



Insurance Company	COVID-19	Telehealth	Prior Authorization	Miscellaneous
Aetna	Paying for testing. No cost sharing for testing. No cost share for treatment through December 31, 2020.	Paying for telemedicine codes, equivalent to in-person visit rates through December 31, 2020.		Self-insured plans offer waivers at their own discretion. Medicaid product follows State regulations.
Blue Cross Blue Shield of Michigan/Blue Care Network	Paying for testing. No cost sharing for testing. No cost sharing for treatment. No prior authorization for COVID-19 related testing or treatment. BCBSM and BCN members, member cost share waived for COVID-19 treatment through March 31, 2021. This applies to all commercial, Medicare Advantage, and Medigap members.	Paying for telemedicine codes, equivalent to in-office fees. For dates of service on or after July 1, 2020, member cost share will once again apply for Blue Cross PPO and BCN HMO members for common medical and behavioral health visits that are performed using telemedicine. For Medicare Plus Blue and BCN Advantage members, cost share will continue to be waived for common medical and behavioral health services through December 31, 2020, for both in-office and telehealth visits.		PGIP incentives for testing and telemedicine.
Health Alliance Plan (Commercial)	Paying for testing. No cost sharing for testing. No cost sharing for treatment. HAP will waive member cost share for inpatient or outpatient treatment of COVID-19 from an in-network provider for services rendered through January 21, 2021.	Plan paying at the contracted rates. Removing PA for certain services for telehealth. Paying for telemedicine codes, equivalent to in-office fees. HAP is waiving all cost-sharing for its individual, fully insured employer group, Medicare, Medicaid and MI Health Link members using testing, treatment and telehealth services through January 21, 2021, even if it's not related to COVID-19.		Self-insured employer group customers control their own health benefits. HAP is working with self-insured customers to determine how they will cover telehealth services. Waive copays and co-insurance for all in-person primary care visits and behavioral health visits through December 31, 2020. Reimbursing CPT Code 99072.
McLaren Health Plan (Commercial)	Paying for testing. No cost sharing for testing through December 31, 2020 for in-network providers. No cost sharing for treatment through December 31, 2020 for in-network providers.	Encouraging the use of telemedicine for routine visits where applicable until further notice. No preauthorization requirements for in-network providers who provide telemedicine services for MHP members. Applicable copays will still apply. Plan paying contracted rates. Telehealth services are being covered for any diagnosis thru 4/30 by the following provider types: primary care, specialists, urgent care, PT/OT/ST, mental health. If the diagnosis is related to COVID-19, member will receive in network benefit level with no cost share applied whether service is by an in network or out of network provider. All other diagnoses will be covered with the members cost share applied.		
Medicaid (Fee for Service and Health Plans)	Paying for testing. No cost sharing for testing. No cost sharing for treatment.	Paying for telemedicine codes, equivalent to in-office fees. Expanded benefits, including telephone calls.	Medicaid is expediting all prior authorizations. Suspend prior authorization requirements for fee-for-service.	Medicaid federal waiver was approved to alleviate some administrative hassles. Allow provisional enrollment of providers. Waive notice requirements. Provision of services in alternate settings. MDHHS has stated that temporary COVID-19 Response policies and L letter will remain in effect until further notice. The end dates of these policies are currently tied to termination of the Governor's Declaration of a State of Emergency Executive Order 2020-04, COVID. MDHHS will notify providers and stakeholders when these policies terminate. This applies to Bulletins: MSA 20-12, 20-13, 20-14, 20-16, 20-17, 20-18, 20-19 and L letter 2020.
Medicare WPS GHA	Paying for testing. No cost sharing for testing through December 31, 2020. No cost sharing for treatment through December 31, 2020.	Paying for telemedicine codes, equivalent to in-office fees. Expanded benefits, including telephone calls. Increased reimbursement for telephone calls. Allowing some telemedicine services to be done via audio only (Excel sheet indicates which CPT and HCPCS codes allow audio only) See link below: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes		Extension for quality reporting. Allow provisional enrollment of providers. Provision of services in alternate settings.
Meridian Health Plan (Commercial)	Paying for testing. No cost sharing for testing through December 31, 2020.	No cost sharing. Plan paying at the contracted rates.		Meridian Medicare Advantage- Waiving in-network member costs for all primary care visits, specialty, behavioral health, outpatient, non-facility-based behavioral health visits through December 31, 2020. (This does NOT include inpatient hospital, behavioral health facility or urgent care visits)

	No cost sharing for treatment through December 31, 2020. No prior authorization for COVID-19 related testing or treatment.	Any services that can be delivered virtually will be eligible for telehealth coverage.	
Molina (Commercial)	Paying for testing. No cost sharing for testing. No cost sharing for treatment. Waiving all cost share associated with COVID-19 testing and treatment for Medicare, Medicaid, and Marketplace members through December 31, 2020.	Telemedicine is available if it is an existing covered benefit.	
Physicians Health Plan (Commercial)	Paying for testing. No cost sharing for testing through December 31, 2020 for in-network providers. No cost sharing for treatment through December 31, 2020 for in-network providers.	PHP is covering telemedicine visits with providers rendered telephonically, including E/M codes through June 30, 2020. Telemedicine services will be a covered benefit for all PHP members through June 30, 2020 when the service is rendered by an in-network PHP Provider. Prior authorization rules and guidelines will still apply if applicable. PHP is covering virtual check-in services for established patients and the encounter is not related to a previous visit within the past 7 days and or an appointment within the following 24 hours. Member cost share for telehealth services is waived.	
Priority Health (Commercial)	Paying for testing. No cost sharing for testing. No cost sharing for treatment through March 31, 2021 for in-network providers. No prior authorization for COVID-19 related testing or treatment. Vaccine will be no cost share when available to general public.	Reimbursement of telehealth services at in-person rate through December 31, 2021. Coverage of virtual visits with \$0 cost share for CPT codes: 99441-99443, 99421-99423, and 98970-98972 through December 31, 2021. Coverage of telehealth at \$0 cost share for most members including virtual visit codes and all routine practice codes done with audio and visual component through December 31, 2021. Audio only visits acceptable; provider must bill using audio only visit codes 99441-99443 and 98966-98968 through December 31, 2021.	Extension of prior authorizations for elective procedures approved prior to the COVID-19 outbreak that were canceled or are pending rescheduling for members who have continuous enrollment in their plan at the time of service through June 30, 2021. Priority has extended some deadlines in the PCP Incentive Program (PIP) and risk adjustment program to give more flexibility. \$0 PCP copays for Medicare members for in-person visits through March 31, 2021.
United Healthcare	Paying for testing. No cost sharing for testing through January 20, 2021 for Medicare and Commercial plans. State regulations apply to Medicaid. No cost sharing for treatment through January 20, 2021 for Medicare and Commercial plans. State regulations apply to Medicaid.	For in-network and out-of-network providers, UHC will extend the expansion of telehealth access for COVID-19 testing and treatment, including virtual check-ins, through the national PHE period, currently scheduled to end January 20, 2021. UHC will cover all in-network and out-of-network telehealth COVID-19 and non-COVID-19 services as outlined in current CMS guidelines and additional codes as outlined in UHC's telehealth reimbursement policy. For out-of-network providers, UHC will extend the expansion of telehealth access for COVID-19 testing through the national PHE period, currently scheduled to end January 20, 2021 for individual and fully insured group market health plans. Medicaid: State regulations apply. Please refer to your state-specific website. UHC is waiving the CMS originating site requirement through the national PHE period, currently scheduled to end January 20, 2021.	