

CDPHO Telemedicine and Telephone information by plan during COVID 19 Pandemic as of 5/12/2020

Health Plan	Effective Dates if Known	Telemedicine (video) Covered?	Telemedicine Covered at standard office face to face visit rates?	Telemedicine Billing Instructions	Telephone (audio) Visit Covered ?	Telephone Visit covered at standard office face to face visit rates?	Telephone Visit Billing Instructions	Cost Share
<b>Aetna</b>	3/6/2020	Yes	Yes	Applicable in office face to face CPT, Modifier GT or 95, POS 2	Yes for 90 days	No	Per Aetna Telemedicine COVID policy Utilize CPT codes 99441, 99442 and 99443.	Will offer zero copay telemedicine visits for any reason for 90 days.
<b>Allways</b>	3/6/2020	Yes	Yes	Applicable in office face to face CPT, Modifier GT or 95, POS 2	Yes	Yes	Per AHP- Christine Murphy Telemed guidance 4/6/20 Applicable in office face to face CPT, Modifier GT , POS 2	All cost share for telemedicine waived regardless of diagnosis
<b>BCBSMA</b>	3/16/2020	Yes	Yes	Applicable in office face to face CPT, Modifier GT or 95, POS 2	Yes	Yes *Telephone codes equivalent to 99212-99214 if not billing E/M	Per Updated Partners guidance 4/15/20 May use full range of E&M codes if there is no telehealth/telephonic code that fits the description of service BCBS states that telephonic codes should utilize 99441-99443; 99495, 99496; 98966-98968 when the service fits the code POS 02 Modifier GQ for E/M- NO modifier if billing 99441-99443	Waived member cost share (co-pays, co-insurance and deductibles) for all medically necessary covered services that are provided via phone (telephonic) or video (telehealth) at no cost to members, effective retroactively to March 16, 2020.

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<b>BCBSMA Medicare Advantage*</b>	3/16/2020	Yes	Yes	Per BCBS Payment policy Medicare Advantage must follow CMS guidelines - Applicable in office face to face CPT, Modifier 95, but unclear if will accept POS 11. Continue to use POS 02	Yes	Yes* CMS guidelines established pts only	Must follow CMS guidance - Utilize 99441, 99442 and 99443	Waived member cost share (co-pays, co-insurance and deductibles) for all medically necessary covered services that are provided via phone (telephonic) or video (telehealth) at no cost to members, effective retroactively to March 16, 2020.
<b>BMC</b>	3/23/2020	Yes	Yes	Applicable in office face to face CPT with POS 02	Yes	Yes	Per Guidance published 4/1/20 Applicable in office face to face CPT and POS 02	members can receive COVID-19 testing and medically necessary treatment at no cost. Members who typically have cost-sharing responsibility will have their copays waived for COVID-19 testing and copayments, deductibles, and co-insurance will be waived for COVID treatment. Please note: this 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.
<b>Connecticare</b>	3/13/20-5/31/20	Yes	Yes	Applicable in office face to face CPT and GT modifier POS 02	Yes	No	Per CtCare published COVID Telemedicine policy Utilize CPT codes 99441, 99442 and 99443.	Will offer zero copay telemedicine visits for any reason for 90 days.

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Fallon	3/16/2020	Yes	Yes	Applicable in office face to face CPT with modifier 95 and POS 02	Yes	Yes	Per Fallon Published COVID Telemedicine policy Applicable in office face to face CPT with modifier 95 and POS 02	☑ Effective for dates of service retroactive to March 16, 2020, Fallon Health is waiving member cost-sharing (deductibles, copayments and coinsurance) for medically necessary non-COVID-19 related telehealth services for all plan members, with the exception of plan members in HSA-Qualified High Deductible Health Plans (HDHPs). For plan members in HSA-Qualified HDHPs, Fallon Health will waive member cost-sharing for non-COVID-19 related medically necessary telehealth services after the applicable deductible is met. Cost-sharing for self-insured plans may vary.
HNE Commercial	3/1/2020	Yes	Yes	Applicable in office face to face CPT, Modifier GT or 95, POS 2	Yes	Yes	HNE has advised via 4/1/20 email from Mary Humel-HNE Provider Relations Rep Applicable in office face to face CPT with modifier 95 and POS 02	When an in-network provider services our member via telehealth or telemedicine, Health New England is waiving all cost share (copayment, coinsurance, deductible) for all conditions, not just for COVID-related diagnosis. This will be effective back to March 6, 2020

