

	Diagnosis Codes for Testing & Treatment	Diagnosis Codes for Telehealth Visits	Diagnosis Codes for Telehealth Visits for ST/OT/PT	Waiver of Copayments & Cost Sharing	Allowing PA for Hospital Infusion to be Transferred to Home Infusion	Flexibilities plans are offering for prescription drug refills
AllWays	<p>Evaluation: Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out Z20.828: Contact with and (suspected) exposure to other viral communicable diseases</p> <p>Treatment: U07.1: 2019-nCoV acute respiratory disease B97.29: Other coronavirus as the cause of diseases classified elsewhere</p>	<p>For Physicians or qualified healthcare professionals</p> <p>99201-99205 or 99211-99215 w/modifiers GT or 95, POS 02; or the following telephonic/digital codes: 99421- 99423 or 99441- 99443, (where applicable)</p> <p>Reimbursement: 99201-99205 & 99211-99215 reimbursed at in-person rate if billed per Telemedicine PPG and 99421-99423 or 99441-99443, reimbursed per provider’s contract (RVU’s)</p>	<p>These services will be covered and reimbursable when billed by a participating provider and included on a HCFA 1500 form, with place of service 02.</p> <p>Providers will be reimbursed per the terms of their current contract.</p>	<p>in accordance with DPH and CDC guidelines when delivered by in-network and out-of-network providers, Allways Health Partners is,</p> <p>Removing cost-sharing (copayments, deductibles, or coinsurance) for medically necessary outpatient and inpatient COVID-19 testing and treatment at in-network or out-of-network providers, urgent care centers, emergency departments, hospitals, and other facilities for the duration of the public health emergency.</p> <p>Removing cost-sharing for telemedicine services to enable our members to seek care virtually, reducing the need to go to medical offices.</p>	Yes	Beginning on 3/13, AllWays Health Partners allowed early refills for up to a 30-day supply of non-maintenance prescription medications and up to a 90-day supply of maintenance prescription medications.

<p>BMCHP</p>	<p>Confirmed COVID-19 Cases B97.29 – Other coronavirus as the cause of diseases classified elsewhere U07.1 – 2019-nCoV acute respiratory disease (effective 4/1/20)</p> <p>Exposure to COVID-19 Z03.818 – Encounter for observation for suspected exposure to other biological agents ruled out Z20.828 – Contact with and (suspected) exposure</p>	<p>Providers will need to code for telehealth visits in two ways depending on the type of visit:</p> <ol style="list-style-type: none"> 1. Visits that would have been rendered in the office (Standard E&M services) – These must include place of service code 02 in addition to the applicable code(s) describing the services provided. 2. Visits that do not constitute and in-person visit – These must be reported using the CPT code table. (See Page 5 of the link) BMCHP will reimburse for clinically appropriate, medically necessary telephone evaluations. 		<p>BMCHP will provide COVID-19 testing and medically necessary treatment at no cost to members.</p> <p>Members who typically have cost-sharing responsibility will have their cost-sharing (including copayments, deductible and coinsurance) waived for COVID-19 testing, consultation, vaccination, and treatment.</p> <p>Note: This policy applies to testing and treatment from in-network providers. If testing and treatment is not available at in-network providers, services from out-of-network providers will be covered at no cost to the member.</p>	<p>At this time, we do not anticipate additional volume as the result of services being transitioned to home infusion services. Should the infusion centers determine a transition is required, BMCHP will work with the infusion facilities, our DME vendor, Northwood and our contracted home-based infusion providers to facilitate the transition.</p>	<p>Yes, BMC HealthNet Plan members may request early refills of medication if there are refills remaining on the prescription should there be in a situation requiring quarantine. This would allow the request of up to a 30-day supply of a medication before the next scheduled refill due date if needed.</p> <p>Certain medications may be delivered by mail so that members do not have to pick them up at a local pharmacy. This option is available for maintenance medications that are filled regularly and used to treat conditions such as diabetes, asthma, high cholesterol and high blood pressure. Members can receive a 90-day supply of medication delivered to their home. With the Mail Order Pharmacy program,</p>
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						MassHealth members can get a 90-day supply of medications for the same cost as a 30-day supply.																
