diagnosis and may require records to support modifier 25.
- **U of U:** You should bill according to the documentation in the chart notes.
- **United:** Please refer to UHCProvider.com for reimbursement policies and procedures.

8. What are the modifier rules for when a patient comes in for a sick check and the provider does any labs?
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** No modifier is necessary.
    - **DMBA:** We don't generally tell providers how to bill and how to use modifiers. There are many helpful tools online that guide appropriate billing.
    - **PEHP:** We are not aware of any.
    - **U of U:** Follow coding guidelines.
    - **United:** Please refer to UHCProvider.com for reimbursement policies and procedures.
9. When clients have reached their out of pocket limits, is the client responsible for any charges?
    - **Aetna:** It depends on the member's benefit plan and which service is being rendered (i.e. is it a covered service?).
    - **Cigna:** Patient accumulators can be viewed from the provider portal. If Out Of Pocket (OOP) has been met, this will show as met. Per contract, providers can only bill patients for copay, coinsurance and deductible. Patient responsibility is provided on the EOP.
    - **DMBA:** They are still responsible for their copay, deductible, and denied services.
    - **PEHP:** Yes, the member is responsible for any charges that exceed their maximum plan limits, services that are not covered in their plan, balance billing when the

member is seeing an out-of-network provider, and any non-covered service/equipment.

- **U of U:** Once a member's out of pocket is met, claims are paid at 100% of the allowable. Patient may be responsible for non-covered items.
- **United:** Is this in reference to the member benefit for maximum out of pocket or benefit limit? More detail is needed to answer this question.

10. Is your health plan going to be changing the reimbursement for Evaluation & Management (E&M) in conjunction with the CMS fee schedule changes for 2021?
    - **Aetna:** This is under review with Aetna.
    - **Cigna:** This is under review.
    - **DMBA:** This has not been discussed yet, it will happen in late 2020.
    - **PEHP:** We don't know yet.
    - **U of U:** U of U Health Plans is not planning to change reimbursement for E&Ms with the 2021 CMS fee schedule changes. If the information changes, it will be posted in the Provider Connection Newsletter or on our website.
    - **United:** Providers/Provider groups will need to refer to their contract. This is dependent on the terms per their contract.
11. Is your health plan covering Depression screening done with any E&M, or is it limited to only certain types of E&Ms?
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** No limitations; bill for screenings as standard.
    - **DMBA:** We cover the depression screening with E/M's , well child visits, and routine physicals.
    - **PEHP:** We would need code examples to answer this question.
    - **U of U:** For Depression screenings we follow the USPSTF guidelines https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations and would be subject to NCCI edits.
    - **United:** Please refer to UHCProvider.com for reimbursement and coverage policies and procedures.
12. Does your plan have scope of practice edits in place for denial of certain types of tests or services?
    - **Aetna:** This would be dependent upon the specific codes that are being billed as well as the physicians license. This can also be dependent upon the plans that the member is under and the coverage associated for the services.
    - **Cigna:** Yes, see relative service policy available on cignaforhcp.com as edits will vary.

- **PEHP:** We need more specifics for this question.
- **U of U:** We follow NCCI edits.
- **United:** I would need further elaboration on the question. Is this in reference to providers practicing within the scope of their licensure?

13. What should a provider do when a client had a primary insurance, then got Medicare, and now the primary insurance isn't paying?
    - **Aetna:** The claim needs to be submitted to the insurance that is considered as primary. If the Medicare plan becomes primary based on our coordination of benefits rules, then the claims would be required to go through Medicare first and then commercial insurance as secondary.
    - **Cigna:** An appeal is not necessary for Cigna. This should be handled by Customer Service.
    - **DMBA:** With DMBA, Medicare will always be primary and should pay first. We would then pay as a secondary once we receive the MSN and coordination of benefits have been established.
    - **U of U:** Need more information to answer this question.
    - **United:** Unable to answer. Specific issue would need to be reviewed.
14. Crossover claims – how do you know when a claim will cross over automatically (or has already)?
    - **Aetna:** Medicare crossover is based on the member's plan and if they have opted to enroll in this process. The provider would need to outreach to Aetna to verify on an individual basis.
    - **Cigna:** Crossover claim acceptance can be viewed from our provider portal or by calling CS.
    - **PEHP:** Provider should follow up with Medicare. PEHP receives Medicare COB claims directly from Medicare. You shouldn't need to submit Medicare COB claims directly to PEHP. Medicare COB claims sent to PEHP before 30 days from the day Medicare paid the claim will automatically be rejected. We recommend you wait 10 days from the time Medicare made the payment to check claims status online.
    - **U of U:** U of U Health Plans is not set up for automatic crossover from Medicare.
    - **United:** Providers/Provider groups can check claim status through Link.
15. [Payers] want us to get benefits information online, but when we go online it doesn't tell us if physical therapy requires an authorization. So, we have to call; but when we call, they want us to use the online feature. Will insurance companies start putting if an authorization is needed when we look online?
    - **Aetna:** Dependent on the plan the member is enrolled in. It is always advisable to log into Availity and utilize our precert tool. Be sure to review our Clinical Policy Bulletins to determine if limitation apply. We also suggest you call our Provider