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<b>HNE Medicare Advantage</b>	3/1/2020	3/1/2020	Yes	Per HNE Payment policy Medicare Advantage must follow CMS guidelines - Applicable in office face to face CPT, Modifier 95, will accept POS 11.	Yes* CMS guidelines established pts only	No	Must follow CMS guidance - Utilize 99441, 99442 and 99443	HNE waiving cost sharing (copayments, co-insurance and deductible) for COVID-19 Diagnostic Testing. <input checked="" type="checkbox"/> Health New England is waiving copayment for medically necessary COVID-19 treatment at doctors' offices, emergency rooms and urgent care centers. <input checked="" type="checkbox"/> If a vaccine becomes available, Health New England will cover the cost of the COVID-19 vaccine
<b>HPHC</b>	3/6/2020	Yes	Yes	Applicable in office face to face CPT, Modifier GT or 95, POS 2	Yes	Yes	Per Updated Partners guidance as of 4/1/20 - Applicable in office face to face CPT, modifier 95 and POS 02	Harvard Pilgrim is emphasizing the availability of our telemedicine services to our members, and is waiving the cost-sharing for telemedicine services, including behavioral health, for members of our fully insured, Medicare Supplement, Medicare Enhance and Medicare Advantage plans

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MassHealth	3/12/2020	Yes	Yes	Applicable in office face to face CPT POS 02	Yes	Yes	Per Updated guidance from Partners 4/20/20 MH Will reimburse E&Ms via phone as long as documentation and service warrants it	N/A
Medicare	3/6/2020	Yes	Yes	Per updated NGS guidance 4/14/20 Preferred Billing: For all telehealth services, provider should bill the site of service from which it is performed (e.g., office POS 11) and add a modifier 95 to the service.	Yes	Yes* Medicare has updated fees on 4/30/20 retro to 3/1/2020 to be consistent with in office rates 99212-99214	Per CMS guidance 3/31/20Utilize 99441, 99442, 99443. Use POS 11 and Per guidance 4/30/2020 append Modifier 95. Medicare has updated fees retro to 3/1/2020 to be consistent with in office rates 99212-99214	Coinsurance and deductible generally apply. However, HHS OIG providing flexibility for providers to waive cost sharing for telehealth visits

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<b>Tufts Health Plan and Tufts Public</b>	3/6/2020	Yes	Yes	Applicable in office face to face CPT, Modifier GT or 95, POS 2	Yes	Yes	Per Updated Partners guidance as of 4/1/20 - E&M Code face to face in office visit code with appropriate Modifier and POS 2	Tufts Health Plan will waive member cost share for both in-network and OON telehealth services. This includes both facility and professional services
<b>Tufts Medicare Preferred</b>		Yes	Yes	Per THP Payment policy Medicare Advantage must follow CMS guidelines - Applicable in office face to face CPT, Modifier 95, but unclear if will accept POS 11. Per Rep 4/17/20 Continue to use POS 02	Yes* CMS guidelines established pts only	No	Must follow CMS guidance - Utilize 99441, 99442 and 99443	Tufts Health Plan will waive member cost share for both in-network and OON telehealth services. This includes both facility and professional services
<b>Unicare</b>	3/16/2020	Yes	Yes	Applicable in office face to face CPT, Modifier GT or 95, POS 2	Yes	Yes	Per Updated Unicare Guidance 4/6/20 E&M face to face in office visit code with POS 02	Cost sharing waived for COVID related diagnosis. Unknown for other related Diagnoses

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USFHP	N/A	Yes	Yes	Applicable in office face to face CPT, Modifier GT or 95, POS 2	Yes	Yes	Per Updated guidance 4/10/20 Applicable in office face to face CPT , modifier GQ	Cost sharing waived for PCP and BH visits but NOT Specialist services

**Documentation requirements for a telehealth or telephone service are the same as those required for any face-to-face encounter, with the addition of the following:**

- \*A statement of consent from patient and that the service was provided using telemedicine or telephone
- \*The location of the patient;
- \*The location of the provider;
- \*The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.