Cigna	<p>Virtual or face-to-face visit for screening for suspected or likely COVID-19 exposure: Usual face-to-face E/M code ICD10 code Z03.818 or Z20.828 Modifier CR on CMS1500 claims Condition code DR on UB04 claims Append with GQ modifier for virtual care</p> <p>Virtual or face-to-face visit for treatment of a confirmed COVID-19 case Usual face-to-face E/M code ICD10 code B97.29 or U07.1 Append with GQ modifier for virtual care</p> <p>COVID-19 laboratory testing U0001, U0002, and 87635</p>	<p>Virtual screening telephone consult (5-10 minutes) G2012</p> <p>Virtual or face-to-face visit for treatment of a confirmed COVID-19 case Usual face-to-face E/M code</p> <ol style="list-style-type: none"> ICD10 code B97.29 or U07.1 Append with GQ modifier for virtual care 	<p>The following virtual physical, occupational, and speech therapy (PT/OT/ST) services will be allowed through May 31, 2020 when appended with a GQ modifier and billed with a standard place of service code. These services will be reimbursed consistent with the standard fee schedule.</p> <p style="text-align: center;">Physical therapy</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>97161</td> <td>PT eval low</td> </tr> <tr> <td>97162</td> <td>PT eval med</td> </tr> <tr> <td>97110</td> <td>Therapeutic</td> </tr> </tbody> </table> <p style="text-align: center;">Occupational therapy</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>97165</td> <td>OT</td> </tr> <tr> <td>97166</td> <td>OT</td> </tr> <tr> <td>97110</td> <td>The</td> </tr> </tbody> </table>	Code	Description	97161	PT eval low	97162	PT eval med	97110	Therapeutic	Code	Description	97165	OT	97166	OT	97110	The	<p>Cigna will cover diagnosis, testing, and treatment associated with the Coronavirus including:</p> <p>Coronavirus diagnostic visits: Cigna is waiving out-of-pocket costs for Coronavirus visits with in-network providers, whether at a provider's office, urgent care center, emergency room, or via virtual care, through May 31, 2020.</p> <p>Coronavirus testing: Cigna is waiving out-of-pocket costs for Coronavirus FDA-approved testing. Only a health care provider or hospital can administer the test and send the sample to an approved lab for results.</p> <p>Coronavirus treatment: Cigna is</p>		<p>Customers can have peace of mind with their prescription medications by using the Express Scripts Pharmacy, which offers free home delivery of up to 90-day supplies of prescription maintenance medications. Pharmacists are available 24/7 to answer questions, offer counseling and support, and assist with prescription orders. Customers are encouraged to refill their medications responsibly.</p>
Code	Description																					
97161	PT eval low																					
97162	PT eval med																					
97110	Therapeutic																					
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97165	OT																					
97166	OT																					
97110	The																					

	<p>Diagnostic COVID-19 related laboratory tests (other than COVID-19 test) Usual codes ICD10 code Z03.818 or Z03.828 Modifier CR on CMS1500 claims Condition code DR on UB04 claims</p>		<p>Speech therapy</p> <table border="1" data-bbox="905 168 1115 293"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>92507</td> <td>Spe</td> </tr> <tr> <td>92526</td> <td>Ora</td> </tr> </tbody> </table>	Code	Description	92507	Spe	92526	Ora	<p>waiving out-of-pocket costs for all Coronavirus treatment through May 31, 2020. The treatments that Cigna will cover for the Coronavirus are those covered under Medicare or other applicable state regulations. The company will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable.*</p> <p>*This COVID-19 treatment policy applies to customers in the United States who are covered under Cigna's employer/union sponsored insured group health plans, insured plans for US based globally mobile individuals, Medicare Advantage and Individual and Family Plans (IFP). Cigna will also administer the waiver to self-insured group health plans and the company encourages</p>		
Code	Description											
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92526	Ora											

				widespread participation, although these plans will have an opportunity to opt-out of the waiver option.		
