NOTE: This is our best information as of 4/14/2020. Visits for patient seen physically face to face will be processed the same as prior to COVID, with the exception where plans cover COVID related diagnoses at 100%.

Real-Time/Synchronous Audio-video

	BCBSRI-Medicare Advantage	BCBSRI	NHP RiteCare	NHP Commercial	NHP Commercial	UHC-Comm	UHC-Medicare	UHC-Ritecare	Tufts	Aetna	Harvard Pilgrim	Cigna	RI Medicaid	Medicare
Parity (% of usual payment for F2F services)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Visit Codes	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	99201- 99205/99211- 99215	99201-99205 99212-99215 X1000 COVID Triage 5-10 min Many BH services SNF/NF Services	99201-99215; G0402, G0438, G0439 (and all CMS designated telehealth services)
Modifier Codes	CR	GT and CR*	CR	CR	CR	95	95	95	GT or 95	GT/95	GT/95	GQ	N/A	95
Place of Service Codes	02	02	02	02	02	11	11	11	02	02	02	11	02	11 (if normally seen in office. Otherwise use patient site eg home, SNF)
Patient Cost Sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	None for Primary Care of Behavioral Health, otherwise Cost Sharing Applies	No cost sharing	No cost sharing	Cost Sharing Applies	Cost Sharing Applies (usually N/A)	Cost Sharing Applies
Payor Documentation Requirements and other Special Notes	*BCBSRI requires time spent to be documented to substantiate coding. Although BCBSRI only needs CR modifier, out of state plans likely utilize GT. For consistency, both modifiers can be used on all BCBSRI claims and the CR will be recognized for in state claims and GT will be recognized for out of state claims			Same as face to face visits			Same as face to face visits		°A statement that the service was provided using telemedicine or telephone consult; °The location of the patient; °The location of the provider; and °The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.	Same as face to face visits	Same as face to face visits	Same as face to face visits	Same as face to face visits. We are awaiting Medicaid clarification regarding inpatient services.	total time on the date of the
Link to Policy	BCBSRI	BCBSRI	<u>NHPRI</u>	<u>NHPRI</u>	<u>NHPRI</u>	<u>UHC</u>	<u>UHC</u>	<u>UHC</u>	<u>Tufts</u>	<u>Aetna</u>	<u>HP</u>	<u>Cigna</u>	RI Medicaid	<u>CMS</u>
Additional Credentialing								None Required						
Required Platform		HIPAA -Compliant Platform not required												

^{*}Payment policy for participating providers. Some plans also offer for external providers. Grid applies to local provider network