Service Center to verify member benefits and allowances. They can be reached at 888-632-3862.

- **Cigna:** All procedures that require auth are listed on the Cigna master Precert List available on Cignaforhcp.com.
- **DMBA:** DMBA does not require authorization for PT.
- **PEHP:** Our secured provider portal does have a Fee Schedule Lookup for contracted providers, and it does show whether each code requires a Preauthorization or not.
- **U of U:** U of U Health Plans website has a list of the medical and pharmacy services that require prior authorization.
- **United:** Preauthorization requirements can vary by plan. The best way to check if preauthorization is required is by going into the specific member plan and link over to see if preauthorization is required for the specific services being provided.

16. How can providers get accurate information about policy changes faster?
    - **Aetna:** Aetna.com and subscribe to the Quarterly Newsletters. Policies are not changed without notification. https://www.aetna.com/health-care-professionals/newsletters-news.html.
    - **Cigna:** All policies are available on web site. Access frequently for updates.
    - **DMBA:** We are always working to improve this process. When our provider portal comes out, we will be able to disseminate these changes more effectively.
    - **PEHP:** Many updates can be found on the PEHP Provider Portal at https://www.pehp.org/providers.
    - **U of U:** U of U Health Plan policies are on the website. The Provider Connection Newsletter publishes new policies for review and input on a quarterly basis.
    - **United:** I would recommend signing up for the UHC Network Bulletin on UHCProvider.com. You will receive monthly updates and policy changes.
17. What is your process or software to keep track of the numerous panel expirations and follow ups?
    - **Aetna:** If it has to do with Credentialing, they can utilize CAQH for reminders.
    - **PEHP:** To find PEHP's information about your office, you can look up our provider directory or log into your secured provider portal. There you will find on the Main Menu of each provider their participating networks listed with effective date and term date, if applicable. If there is any incorrect information, contact your PEHP Provider Relations Specialist in order to update all demographic information, when adding a new provider to an office or terming a provider.
    - **Cigna:** Recredentialing cycles are every 3 years, and Cigna uses CAQH.
    - **U of U:** U of U Health Plans will contact your credentialing staff when providers are up for recredentialing if additional information is needed. We use CAQH and Verisys.
18. What departments oversee ABA and how can we get their direct contact information?

- **Aetna:** For benefits information you would outreach to the Provider Contact Center 888-632-3862 for Commercial Plans and 800-624-0756 for Medicare. For pre-authorizations for the services you would outreach to the Patient Management Team.
- **Cigna:** Cigna Behavioral at 877.279.7603.
- **DMBA:** Reach out to your provider rep to discuss this further.
- **PEHP:** Our Provider Relations Specialists oversee ABA providers in their service areas, which are listed on our website.
- **U of U:** Utilization Management, 1-888-271-5870 Option 2.
- **United:** Behavioral Health is delegated to Optum Behavioral Health. OBH portal https://www.providerexpress.com/content/ope-provexpr/us/en.html.

19. What is the best place to find the rules and guidelines for ABA services?
    - **Aetna:** http://www.aetna.com/cpb/medical/data/500_599/0554.html.
    - **Cigna:** Cigna Behavioral at 877.279.7603.
    - **DMBA:** Reach out to your provider rep or contact Customer Service at 801-578-5600.
    - **PEHP:** Providers can log into the Provider Portal and access the Medical Master Policy and our Clinical Policies.
    - **U of U:** https://www.bacb.com/wp-content/uploads/CPT_SupplementalGuidance190109.pdf.
    - **United:** Behavioral Health is delegated to Optum Behavioral Health. OBH portal https://www.providerexpress.com/content/ope-provexpr/us/en.html.
20. Is there a way to improve communication to 1) make it clear when there is an error and 2) what providers need to do to fix errors?
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** Contact provider services at 800.882.4462 or you can submit update directly to Intake_PDM@cigna.com or from our online directory at Cigna.com or from our provider portal at cignaforhcp.com
    - **DMBA:** Our EOB/EOPs have denial explanation codes that can be given to our Customer Service for more information. They can assist further.
    - **PEHP:** When logged into the secure provider portal, PEHP has an EDI Claim Acknowledgment link that will allow providers to search for claims and see if the claim has been rejected and what needs fixing.
    - **U of U:** Providers will receive 277CA transactions with generic error messages when a claim is rejected. If the message is unclear, providers will need to call customer service.