Connecticare	Procedure Code(s) for COVID-19 Laboratory Testing: CPT Code Description U0001 Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel U0002 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets) 87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique (Effective 3/13/2020) Modifier(s) for COVID-19 Services: CPT Code Description CR	ConnectiCare requires Place of Service (POS) code 02 for reporting telemedicine and telephone services rendered by a physician or other practitioner. Please use Place of Service 02 with Modifier GT identify telemedicine services Procedure Code(s) for Telephone Services: G2012 (Medicare) 99441-99443 for telephone services. Modifier(s) for Telehealth Services CR: Catastrophe/Disaster Related (Reporting only for COVID related) GT: Via interactive audio and video telecommunication systems. (must be	For PT/OT/ST provider visits, interactive real-time audio/video technology must be used. Append modifier GT or 95 to claims using the normal place of service where services are usually rendered.	ConnectiCare will cover medically necessary diagnostic tests that are consistent with Centers for Disease Control and Prevention (CDC) guidance related to the COVID-19 at no cost share to members.	ConnectiCare covers 90-day supplies of long-term medications (or maintenance drugs) through Express Scripts mail order. Members can get their medications delivered right to their home if they're quarantined or concerned about visiting pharmacies during the outbreak. Express Scripts also gives members access to pharmacists 24 hours a day, seven days a week, in case they have questions about their medications.	
			Category	Connecticare will waive member cost sharing; including copays, coinsurance and deductibles, for COVID-19 diagnostic testing provided at approved locations in accordance with state and federal law and CDC guidelines for all Commercial and Medicare Advantage members. <i>Members can, temporarily, use telehealth for covered medical and mental</i>		
			Physical Therapy			
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			Occupational Therapy			
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<p>Catastrophe/Disaster Related (Reporting only)</p> <p>In addition to the codes above, for patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms. Ex.: R05 Cough Z03.818 or Z20.828 R06.02 Shortness of breath Z03.818 or Z20.828 R50.9 Fever, unspecified Z03.818 or Z20.828 Severe acute lower respiratory illness with unconfirmed cases: ICD-10 Description Submitted with: J12.89 Other viral pneumonia Z03.818 or Z20.828 J20.8 Acute bronchitis due to other specified organisms Z03.818 or Z20.828 J80 Acute respiratory distress syndrome (ARDS) Z03.818 or Z20.828</p>	<p>real-time)</p>	Occupational Therapy	<p><i>health services without paying a deductible, copayment, or coinsurance.</i></p> <p><i>Telehealth visits are free for any illness or injury – not just COVID-19.</i> Self-funded employer plans may have different coverage or opt out of this telehealth waiver program.</p>			
		Occupational Therapy				
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	<p>J22 Lower respiratory infection Z03.818 or Z20.828</p> <p>Severe acute lower respiratory illness with confirmed cases of COVID-19: Code FIRST U07.1: U07.1 Pneumonia case confirmed as due to the 2019 novel coronavirus J12.89 U07.1 Acute bronchitis due to other specified organisms, confirmed as due to the 2019 novel coronavirus J20.8 U07.1 Acute respiratory distress syndrome (ARDS) confirmed as due to the 2019 novel coronavirus J80 U07.1 Lower respiratory infection confirmed as due to the 2019 novel coronavirus J22</p>					
CVS/Aetna		<p>The following codes require an audiovisual connection:</p> <p>G2061, G2062, G2063 - Qualified nonphysician healthcare professional online assessment, for an</p>	<p>All telemedicine services not noted will be covered according to Aetna's current policy.</p>	<p>CVS/Aetna is waiving member cost-sharing for diagnostic testing. This policy covers the cost of a physician-ordered test and the office, clinic or emergency room visit that results in the administration of or</p>		<p>Aetna offered 90-day maintenance medication prescriptions for insured and Medicare members and is working with state governments to make the same option available to Medicaid</p>

		<p>established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes; 11 – 20 minutes; or 21 or more minutes</p> <p>H0015 GT or 95 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education</p> <p>H0035 GT or 95 - Mental health partial hospitalization, treatment, less than 24 hours.</p> <p>H2012 GT or 95 - Behavioral health day treatment, per hour.</p> <p>H2036 GT or 95 - Alcohol and/or other</p>		<p>order for a COVID-19 test. The test can be done by any approved laboratory. This member cost-sharing waiver applies to all Commercial, Medicare and Medicaid lines of business. The requirement also applies to self-insured plans.