

**HMSA Updated Telehealth Coverage Guidelines  
1/14/2021**

Effective 1/1/2021, HMSA instituted updated telehealth coverage guidelines specifically for patients with commercial plans (HMO and PPO).

Below are key takeaways (the original guidelines can be accessed [here](#)). Please note, these changes only apply to HMSA HMO and PPO members. They do not apply to HMSA Quest and Akamai Advantage members.

- HMSA will no longer cover / reimburse audio-only visits (i.e. Scheduled Telephone)
  - HMSA will deny claims as 'patient responsibility'
  - This applies to CPT codes 99441-99443, 98966-98968, HCPCS code G2012
- HMSA will no longer cover / reimburse for E-Visits
  - HMSA will deny claims as 'provider responsibility'
  - This applies to CPT codes 99421-99423
- HMSA members will be responsible for co-pay amounts for non-COVID related telehealth visits (i.e. video visits). Co-pay amounts will be comparable to a in-office visit

HPH recognizes E-Visits and Scheduled Telephone Visits are integral to our telehealth care delivery services and has begun conversations with HMSA to explore alternatives to these changes.

Please continue to offer E-Visits to patients. HPH Revenue Cycle will appropriately adjust the charge to ensure patients are not held financially responsible.

Also please continue to encourage the use of Video Visits and provide Scheduled Telephone Visits as appropriate. HPH Revenue Cycle will be holding all Scheduled Telephone claims affected by this change and will ensure patients do not receive any bills for such services. We will have more information based on the outcome of HPH's discussions with HMSA.