21. Any recommendations for small businesses that have contracts and are looking to renegotiate fees?
    - **Aetna:** Submit your request through our Provider Service Center and your contract will be reviewed by our Network.
    - **Cigna:** Contact Provider Services at 800.882.4462.
    - **DMBA:** Reach out to your provider rep to discuss this further.
    - **PEHP:** PEHP uses community fee schedules with our provider network. We adjust our fees on a yearly basis in July and will provide notice to our providers in May of those changes. The adjustments are applied uniformly to all the providers on our community fee schedules. Therefore, we do not renegotiate fees.
    - **U of U:** U of U Health Plans has a community fee schedule for our Healthy Premier and Healthy Preferred networks. You can contact our contracting department to confirm that you are on the community fee schedule at providercontracting@hsc.utah.edu.
    - **United:** Please contact your Network Account Manager for fee schedule increase requests. If I have a name/TIN of the provider, I can send the correct contact.
22. How long does it typically take to complete EDI enrollment?
    - **Aetna:** https://healthweb.aetna.com/EDIWebSolution/InquiryRegister.aspx or http://aetnet.aetna.com/pes/eSAG/index.html.
    - **DMBA:** Please contact our Provider Maintenance team at 801-578-5600 and ask about EDI enrollment. This can usually be completed on that phone.
    - **PEHP:** If the provider is in our system it can be done within 24 hours M-F. If not, it depends on how fast provider relations sets them up.
    - **U of U:** Providers have to go through the clearinghouse first and then the clearinghouse sends to U of U Health Plans, and we set them up within 7 days.
    - **United:** Please have the provider access this link: https://www.uhcprovider.com/en/resource-library/edi/edi-837-claims.html
23. Do you publish your companion guides? If so, where?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/provider-manuals.html.
    - **Cigna:** No, Cigna will share it with trading partners.
    - **DMBA:** We publish our SPD's online at DMBA.com.
    - **PEHP:** As a payer we do not have a companion guide. We use the UHIN companion guide for our transactions.
    - **U of U:** We follow UHIN's companion guide.
24. It would be great to get all the needed modifiers and codes for telephone and telehealth visits summarized for each payer in a single document that we could refer to.

- **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
- **Cigna:** See most current updates at www.cignaforhcp.com.
- **DMBA:** Yes, DMBA will reimburse at the same rates as in person visits. We cannot provide a document that contains all this information but the providers can reach out to their provider reps for more information.
- **PEHP:** PEHP covers telehealth visits provided by any of our contracted providers at a rate of 90% of the in-office fee. Telehealth services should be provided with a HIPAA compliant platform and billed with a GT or 95 modifier and/or 02 place of service. Telephone Visits: PEHP will be covering the telephone E & M visit codes (99441-99443) now through the coronavirus crisis to assist our members to have access to providers that may not have a telehealth option to communicate with our members. Services provided only via phone should be billed with these codes.
- **U of U:** https://uhealthplan.utah.edu/for-providers/coronavirus/.
- **United:** Please go to UHCProvider.com and click on the COVID-9 link on the landing page. All coding references for Telehealth through the COVID-19 link (both COVID and Non-COVID) for the temporary changes.

25. Should providers be using E/M for patient-initiated phone call or 99421, 99422, or 99423?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** E/M code, see current billing guide at www.cignaforhcp.com.
    - **DMBA:** We do not cover the three codes that were asked about but do cover 99441, 99442, 99443 until May 14th. After that date, they will no longer be covered. However, we do cover standard E&M codes billed with the appropriate telemedicine modifiers.
    - **PEHP:** PEHP will be covering the telephone E & M visit codes (99441-99443) now through the coronavirus crisis to assist our members to have access to providers that may not have a telehealth option to communicate with our members. Services provided only via phone should be billed with these codes.
    - **U of U:** https://uhealthplan.utah.edu/for-providers/coronavirus/.
    - **United:** See service scenarios on UHCProvider.com: https://www.uhcprovider.com/content/dam/provider/docs/public/resources/news/2020/Telehealth-Patient-Scenarios.pdf?cid=em-other-covid-19email5-apr20.
26. How often do we need recredential with insurance companies?
    - **Aetna:** Every three years after initial credentialing. Aetna uses CAQH exclusively. It is important to check providers CAQH quarterly and re-attest that all information is correct.
    - **Cigna:** Every 3 years.
    - **DMBA:** Recredentialing is every three years.