</p> <p>CVS/Aetna will waive member cost-sharing for inpatient admissions for treatment of COVID-19 or health complications associated with it. This policy applies to all Aetna-insured commercial plan sponsors. Self-insured plan sponsors will be able to opt-out at their discretion.</p> <p>They have suspended cost-sharing requirements, including premiums and copays, for adults and children covered by Medicaid and CHIP, in those states where permitted to do so by</p>		<p>members where allowable. Self-funded plan sponsors will also have the ability to offer this option. In addition, Aetna will waive early refill limits on 30-day prescription maintenance medications for all members with pharmacy benefits administered through CVS Caremark.</p> <p>Caremark is working with all clients to waive early refill limits on 30-day prescription maintenance medications. Most Caremark clients already offer a 90-day benefit for maintenance medications and the option of home delivery from CVS Caremark Mail Service Pharmacy with no delivery cost.</p>
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		<p>drug treatment program, per diem</p> <p>S9480 GT or 95 - Intensive outpatient psychiatric services, per diem</p> <p>97151 GT or 95 - Behavior identification assessment, administered by a QHP, face to face with patient and/or guardians administering assessments and discussing findings and recommendations. Includes non-face-to-face analyzing of past data, scoring/interpreting the assessment, and preparing the report/treatment plan.</p> <p>97155 GT or 95 - Adaptive behavior treatment with protocol modification, administered by QHP, which may include simultaneous direction of a technician working face to face</p>		<p>the appropriate regulators.</p>		
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		<p>with a patient.</p> <p>97156 GT or 95 - Family adaptive behavior treatment guidance administered by QHP, with parent/guardian</p> <p>97157 GT or 95 - Multiple-family group adaptive behavior treatment guidance, administered by QHP, with multiple sets of parents/guardians</p> <p>98970, 98971, 98972 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.</p> <p>99421, 99422, 99423 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time</p>				
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		<p>during the 7 days; 5-10; 11-20; or 21 or more minutes.</p> <p>The following codes require an audiovisual connection or telephone:</p> <p>G2010 - Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.</p> <p>G2012 - Brief communication technology-based service, e.g. virtual check-in, by a physician or other</p>				
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		<p>qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.</p> <p>98966, 98967, 98968 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or</p>				
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		<p>soonest available appointment; 5-10; 11-20; or 21-30 minutes of medical discussion.</p> <p>99441, 99442, 99443 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 20-30 minutes of medical discussion.</p> <p>90791, 90792; GT or 95 - Psychiatric diagnostic interview examination</p>				
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		<p>90832, 90833, 90834, 90836, 90837, 90838; GT or 95 - Individual psychotherapy</p> <p>90839, 90840; GT or 95 - Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes</p> <p>90845; GT or 95 – Psychoanalysis</p> <p>90846, 90847, 90853; GT or 95 - Family or group psychotherapy</p> <p>90863; GT or 95 - Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services</p> <p>96116; GT or 95 - Neurobehavioral status examination</p>				
Fallon Health	For members with a confirmed COVID-19 diagnosis, providers should use the following coding effective April 1:	<p>Providers should consult the <u>Telemedicine Policy</u> (See chart on page 4, 5 & 6) for the most appropriate code</p>	<p>Eligible providers – Consistent with Medicare requirements for telehealth services (42 CFR § 410.78), Fallon</p>	<p>Fallon members will have no cost-sharing for medically necessary COVID-19 testing and counseling at in-network doctors’</p>	<p>Yes</p>	<p>Waiving early refill limits on non-scheduled control drug prescriptions for all Fallon members who fill their</p>

	<p>U07.1, 2019-nCoV acute respiratory disease. Until then, please use the most appropriate dx code. You should also utilize the appropriate HCPCS code U0001 (2019-NCOV DIAGNOSTIC P) and U0002 (NON CDC LAB SARS-COV 2/2019-nCoV) and AMA CPT code 87635 when billing for testing. Additionally, the CDC had provided interim guidance for coding encounters related to COVID-19:</p> <ul style="list-style-type: none"> • For pneumonia confirmed as due to COVID-19, assign codes J12.89, other viral pneumonia and B9729, other coronavirus as the cause of diseases classified elsewhere • For acute bronchitis confirmed as 	<p>which would have otherwise been billed if services were provided in the office. Then, append the 95 modifier and Place of Service 02 for telehealth services.