Telephone/Audio only Visit

						<u>тетер</u>	hone/Audio on	iy visit_						
	BCBSRI-Medicare Advantage	BCBSRI (not incl out of state)	NHP RiteCare	NHP Commercial	NHP Duals	UHC-Comm	UHC-Medicare	UHC-Ritecare	Tufts	Aetna* (policy not updated)	Harvard Pilgrim	Cigna	RI Medicaid	Medicare
Mirrors Real Time/Synchronous Policy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Parity (% of usual payment for F2F services)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Visit Codes	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	G2010,G2012; 96156; 98966 - 98968; 99441- 99443; 90791, 90792, 90832- 90834; 90836- 90840; 90839- 90840; 90845- 90847; 90853, 90863, 96116	all appropriate services	99201- 99205/99211- 99215	see RI Medicaid Policy Link	G2012 (5-10); 99441 (5-10), 99442 (11-20), 99443 (21-30); 99358 (30+); 98986- 98988 for non E/M reporters.
Modifier Codes	CR	CR	CR	CR	CR	GT	GT	GT	GT	GT/95	GT/95	GQ	N/A	N/A
Place of Service Codes	02	02	02	02	02	11	11	11	02	11	02	11	02	11
Patient Cost Sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	None for Primary Care of Behavioral Health, otherwise Cost Sharing Applies	No cost sharing	No cost sharing	Cost Sharing Applies	Cost Sharing Applies (usually N/A)	Cost Sharing Applies
Payor Documentation Requirements and Other Special Notes	*BCBSRI requires time spent to be documented to substantiate coding. Although BCBSRI only needs CR modifier, out of state plans likely utilize GT. For consistency, both modifiers can be used on all BCBSRI claims and the CR will be recognized for in state claims and GT will be recognized for out of state claims. Not all Blue Cross plans treat telephone-only the same as video, so plan specific policies should be validated.			me as face to face vi			ame as face to face vi		°A statement that the service was provided using telemedicine or telephone consult; °The location of the patient; °The location of the provider; and °The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.	clarity, but the policy may be read as inconsistent with OHIC regulation if so limited. Self-insured accounts are not regulated by OHIC. Aetna has been contacted and awaiting clarification	Same as face to face visits	Same as face to face visits	Same as face to face visits. We are awaiting Medicaid clarification regarding inpatient services.	Allowed for new and established patients despite code langauge. Time based codesdocument time.
Link to Policy	<u>BCBSRI</u>	<u>BCBSRI</u>	<u>NHPRI</u>	<u>NHPRI</u>	<u>NHPRI</u>	<u>UHC</u>	<u>UHC</u>	UHC	<u>Tufts</u>	<u>Aetna</u>	<u>HP</u>	<u>Cigna</u>	RI Medicaid	<u>CMS</u>
Additional Credentialing		1	1	1	ī	1	T	None Required	T	T		1	ı	
Additional Requirements	all providers	all providers	all providers	all providers	PCP only (in initial policy, presumably now all providers)	all providers	all providers	all providers	all providers	all providers	all providers	all providers	all providers	all providers
			·	·	·	·	·		· · · · · · · · · · · · · · · · · · ·			·		

^{*}Payment policy for participating providers. Some plans also offer for external providers. Grid applies to local provider network

On-Line Digital Evaluation and Management-Rhode Island Payer Grid

	BCBSRI-Medicare Advantage	BCBSRI	NHP Rite Care	NHP Commercial	NHP Duals	UHC-Comm	UHC-Medicare	UHC-Ritecare	Tufts	Aetna	Harvard Pilgrim	Cigna	RI Medicaid	Medicare
Parity (% of usual payment for F2F services)	Nonbillable	Nonbillable	Nonbillable	Nonbillable	Nonbillable	Covered	Covered	Covered	Nonbillable	Nonbillable	Covered	Nonbillable	Nonbillable	Covered
Visit Codes	N/A	N/A	N/A	N/A	N/A	99421-99423 for those who may report E/M; G2061- G2063 for those who may not report E/M	99421-99423 for those who may report E/M; G2061- G2063 for those who may not report E/M	99421-99423 for those who may report E/M; G2061- G2063 for those who may not report E/M	N/A	N/A	99421-99423	N/A	N/A	99421-99423 for those who may report E/M; G2061- G2063 for those who may not report E/M
Modifier Codes	N/A	N/A	N/A	N/A	N/A	None	None	None	N/A	N/A	None	N/A	N/A	None
Place of Service Codes	N/A	N/A	N/A	N/A	N/A	11	11	11	N/A	N/A	11	N/A	N/A	11
Patient Cost Sharing	N/A	N/A	N/A	N/A	N/A	Cost-sharing Applies	Cost-sharing Applies	Cost-sharing Applies	N/A	N/A	No cost share	N/A	N/A	Cost-sharing Applies
Payor Specific Requirements					Allowed for new and established patients despite code langauge. Time based codes- document time.									Allowed for new and established patients despite code langauge. Time based codes- document time.
Link to Policy	N/A	N/A	N/A	N/A	N/A	UHC	<u>UHC</u>	UHC	N/A	N/A	<u>HP</u>	N/A	N/A	<u>CMS</u>
Additional Credentialing				1	ı	1	1	None Required		<u> </u>	1		1	L
Required Platform		HIPAA -Compliant Platform not required*												
Coding Guidelines		Refer to CPT for guidelines. Must be established patient initiated using digital platform and requiring E/M. Time is not just on-line time.												