- **PEHP:** PEHP requires that all providers falling within the scope of the PEHP program complete the recredentialing process at least once every three years. A verification form will be sent to the provider. All providers are expected to respond to the request in a timely manner. Proof of insurance including the limits must be sent with the verification form. All Providers must be recredentialed and approved for continued network participation. We are currently recredentialing all our mental health providers.
- **U of U:** Every 3 years.
- **United:** Please access the Credentialing Plan on UHCProvider.com.

27. Do all insurance companies update their fee schedules at the same time of year? (For example, end of April, beginning of May?)
    - **Aetna:** Aetna updates their fee schedule every quarter based on CMS releases: January, April, July and October.
    - **DMBA:** We review our fee schedules annualy.
    - **PEHP:** PEHP updates medical fee schedules once a year on July 1st. Providers will be notified of changes beginning in May. Our dental fee schedule is updated every 2 years in July. July 2020 will be our next update.
    - **U of U:** U of U Health Plans notifies providers when updates are made to the commercial fee schedules
    - **United:** Fee Schedule updates are dependent on the provider contract.
28. Are we supposed to be paid our usual fee schedule for telehealth?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** See most current updates at www.cignaforhcp.com.
    - **DMBA:** Yes, they are reimbursed at the same rate as in person visits.
    - **PEHP:** PEHP pays 90% of the in-office rate for telehealth. If the visit is directly related to a COVID-19 diagnosis, we will cover the visit at 100%.
    - **U of U:** Yes.
    - **United:** Through COVID-19, reimbursement questions are posted for temporary changes. Otherwise, provider contract would need to be referenced with regard to fee schedule.
29. This question is for UHIN. We have been using the same payor ID for same provider networks such as AARP and UHC and UMR. Should we be using the same payor ID or the individual payor ID#s on the Insurance Card? What problems would you anticipate if we continue to use the same payor id#?
    - **UHIN:** As a general rule, always use the payer IDs recommended by your own clearinghouse. Clearinghouses can only route claims for payer IDs they recognize, and the ID on the back of the insurance card may or may not be the one your clearinghouse uses. If your claims are not processing because they are not being

delivered to the right payer destination, work with your clearinghouse to determine the correct payer IDs. In some cases, like this one, we would need to ask for additional information to determine the correct ID. If your claims are delivering and paying as expected, you are probably fine to continue the arrangement. Multiple payers sharing a single payer ID is not uncommon when the payers are contractually related, so we would only consider it an issue if your claims are unable to process correctly.

30. What are the correct modifiers for the 99203 ICD code? (Initial visit and exam.)
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** Cigna modifier and reimbursement policies can be found at www.cignaforhcp.com.
    - **DMBA:** We don't generally tell providers how to bill and how to use modifiers. There are many helpful tools online that guide appropriate billing.
    - **PEHP:** This is based on correct coding edits. This code may be considered inclusive to other codes billed. Modifier 25 can be used to indicate a "significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service", but it's still subject to review.
    - **U of U**: Follow coding guidelines.
    - **United:** Consult with your practice coder or visit UHCProvider.com to see reimbursement policies for CPT 99203.
31. Could UHC address why they need a lot of records for chiropractic patients?
    - **United:** Contracts and services for Chiropractors are delegated to Optum Physical Health (OPH). Here is the email to their network team: network_physicalhealth@optum.com or call 1-800-873-4575. Questions around this should be directed here.
32. Could each insurance provide a “yes” or “no” on whether or not they are allowing physical therapists to provide telehealth?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** Yes, for Cigna, at least until 5/31/2020. Check for updates on www.cignaforhcp.com.
    - **DMBA:** DMBA is temporarily allowing lower level PT visits to be provided via telemedicine. This will end on May 14th. For specific codes, please reach out to your provider rep.
    - **PEHP:** Yes.
    - **U of U:** Yes, for specific codes for U of U Health Plans
    - **United:** Yes.