</p>	<p>Health has determined that it is clinically appropriate for the following in-network providers to furnish the telehealth services listed in Table 1 (subject to State law):</p> <ul style="list-style-type: none"> • Physicians • Nurse practitioners • Physician assistants • Nurse-midwives • Clinical nurse specialists • Certified registered nurse anesthetists • Clinical psychologists and clinical social workers. Clinical psychologists and clinical social workers cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for CPT codes 90792, 90833, 90836, and 90838. • Registered dietitians or nutrition 	<p>offices, urgent care centers and emergency rooms. Fallon will also cover medically necessary COVID-19 treatment at in-network doctors' offices, urgent care centers and emergency rooms in accordance with guidelines from the CDC and the Massachusetts Department of Health. Fallon members will pay no copayments for treatment, and we've removed all prior authorization requirements for medically necessary treatment of COVID-19.</p>		<p>maintenance medications at any in-network pharmacy. Members can now receive early refills for certain medications up to a 90-day supply of maintenance medication prescriptions ahead of schedule.</p>
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	<p>due to COVID-19, assign codes J20.8; acute bronchitis due to other specified organisms and B97.29, other coronavirus as the cause of diseases classified elsewhere</p> <ul style="list-style-type: none"> • For bronchitis NOS confirmed as due to COVID-19, assign codes J40, Bronchitis, not specified as acute or chronic, and B97.29 Other coronavirus as the cause of diseases classified elsewhere • For lower respiratory infection NOS or acute respiratory infection NOS, confirmed as 		professionals			
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	<p>due to COVID-19, assign codes J22, Unspecified acute lower respiratory infection, and code B97.29, Other coronavirus as the cause of diseases classified elsewhere</p> <ul style="list-style-type: none">• For respiratory infection, NOS, confirmed as due to COVID-19, assign codes J98.8, Other specified respiratory disorders, and code B97.29 Other coronavirus as the cause of diseases classified elsewhere• For acute respiratory distress syndrome (ARDS) confirmed due					
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	<p>to COVID-19, assign codes J80, Acute respiratory distress syndrome, and B97.29 Other coronavirus as the cause of diseases classified elsewhere</p> <ul style="list-style-type: none">• For exposure to COVID-19: For cases where there is concern about a possible exposure to COVID-19, but it is ruled out after evaluation, it would be appropriate to assign code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out• For cases where there is					
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	<p>an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases</p>					
<p>Harvard Pilgrim Health Care</p>	<p>Testing: Harvard Pilgrim will pay for all medically necessary testing billed with HCPCS U0001 for CDC labs or HCPCS U0002 or CPT 87635 for non-CDC lab testing. The American Medical Association (AMA) recently approved code 87635 for use in COVID-19 testing; for more information, please refer to the AMA's recent coding guidance. Code 87635 is not applicable for Medicare Advantage.</p> <ul style="list-style-type: none"> When billing with any of 	<p>All telemedicine/telehealth must be reported with PoS 02 (Telehealth is the location where health services and health related services are provided or received, through a telecommunication system.) Appropriate modifiers will continue to be accepted.</p> <p>All telemedicine services may be filed with either modifier GT (via interactive audio and video telecommunications system) or modifier 95</p>	<p>HPhC is not restricting telehealth services by specialty including PT/OT/ST. The service must be Clinically Appropriate, Medically Necessary and a covered services.</p> <p>For PT/OT/ST in particular, many services may not be appropriate to perform via telehealth since we cannot restrict technology, especially via phone alone (no video) – my expectation would be that the provider would be able to</p>	<p>To help remove any potential barriers to care for our members, as of March 31 Harvard Pilgrim has waived member cost sharing (deductibles, copays, coinsurance) for COVID-19 treatment provided by in-network providers. Cost-sharing for emergency services related COVID-19 treatment administered by out-of-network providers will also be waived.</p> <p>COVID-19 testing is covered in full (no</p>	<p>Willing to transfer existing PAs to home infusion</p>	<p>To ensure that you have enough medicine on hand, you can fill a 90-day supply of maintenance medicines. Maintenance medicines are those you take regularly, such as birth control, blood pressure or cholesterol medicines.</p> <p>To get a 90-day supply of maintenance medicines you can use our mail order pharmacy, OptumRx Home Delivery. Most orders arrive within</p>