Interprofessional Consultations (including "eConsult")

		BCBSRI (not incl			<u></u>		onsuitations (n	<u>nciuaing "eConsu</u>	<u> /</u>					T
	BCBSRI-MA	out of state)	NHP Rite Care	NHP Commercial	NHP Duals	UHC-Comm	UHC-Medicare	UHC-Ritecare	Tufts	Aetna	Harvard Pilgrim	Cigna	RI Medicaid	Medicare
Parity (% of usual payment for F2F services)	Nonbillable	Nonbillable	Nonbillable	Nonbillable	Nonbillable	Covered, same as Medicare FFS	Nonbillable	Covered, same as Medicare FFS	Nonbillable	Covered, same as Medicare FFS	Reimbursed for Facility Only	Nonbillable	Nonbillable	Covered, same as Medicare FFS
Visit Codes	N/A	N/A	N/A	N/A	N/A	99446-99449, 99451, 99452	N/A	99446-99449, 99451, 99452	N/A	99446-99449, 99451, 99452	N/A	N/A	N/A	99446-99449, 99451, 99452
Modifier Codes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Place of Service Codes	N/A	N/A	N/A	N/A	N/A	patient POS	N/A	patient POS	N/A	patient POS	N/A	N/A	N/A	patient POS
Patient Cost Sharing	N/A	N/A	N/A	N/A	N/A	Cost-sharing Applies	N/A	Cost-sharing Applies	N/A	No Cost Share	N/A	N/A	N/A	Cost-sharing Applies
Link to Policy	N/A	N/A	N/A	N/A	N/A	<u>UHC</u>	N/A	<u>UHC</u>	N/A	N/A	N/A	N/A	N/A	CMS
Additional Credentialing								None Required						
Required Platform		None Required												
Other Requirements		None - see coding guidelines												

^{*}Payment policy for participating providers. Some plans also offer for external providers. Grid applies to local provider network

Diagnosis Codes	Signs and Symptoms with no definitive diagnosis, assign appropriate code for each sign and symptom such as: RO5, Cough; RO6.02 Shortness of breath						
	Possible Exposure to COVID-19, but ruled out - 203.818, Encounter for observation for suspected exposure to other biological agents ruled out						
	Actual Exposure to someone with confirmed COVID-19 - 220.828, Contact with and (suspected) exposure to other viral communicable diseases.						
	COVID 19 - U07.1 , effective 4/1/2020						

Modifiers	GT	Real time A/V interactive - See GT Acceptable Codes Tab
	95	Use Modifier GT unless explicitly noted by payor or for codes on 95 list and NOT on GT list

Medical Nutrition Therapy	Allowed by all insure	ers
Prolonged Services	99358	Medicare pays for prolonged services 30+ minutes on a single day

Covered by BCBSRI; Should be included by Medicaid and all Commercial plans based on guidance

Policy Links

After Hours Codes

BCBSRI Standard Policies

99050, 99051

BCBSRI Temp Telemedicine

Preventive Policy <u>BCBSRI Preventive Visits</u>
BCBSRI Temp Telephone <u>BCBSRI Temporary Policy</u>

Medicare (CMS) CMS

FAQ Medicare FAQ

Telehealth CPT/HCPCS

codes <u>Telehealth CPT/HCPCS Codes</u>

Modified Rule, providing guidance on use of Modifier 95 - see page 15 in paragraph beginning "To implement this change on

an interim basis" Modified Rule

 Tufts
 Tufts

 United
 UHC

 Aetna
 Aetna

 RI Medicaid
 RI Medicaid

NHPRI NHPRI

Harvard Pilgrim
Cigna
Cigna
Cigna

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