33. Why aren't insurance companies paying for Typhoid vaccines?
    - **Cigna:** Cigna does.
    - **DMBA:** We do cover Typhoid vaccines when billed appropriately.
    - **U of U:** Coverage would depend on the member's summary of plan benefits (SPD).
    - **United:** Please refer to UHCProvider.com coverage policies.
34. What do we need to do when billing to receive payment for the 99203 code? This code is often denied.
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** Scenarios may differ; this code has a rate and should be allowed, but edits may apply. We suggest contacting Provider Services at 800.882.4462 if there are inquiries.
    - **DMBA:** Reach out to your provider rep, we need additional information.
    - **PEHP:** This is based on correct coding edits. This code may be considered inclusive to other codes billed. Modifier 25 can be used to indicate a "significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service", but it's still subject to review.
    - **U of U:** New Patient E&M is allowed every 3 years.
    - **United:** Consult with practice coder or visit UHCProvider.com reimbursement policies for CPT 99203.
35. With Clients on the Waivers (Aging Waiver and New Choices) and they have the assessed need for 2 x a day visits for in-home clients, as the case management agency we requested the Medicaid provider to increase and they are being turned down by the ACO (Insurance). How can we better organize these needs to prevent the nursing home placement?
    - **Cigna:** Work with Cigna case managers at 800.882.4462.
    - **PEHP:** PEHP has a case management department to help with planning, coordinating, monitoring and evaluation of patient care.
    - **U of U:** Contact U of U Health Plans Care Management.
36. Will health plans cover preventive visits through telehealth? If so, how should they be coded?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** Yes, see updates at www.cignaforhcp.com.
    - **PEHP:** This is the same as all telehealth visits - using a HIPAA compliant platform and billed with a GT or 95 modifier and or 02 place of service, paid at 90% in-office fee.
    - **U of U:** https://uhealthplan.utah.edu/medicalpolicy/pdf/admin-017-temporary-covid19-telemedicine-policy.pdf.

- **United:** Coding for telehealth through COVID-19 is available on UHCProvider.com. (Link on the landing page.) Post COVID-19, please reference the published Telehealth coverage policy and member benefit plan.

37. We have a lot of elderly getting vaccines that Medicare doesn't cover; will that ever change? Example: Tdap, HepA, Shingles.
    - **Noridian:** Only Influenza, Pneumococcal and Hep B are covered for vaccinations in traditional Medicare. Conditionally, we may cover Tdap (tetanus) for wounds or burns – never for preventive/boosters. Others may be covered by patient's/beneficiary's Part D insurance or perhaps their Medicare Advantage.
38. Are codes 99421- 99423 also being covered?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html
    - **Cigna:** See updates at www.cignaforhcp.com.
    - **DMBA:** We do not cover the three codes that were asked about but do cover 99441, 99442, 99443 until May 14th. After that date, they will no longer be covered. However, we do cover standard E&M codes billed with the appropriate telemedicine modifiers.
    - **PEHP:** Yes.
    - **U of U:** Not covered by U of U Health Plans.
    - **United:** See service scenarios on UHCProvider.com: https://www.uhcprovider.com/content/dam/provider/docs/public/resources/news/2020/Telehealth-Patient-Scenarios.pdf?cid=em-other-covid-19email5-apr20.
39. Does the Coventry contract fall under Aetna? We have auto and work comp companies "renting" our Coventry contract and wondering how to get a copy of this contract.
    - **Aetna:** Coventry contract is under Aetna. Please contact our Provider Service Center at 888-632-3862 or Workers Comp directly, 800-238-6288.
40. During the COVID Emergency how are you handling telehealth in the hospital setting? If providers are seeing patients via telehealth from their office but the patient is in another location in the hospital (to decrease exposure) how does this need to be billed?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** See updates at www.cignaforhcp.com.
    - **DMBA:** We don't generally tell providers how to bill and how to use modifiers. There are many helpful tools online that guide appropriate billing.
    - **PEHP:** Use the same telehealth guidelines.
    - **U of U:** https://uhealthplan.utah.edu/medicalpolicy/pdf/admin-017-temporary-covid19-telemedicine-policy.pdf.

- **United:** Coding for telehealth through COVID-19 is available on UHCProvider.com. (Link on the landing page.)