	<p>these codes, please use one of the following diagnosis codes along with any others as appropriate: Z03.818, Z20.828 or U07.1.</p> <ul style="list-style-type: none"> When submitting COVID-19 related claims, follow the appropriate CDC guidance on diagnosis coding for the date of service; please refer to the CDC’s diagnostic coding guidance for additional information. For any patients who test positive for COVID-19, please use U07.1 (2019-nCoV acute 	<p>(synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system) appended to the appropriate code.</p> <p>All telehealth services may be filed with either modifier G0 (Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke) or modifier GQ (Via asynchronous telecommunications system) appended to the appropriate code.</p> <p>See interim telehealth policy page 2,3,4 & 5 for appropriate codes.</p>	<p>perform the proposed service safely effectively via the telehealth methodology.</p>	<p>copays, deductibles or coinsurance). You can receive an initial COVID-19 test from out-of-network providers when in-network providers are not available.</p> <p>COVID-19 treatment is covered in full (no copays, deductibles or coinsurance) when treatment is provided by in-network providers. In addition, emergency services related to COVID-19 treatment administered by out-of-network providers are also covered in full.</p> <p>Harvard Pilgrim is waiving the cost share for all telemedicine services, not only COVID-19 services (no copays, deductibles, or coinsurance) delivered by in-network providers (effective for dates of service beginning March 6, 2020)</p>		<p>seven days of when you place the order. Your options are to:</p> <p>Log in to your member account at harvardpilgrim.org and click “Check drug coverage and costs” to order your medicines from OptumRx Home Delivery.</p> <p>Use the OptumRx app, available for download from the Apple Store or Google Play.</p> <p>Ask your health care provider to e-prescribe your medicine(s) to OptumRx Home Delivery.</p> <p>Ask your health care provider to phone your medicine(s) to OptumRx Home Delivery at (855) 258-1561.</p> <p>You can also ask your health care provider for a 90-day prescription for the medicines you take regularly and have</p>
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	<p>respiratory disease), consistent with CDC and World Health Organization guidelines.</p> <ul style="list-style-type: none"> In the event the provider's system is not configured to accept U07.1 yet, please use B97.29 instead. <p>Confirmed Diagnosis: When billing for services for a member with a confirmed COVID-19 diagnosis, please use U07.1, consistent with CDC and World Health Organization guidelines. In the event the provider's system is not configured to accept U07.1 yet, please use B97.29 instead. Harvard Pilgrim will cover the cost of a COVID-19 vaccination when it becomes available.</p>			<p>Commercial products: Harvard Pilgrim will provide the same coverage for out-of-network providers as well.</p> <p>Medicare: For COVID-19 services only, Harvard Pilgrim will provide the same coverage for out-of-network providers.</p>		<p>them filled at a participating retail pharmacy.</p> <p>You may also want to check your supplies of over-the-counter pain relief, fever and cough medicines.</p>
Health New		<ul style="list-style-type: none"> CPT codes 99421-99423: Physicians 	Yes, for hospital-based services, these are	Health New England is waiving cost sharing		Ensuring access to prescription

England		<p>independently billing E/M services</p> <ul style="list-style-type: none"> • CPT codes 98970-98972: Qualified, non-physician health care professional who cannot independently bill E/M services <p>Claims must be billed with POS 02. Modifier GT or 95 is required and should be appended to all applicable CPT and/or HCPCS procedure code(s) See Page 4 of Telemedicine payment policy</p>	<p>billed under the hospital NPI as facility fees with no professional component.</p> <p>Reimbursement depends upon how the facility bills. Claims are configured to pay according to payment methodologies and fee schedules outlined in the provider agreement.</p>	<p>(copayments, co-insurance and deductible) for COVID-19 Diagnostic Testing.</p> <p>Health New England is waiving copayment for medically necessary COVID-19 treatment at doctors' offices, emergency rooms and urgent care centers.</p>		<p>medication by allowing early refills of 30-day prescription maintenance medication. In addition, Health New England, has a 90-day maintenance medication benefit available to members for both retail and mail-order. We will have formulary flexibility if there are shortages or access issues, or if new treatment options become available.</p>
