

	Diagnosis Codes for Testing & Treatment	Diagnosis Codes for Telehealth Visits	Waiver of Copayments & Cost Sharing
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>AllWays will be removing cost-sharing (copayments, deductibles, or coinsurance) for COVID-19 testing and copayments for COVID-19 treatment at provider offices, retail health clinics, urgent care centers, and emergency rooms.</p> <p>Will also be removing cost-sharing for telemedicine services.</p>
BMCHP	<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 an 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>
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</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</p>	<p>Cigna will waive all customer co-pay and cost-share for any screening, testing and treatment related to COVID-19. This includes:</p>

	<p>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>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>Usual face-to-face E/M code</p> <ol style="list-style-type: none"> 1. ICD10 code B97.29 or U07.1 2. Append with GQ modifier for virtual care 	<p>The initial COVID-19 screening (virtually, in an office, or at an emergency room, urgent care center, “drive thru” specimen collection center, or other facility)</p> <p>Testing (i.e., specimen collection by clinician), Laboratory test (i.e., performed by state, hospital, or commercial laboratory)</p> <p>Treatment (those covered under Medicare or other applicable state regulations). Cigna will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable.</p> <p>This policy applies to customers in the U.S. who are covered under Cigna's employer/union sponsored insured group health plans, insured plans for U.S. 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 widespread participation, although these plans will have an opportunity to opt-out of the waiver option.</p> <p>The visit will be covered without customer cost-share if the provider determines that the visit was consistent with COVID-19 screening and evaluation purposes. The provider will need to code appropriately to indicate COVID-19 related screening, testing, or treatment.</p>
<p>Connecticare</p>	<p>Procedure Code(s) for COVID-19 Laboratory Testing: CPT Code Description</p>	<p>ConnectiCare requires Place of Service (POS) code 02 for reporting telemedicine and</p>	<p>Connecticare will waive member cost sharing; including copays, coinsurance and</p>

	<p>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)</p> <p>Modifier(s) for COVID-19 Services: CPT Code Description CR 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 J22 Lower respiratory infection Z03.818 or Z20.828</p> <p>Severe acute lower respiratory illness with confirmed cases of COVID-19: Code FIRST</p>	<p>telephone services rendered by a physician or other practitioner. Please use Place of Service 02 with Modifier GT identify telemedicine services</p> <p>Procedure Code(s) for Telephone Services: G2012 (Medicare) 99441-99443 for telephone services.</p> <p>Modifier(s) for Telehealth Services</p> <p>CR: Catastrophe/Disaster Related (Reporting only for COVID related)</p> <p>GT: Via interactive audio and video telecommunication systems. (must be real-time)</p>	<p>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.</p> <p><i>Members can, temporarily, use telehealth for covered medical and mental health services without paying a deductible, copayment, or coinsurance. Telehealth visits are free for any illness or injury – not just COVID-19. Self-funded employer plans may have different coverage or opt out of this telehealth waiver program.</i></p>
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	<p>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>		
<p>CVS/Aetna</p>		<p>The following codes require an audiovisual connection:</p> <p>G2061, G2062, G2063 - Qualified nonphysician healthcare professional online assessment, for an 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 drug</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 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 at all in-network facilities 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 the appropriate regulators.</p>

		<p>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 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</p>	
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		<p>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>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 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</p>	
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		<p>review of medication, when performed with psychotherapy services</p> <p>96116; GT or 95 - Neurobehavioral status examination</p>	
Fallon Health	<p>For members with a confirmed COVID-19 diagnosis, providers should use the following coding effective April 1: 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 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 • 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, 	<p>Providers should consult the <u>Telemedicine Policy</u> (See chart on page 4, 5 & 6) for the most appropriate code 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>Fallon members will have no cost-sharing for medically necessary COVID-19 testing and counseling at in-network doctors' offices, urgent care centers and emergency rooms.</p> <p>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.</p> <p>Fallon members will pay no copayments for treatment, but may be responsible for other cost-sharing, such as co-insurance or deductibles.</p>

	<p>confirmed as 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 to COVID-19, assign codes J80, Acute respiratory distress syndrome, and B97.29 Other coronavirus as the cause of diseases classified elsewhere • 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 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 		
Harvard Pilgrim Health Care	Testing: Harvard Pilgrim will pay for all medically necessary testing billed with	All telemedicine/ telehealth must be reported with PoS 02 (Telehealth is the	Harvard Pilgrim will cover COVID-19 testing in full without member cost-sharing

	<p>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 these codes, please use one of the following diagnosis codes along with any others as appropriate: Z03.818, Z20.828 or U07.1. • 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 respiratory disease), 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. <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</p>	<p>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 (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>(copayments, deductibles, and coinsurance).</p> <p>Harvard Pilgrim will cover COVID-19 treatment in full without member cost sharing (no copayments, deductibles, or coinsurance) for all fully insured commercial, Medicare Advantage, Medicare Supplement, and Medicare Enhance plans.</p> <p>Harvard is waiving the cost share for all telemedicine services, not only COVID-19 services (no copays, deductibles, or coinsurance) delivered by in-network providers.</p>
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	COVID-19 vaccination when it becomes available.		
Health New England		<ul style="list-style-type: none"> • CPT codes 99421-99423: Physicians independently billing E/M services • 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>Health New England is waiving cost sharing (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>
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 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>THP will cover testing (lab and diagnostic) costs in full without member cost sharing (i.e. no copays, deductible, or coinsurance). For members on closed network plans, THP will cover these costs in full at in-network providers and with out-of-network providers if a member has trouble accessing such services in-network.</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 all treatment regardless of place of service, including inpatient and skilled nursing facility (SNF) services.</p>
UnitedHealthcare		<p>Modifiers GT, GQ, GO or 95 are required instead to identify</p>	<p>United is waiving cost-sharing for COVID-19 testing and waiving cost-sharing for COVID-19 testing related visits, whether the testing</p>

		<p>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 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 codes.</p>	<p>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 health plans.</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 for 24/7 Virtual Visits with preferred telehealth partners.</p>
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