41. Is an NOE required to be submitted to the state and/or the MCO for Hospice services when the patient is covered by the MCO?
    - **Cigna:** Contact Customer Service as requirements may vary by patient.
    - **U of U:** N/A.
42. We've had clients come into our facility to get STD testing; they have Medicaid they have all been denied. Does Medicaid not cover this type of service at the public health department?
    - **U of U:** Refer to the Medicaid Coverage and Reimbursement Tool https://health.utah.gov/stplan/lookup/CoverageLookup.php.
43. We have been told that patients in a Long Term Care facility transition from the MCO to the State Medicaid plan after 30 days. Is it on the first of the month following the 30 days? Or does it change mid-month? How does the Hospice provider know when it changes? Do we have to resubmit the notifications required (we don't want to miss our window to submit)?
    - **U of U:** Tracy Altman is reaching out to the State for clarification on how they handle this.
44. I need to get contracts on my providers we have credentialed. Who do I contact to get our contracts?
    - **Aetna:** Please contact our Provider Service Organization**.**
    - **Cigna:** contact provider services at 800.882.4462.
    - **DMBA:** Reach out to your provider rep for more information.
    - **PEHP:** PEHP - Contact your Provider Relations Specialist over your area. This information can be found at https://www.pehp.org/providers/contact-us/provider-relations-specialists.
    - **U of U:** providercontracting@hsc.utah.edu.
    - **United:** We need the provider or provider group name and TIN, and we can provide the appropriate contact.
45. Initially we were billing telehealth with POS 2, and have received reduced reimbursement rates for UHC and SelectHealth specifically. We have now began billing with POS 11 and seem to be reimbursed at our regular contracted rates. Do these different POS types result in lower reimbursement?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **PEHP:** Telehealth should be billed with POS 02 and PEHP pays at 90% the in-office rate.
    - **Cigna:** Yes, for Cigna, at least until 5/31/2020. Check for updates on www.cignaforhcp.com.

- **U of U:** During COVID-19, telehealth visits are reimbursed at the same rates for services in an office setting.
- **United:** POS 02 pays at the facility SOS rate, while POS 11 pays at the non-facility rate. During COVID-19, we have scenarios as to when these type of services should be billed and exceptions during COVID-19 have been made. Please refer to UHCProvider.com for details on various scenarios.

46. Some of our patients are wanting to come in for injections or X-rays. If we have someone working in the office to do these, can we bill for these during this COVID-19 pandemic? We are billing telehealth and most of our providers are working from home; however, we do have one provider working in the office who is willing to do these things as needed.
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** Yes.
    - **DMBA:** DMBA would reimburse if the services were done in office.
    - **PEHP:** Yes, you can bill for in-office visits as normal.
    - **U of U:** Yes. Services should be billed with the appropriate setting.
47. Will you be paying 99203-99204 new patient codes for telehealth?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** Yes.
    - **DMBA:** DMBA covers standard E&M codes billed with the appropriate telemedicine modifiers.
    - **PEHP:** Yes.
    - **U of U:** https://uhealthplan.utah.edu/for-providers/coronavirus/.
    - **United:** See service scenarios on UHCProvider.com: https://www.uhcprovider.com/content/dam/provider/docs/public/resources/news/2020/Telehealth-Patient-Scenarios.pdf?cid=em-other-covid-19email5-apr20.
48. What are payer's statuses for allowing Annual Wellness Visits to be done over Telehealth for Medicare and Medicare Advantage plans?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** N/A
    - **PEHP:** We will allow wellness visits over telehealth during this time.
    - **U of U:** N/A
    - **United:** See service scenarios on UHCProvider.com: https://www.uhcprovider.com/content/dam/provider/docs/public/resources/news/2020/Telehealth-Patient-Scenarios.pdf?cid=em-other-covid-19email5-apr20.

49. Will any of the payors be accepting new doctors on their panel so their current members don't have to travel so far to see an in network provider (due to the epidemic)?
    - **Aetna:** Aetna continues to add new providers to their network if the panel is open.
    - **Cigna:** It depends on the specialty; contact Cigna enrollment team at 800.882.4462.
    - **DMBA:** Reach out to your provider rep for more information.
    - **PEHP:** Each Provider Relations Specialist will let you know which areas are accepting new providers.
    - **U of U:** We have a list of provider types we are not accepting applications from listed on our website uhealthplan.utah.edu.
50. I would love an update on this telehealth billing. Some insurances are only allowing it temporarily during the pandemic. Who is changing their policies indefinitely? What is the overall timing of these telehealth policies?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** all updates and policies on telehealth can be found at www.cignaforhcp.com.
    - **DMBA:** We are covering some telephonic telemedicine services until May 14th. After that date, they will no longer be covered. However, we do cover and will continue to cover standard E&M codes billed with the appropriate telemedicine modifiers.
    - **PEHP:** Our telehealth policies will be updated and found on our website for providers. As of now, all telehealth changes are directly related to COVID-19 and will go back to normal when the crisis has passed.
    - **U of U:** Our COVID-19 telehealth policy will remain in effect during the pandemic. We will be publishing our standard telehealth policy when it is finalized.
    - **United:** Currently we have extended to June 18, 2020. However, this is subject to change. Please refer to https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html for the most up to date information.
51. Does a provider need to document time spent on the visit for the telemed visits?
    - **Aetna:** Yes. https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna**: Follow the billing standard, I'm guessing this is not a payer policy.
    - **DMBA**: No, as long as they are documenting the visit was telehealth, and they code it with a location code 02, and a 95 or GT modifier.
    - **PEHP:** Yes.
    - **U of U:** Yes. In all cases, coding and medical records must support services provided and diagnosis codes submitted. The provider should follow current policies regarding documentation of delivered services.
    - **United:** Please consult Telehealth policy located on UHCProvider.com.

