

Category	PHE Flexibility	Post-PHE Policy
<p>Telehealth</p>	<p>Originating site restriction removed.</p> <p>Patients could access telehealth services in any geographic area in the United States.</p> <p>Certain telehealth visits could be delivered via audio-only if unable to use both audio/visual.</p> <p>Behavioral and mental health in-person requirements waived.</p> <p>The list of providers eligible to deliver telehealth services was expanded so patients could receive physical therapy, occupational therapy and speech-language sessions could be delivered through telehealth.</p> <p>State licensure requirements to furnish telehealth in other states were loosened.</p> <p>HIPAA penalties for technology used to furnish telehealth waived.</p> <p>Telehealth reimbursement parity.</p>	<p>With the passage of the Consolidated Appropriations Act (CAA), flexibilities for originating site geographic restrictions are extended through December 31, 2024, for non-behavioral/mental telehealth services.</p> <p>For behavioral/mental telehealth services, originating site geographic restrictions are permanently waived.</p> <p>Medicare: List of providers eligible to deliver telehealth services is expanded so that Medicare beneficiaries can continue to receive physical therapy, occupational therapy, and speech language sessions via telehealth through December 31, 2024.</p> <p>Access telehealth services in any geographic area in the United States, rather than only in rural areas.</p> <p>Can stay in their homes for telehealth visits that Medicare pays for rather than traveling to a health care facility.</p> <p>Certain telehealth visits can be delivered using audio-only technology (such as a telephone) if someone is unable to use both audio and video (such as a smartphone or computer).</p> <p>Routine home care via telehealth under the hospice benefit, this flexibility will end at the end of the PHE.</p> <p>MA plans: May offer additional telehealth benefits. Check with the plan about coverage for telehealth services.</p> <p>After December 31, 2024, when these flexibilities expire, some ACOs may offer telehealth services that allow primary care doctors to care for patients without an in-person visit, no matter where they live.</p>



PO Box 950 | East Lansing, Michigan 48826
 517-337-1351 | msms@msms.org | www.msms.org

		<p>Medicaid: Telehealth flexibilities are not tied to the end of the PHE.</p> <p>Telehealth will continue to be reimbursed at in-person rates.</p> <p>Audio/visual telemedicine service delivery is the primary method, however, when the beneficiary cannot access services via a simultaneous audio/visual platform, MDHHS will allow the provision of audio-only services for a specific set of CPT codes, found in Bulletin Number MMP 23-10.</p> <p>Private Insurers: Because the policies vary for each private insurance carrier, we have provided a link to their COVID policy page for your reference and review.</p>
<p>COVID Testing</p>	<p>Covered without cost-share</p>	<p>Medicare: COVID-19 PCR and antigen tests will continue to be covered with no cost-sharing when the test is ordered by a physician or certain other health care providers, such as physician assistants and certain registered nurses, and performed by a laboratory.</p> <p>MA plans: COVID-19 PCR and antigen tests will continue to be covered, but their cost-sharing may change when the COVID-19 PHE ends.</p> <p>The demonstration that allowed coverage and payment for OTC tests for Medicare Part B will end when the PHE ends on May 11, 2023.</p> <p>Medicare Advantage plans may continue to cover the tests, so check with plan for details.</p> <p>Medicaid: As required under the American Recovery Plan (ARP), Medicaid covers COVID-19 diagnostic and screening laboratory tests and their administration when given in accordance with the CDC definitions and its recommendations for who should receive these tests. COVID-19 testing coverages provided under ARP are anticipated to continue until September 30, 2024. Following</p>



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		<p>the expiration of the ARP provisions, medically necessary COVID-19 laboratory testing will continue to be covered in accordance with Medicaid laboratory policy.</p> <p>Private Insurers: The requirement for private insurance companies to cover COVID-19 tests without cost sharing, both for OTC and laboratory tests, will end on May 11, 2023. However, health plans may continue to cover it, so it is important to check the patient’s benefits.</p>
<p>COVID Treatment</p>	<p>Covered without cost-share</p>	<p>Medicare: There is no change in Medicare coverage of treatments for those exposed to COVID-19 once the PHE ends, and in cases where cost sharing and deductibles apply now, they will continue to apply.</p> <p>The end of the COVID-19 PHE does not change access to oral antivirals, such as Paxlovid and Lagevrio.</p> <p>MA plans: The plans must cover treatments that Traditional Medicare covers, but they may require the individual to see a physician who is in the MA plan’s network and may have different cost sharing than Traditional Medicare.</p> <p>Medicaid: The ARP also requires Medicaid coverage without cost sharing for COVID-19-related treatment, and treatment for conditions that may seriously complicate the treatment of COVID-19. This coverage period continues through the end of the first calendar quarter that starts one year after the end of the PHE. Following the extended coverage period available through the ARP, MDHHS intends to cover COVID-19 testing and vaccine administration consistent with existing testing, treatment, and vaccine services.</p> <p>Private Insurers: Because the policies vary for each private insurance carrier, we have provided a link to their COVID policy page for your reference and review.</p>



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<p>COVID Vaccines</p>	<p>Covered without cost-share</p>	<p>Medicare: Coverage will continue for the COVID-19 vaccinations at no cost-share after the end of the PHE.</p> <p>Once the federal government is no longer purchasing or distributing COVID-19 vaccines, people with Traditional Medicare pay nothing for a COVID-19 vaccination if their doctor or other qualified health care provider accepts assignment for giving the shot.</p> <p>Medicare will continue to pay an additional amount of about \$36 in addition to regular administration fees for the administration of COVID-19 vaccines at home when the PHE ends. This additional Medicare payment for at-home COVID-19 vaccinations will continue through the end of calendar year 2023.</p> <p>MA Plans: Contact the plan for details about payment for COVID-19 vaccines. If covered, MA beneficiaries will pay nothing for a COVID-19 vaccination if they receive their vaccinations from an in-network provider.</p> <p>MA plans: Physician reimbursement rates are determined by the contract between the MA plan and the physician when such a contract is in place and may or may not include additional payments for at-home COVID-19 vaccinations. If there is no contract in place for vaccinations covered by the MA plan, the Medicare payment rate would apply.</p> <p>Medicaid: Under the ARP, MDHHS plans to continue to cover COVID-19 vaccines and their administration, without no cost-share, for nearly all Medicaid beneficiaries, including most groups receiving limited-benefit packages under the state plan or a section 1115 demonstration, through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 PHE. If the COVID-19 PHE ends as expected on May 11, 2023, this coverage requirement will end on September 30, 2024. After that date, many Medicaid and CHIP enrollees will continue to have coverage for COVID-19 vaccinations.</p>



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- [Aetna Updated COVID-19 Provider FAQs](#)
- [BCBSM/BCN COVID-19 Temporary Changes Due to Pandemic](#)
- [HAP COVID-19 Coverage Updates for Providers](#)
- [McLaren Health Plan COVID-19 Information](#)
- [Meridian Health Plan Provider Coronavirus Information](#)
- [Molina Healthcare Michigan COVID-19](#)
- [Physicians Health Plan Helping Members Understand Coronavirus and Supporting Access to Care](#)
- [Priority Health COVID-19 Public Health Emergency \(PHE\) Changes](#)
- [Medicaid PHE Unwind Policy Crosswalk](#)