Tufts Health Plan		<p>Providers must submit claims with POS 02 and the appropriate modifiers to indicate when telehealth services have been rendered for professional claims. For facility claims, providers should submit Revenue Code 780 (Telemedicine, general) and the appropriate modifiers.</p> <p>95 Synchronous</p>	<p>For facility claims, providers should submit Revenue Code 780 (Telemedicine, general) and the appropriate modifiers.</p>	<p>Testing: Tufts Health Plan will pay 100% of the allowed amount for medically necessary microbiological testing (CPT code 87635), which includes CDC testing (HCPCS U0001) and non-CDC testing (HCPCS U0002). This includes diagnostic testing at drive through testing sites. Note: The AMA CPT Editorial Panel</p>	<p>Home infusion typically does not require PA but some of the infused drugs do. We are not relaxing those drug PAs, but we can accommodate transition of auths. from hospital infusion sites to the home setting where appropriate.</p>	<p>Tufts Health Plan will allow early refills of a medication prescription prior to the expiration date, including specialty pharmaceuticals. Maintenance medications may be refilled for up to a 90-day supply, assuming the days supply is available based on the unused portion of the prescription. Controlled substance</p>

		<p>Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System</p> <p>GT Via interactive audio and video telecommunication systems</p> <p>GQ Via asynchronous telecommunications system</p> <p>GO Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke</p>		<p>approved the new, specific CPT code 87635. For more information, refer to the <u>CPT Assistant AMA Fact Sheet</u>.</p> <p>There will be no member cost sharing (i.e., no copays, deductible, or coinsurance).</p> <p>Members are encouraged to see in-network providers, whenever possible. However, this policy applies to in-network and out-of-network (OON) providers. Tufts Health Plan will hold the member harmless from a financial perspective when using an OON provider.</p> <p>THP will waive any member co-payments for treatment (confirmed positive and initially suspected but without confirmed positive diagnosis). Deductible and coinsurance will still apply; only copays are waived. This applies to</p>		<p>drugs are excluded from this policy. Note: Tufts Health Together members may obtain a 90-day supply for all prescription drugs.</p> <p>Tufts Health Plan has extended pharmacy authorizations expiring through June 30, 2020 for an additional 90 days from the original expiration date.</p> <p>Due to drug shortages, Tufts Health Plan has made some brand alternative albuterol inhalers temporarily available. Providers should write '<i>covered by plan</i>' on albuterol inhalers, unless a specific product is medically necessary, to allow the flexibility in dispensing a product on-hand.</p>
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				<p>all treatment regardless of place of service, including inpatient and skilled nursing facility (SNF) services.</p> <p>Members are encouraged to see in-network providers, whenever possible. However, this policy applies to in-network and out-of-network (OON) providers. Tufts Health Plan will hold the member harmless from a financial perspective when using an OON provider.</p>		
United Healthcare		<p>Modifiers GT, GQ, GO or 95 are required instead to identify Telehealth services.</p> <p>Page 3&4 of the telemedicine policy shares the chart with codes.</p> <p>Also, for expanded telehealth services: Eligible care providers can bill for telehealth services performed using interactive audio/video or audio only, except in the</p>	<p>UnitedHealthcare will reimburse eligible codes when submitted with a place of service code 02 and modifier 95.</p> <p>Codes available here.</p>	<p>United is waiving cost-sharing for COVID-19 testing and waiving cost-sharing for COVID-19 testing related visits, whether the testing related visit is received in a health care provider’s office, an urgent care center, an emergency department or through a telehealth visit. This coverage applies to Medicare Advantage, Medicaid and fully-insured Individual and Group</p>		<p>Yes, eligible fully insured and self-funded members and OptumRx members who need early prescription refills may request one through their current pharmacy. The refill obtained will stay consistent with the standard days’ supply previously filled by the member as allowed by their plan. (30 or 90days supply)</p> <p>FAQs on pharmacy</p>

		<p>cases where we have explicitly denoted the need for interactive audio/video such as with PT/OT/ST, while a patient is at home. Here are the <u>codes</u>.</p>		<p>health plans.</p> <p>From Feb.4, 2020 and throughout this national emergency, we will waive member cost sharing for in-network and out-of-network COVID-19 testing-related telehealth visits, including both interactive audio-video and audio-only.</p> <p>United is also waiving member cost-sharing for the treatment of COVID-19 through 5/31/2020 for its fully insured Commercial, Medicare Advantage, and Medicaid members. They will work with self-funded customers who want them to implement a similar approach on their behalf.</p> <p>Starting 3/31/2020 until 6/18/2020, they will waive cost-sharing for telehealth visits related to COVID-19 testing, in addition to waiving cost-sharing</p>		<p>coverage available here:</p> <p>https://www.uhc.com/content/dam/uhc.com/en/B2B-Newsletters/b2b-pdf/covid-19/faqs-pharmacy_coverage.pdf</p>
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				for 24/7 Virtual Visits with preferred telehealth partners.		
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