52. UHC- Many of our patients with out of network benefits for the Medicare Assure plan are getting their claims denied. When I call, I get multiple answers about whether Prior Authorization is required. I even have letters sent to me saying no auth is required and then the claim is still denied. Are the Medicare Assure plans actually supposed to be paying out of network?
    - **United:** The Medicare Assure plan is delegated to OptumCare. If the provider is contracted with OptumCare and is having trouble with claims payment, please contact the OptumCare Operations Team through this link: opshelp@optum.com.
53. When billing using UB04 claims for Mental Health PHP/Day Treatment Rev 0913 or IOP (S9480) via a Telehealth, should we follow the same POS and Modifier protocol that is set for E/M or Telephone?
    - **Aetna:** We do not advise providers on how to bill. In Availity, Aetna has a tool where you can enter CPT with DX codes and it will tell you if claim will hit any edits. It will direct you to policy if there is any as well.
    - **Cigna:** all updates and policies on telehealth can be found at www.cignaforhcp.com.
    - **DMBA:** DMBA doesn't cover those services through telemedicine.
    - **PEHP:** Yes.
    - **U of U:** https://uhealthplan.utah.edu/for-providers/coronavirus/.
    - **United:** Behavioral Health is delegated to Optum Behavioral Health. OBH portal https://www.providerexpress.com/content/ope-provexpr/us/en.html.
54. Do any of the payors have a change in policy for seeing out of network doctors during this time? Many patients are coming to my office because they don't have a local doctor that is in network.
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **DMBA**: DMBA accepts non-contracted provider to bill out-of-network.
    - **PEHP:** Each member's OON benefits still apply during this time.
    - **U of U:** There are not out of network exceptions being granted for out of network providers. U of U Health Plans has a large contracted network. In addition to contracted providers, U of U Health plans has arrangements with MDLive, U of U Telehealth and Amwell to provide telehealth visits.
    - **United:** Please reference UHCProvider.com for COVID-19 specific exceptions. Link is located on the landing page.
55. This question is for Lori with Medicare. We are having issues with some of the MedAdvantage plans paying for immunizations that are not covered by Medicare. Is there someone that I can reach out to with Medicare to see what I can do about this or can you direct me to a publication showing how a Med Advantage claims should be paid for routine preventative Immunizations?

- Sorry, Noridian cannot assist; however, we encourage you to call your CMS Regional Office. I believe Utah has the Denver, CO region.

56. Humana, when billing both callus and toenail debridement for a diabetic with neuropathy and using modifier 59, why is only one of the services being paid out. What would be the correct modifier so that both services would be covered?
    - Unfortunately, UHIN does not have a contact at Humana to answer panel questions. We will continue to try getting a contact, and we welcome any contact suggestions from the community.
57. Are 90791 eval codes covered during COVID19?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** See www.cignaforhcp.com for the most current billing guide for telehealth.
    - **DMBA:** This code is allowed for telemedicine indefinitely.
    - **PEHP:** Yes, this is covered via Telehealth during COVID19.
    - **U of U:** https://uhealthplan.utah.edu/for-providers/coronavirus/.
    - **United:** Behavioral Health is delegated to Optum Behavioral Health. OBH portal https://www.providerexpress.com/content/ope-provexpr/us/en.html.
58. To all insurances, can home health bill for telehealth services? If so, what codes and modifiers would we use? Does it need to be video audio or just a phone call?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** See www.cignaforhcp.com for the most current billing guide for telehealth.
    - **DMBA:** We need more information from the provider. What are the specific codes they are looking at billing?
    - **PEHP:** PEHP covers telehealth visits provided by any of our contracted providers at a rate of 90% of the in-office fee. Telehealth services should be provided with a HIPAA-compliant platform and billed with a GT or 95 modifier and/or 02 place of service. Telephone Visits: PEHP will be covering the telephone E & M visit codes (99441-99443) now through the coronavirus crisis to assist our members to have access to providers that may not have a telehealth option to communicate with our members. Services provided only via phone should be billed with these codes.
    - **U of U:** https://uhealthplan.utah.edu/for-providers/coronavirus/.
    - **United:** Please reference UHCProvider.com for COVID-19 https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html for most up to date information.
59. PEHP: At times we see the CPT code 36415 denied along with E/M codes. The explanation is that it is included in another service provided. Any comments on this denial?

- **PEHP:** We would consider the 36415 inclusive to labs that would require a venipuncture from the same provider on the same date of service, including labs billed on a separate claim. If you have an example where PEHP denied the 36415 code with only an E/M billed, please send it to PEHP.

60. 99441-99443 telehealth codes have been submitted to Medicare, but they denied as non-covered. I don't have a modifier and am using POS 11. Is there something different I need to do?
    - **Noridian:** As you know, for the first time and only during COVID-19, per the 1135 waiver, Medicare will cover these Telephone non F2F calls (not Telehealth-but Telemedicine) to evaluate and assess. Follow the guidance in the CPT manual descriptions.
61. Medicare- Lori this code combo 97161, 97530, did you really retract this combination? If so, where do we find the documentation of the retraction?
    - If you mean the CCI bundling, this combo 97161/97530 has no CCI. 97530/97161 is now as of Jan. 1, 2020, no CCI barriers (Indicator 9=separate procedure definition) 97530 97161 20200101 20200101 9 CPT "separate procedure" definition.
62. Will telehealth visits count against a patient's hard cap for rehabilitative visits?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.
    - **Cigna:** Likely yes, contact benefits to confirm.
    - **DMBA:** We need more information from the provider.
    - **PEHP:** Yes.
    - **U of U:** Telehealth visits would count towards a member's maximum for a rehabilitative visit.
    - **United:** Cannot answer. This is dependent on the patient benefit and how services would be billed.
63. PEHP: Is COVID testing applied to deductibles before payment? Is this plan-based?
    - **PEHP:** Covid-19 tests are paid at 100%, deductible does not apply. This is applicable to all plans.
64. When PEHP pays an OON provider, the check is written to the provider but is mailed to the patient. We are having a hard time collecting these payments. This method has changed a couple of times in the last few years. Is this going to change again? Will checks ever be sent directly to the provider?
    - **PEHP:** We do not expect this policy to be changing at this time. The patient is given information when receiving the check to forward it to their provider for payment.
65. We are a Pulmonary clinic with new providers. Are the payers taking steps to expedite credentialing in these kinds of fields to assist with patient care during this pandemic?
    - **Aetna:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html.

- **Cigna:** Yes, when calling Cigna enrollment request escalated cred review. 800.882.4462.
- **DMBA:** Reach out to your provider rep for more information.
- **PEHP:** Our credentialing requirements have not changed.
- **U of U:** Credentialing can be expedited if necessary.
- **United:** UHC is allowing provisional credentialing during COVID-19. See link for details and timeline: https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-credentialing-updates.html.

66. UHC denies a lot of our procedure claims for medical records. We will upload them to Link and UHC still denies as they did not receive documentation. How do we get this issue fixed without having to call for each claim and escalate the issue?
    - **United:** We would need some additional details on this question. There is a defined service model in place for reconsiderations. Additional details would be needed in order to best answer this question. Is there a specific example? If additional discussion is needed, please have the provider reach out to our Provider Advocate team through this mailbox: ut_pr_team@uhc.com.
67. For SelectHealth, U of U, UnitedHealthcare - any updates from each of you regarding potential of offering a Personal Care Services benefit as part of your Medicare Advantage Plans?
    - **U of U:** We will not be offering personal care services in 2021.
    - **United:** UnitedHealthcare has a number of Medicare Advantage Plans. We would need to defer to your patient's benefit for coverage for services. Easiest way to access is through Link on UHCProvider.com. Any additional offerings or announcements would be found here as well.
68. For UHC, we've had a few claims rejected due to using new 2020 HIPPS codes when the start of care began in 2019. Any way of helping there?
    - With reference to HIPPS codes, do I understand correctly that this is a home health agency? It would be best to reach out to the Ancillary support team or their Network Account Manager. If the Home Health Agency is in Utah, Provider Relations mailbox is: wr_pr_ancillary@uhc.com.