Temporary COVID-19 Telehealth Payment Policy

Applies to the following Tufts Health Plan products:

- ☒ Tufts Health Plan Commercial (including Tufts Health Freedom Plan)[1]
- ☒ Tufts Medicare Preferred HMO (a Medicare Advantage product)[2]
- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)[2]

Applies to the following Tufts Health Public Plans products:

- ☒ Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- ☒ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☒ Tufts Health Unify (OneCare Plan; a dual-eligible product)

Until further notice, the following temporary payment policy has been implemented for all Tufts Health Plan products for dates of services on or after March 6, 2020 (unless otherwise specified below), in connection with the COVID-19 pandemic. This policy applies for all diagnoses and is not specific to a COVID-19 diagnosis.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary telemedicine services consistent with applicable state mandates[3] and in accordance with the member's benefit plan document. Some self-insured groups may choose to voluntarily elect to offer coverage.

All Tufts Health Plan contracting providers, including specialists and urgent care facilities, may provide telemedicine services to members for all medical (well visits/preventive, sick visits, preadmission screenings), behavioral health, ancillary health and home health care visits (i.e. skilled nursing, PT, OT and ST) for both new and existing patients.

Note: There are no restrictions on service type for BH providers, including individual and group behavioral health services.

Telehealth also includes telephone consultation. **Note:** For Medicare products, under CMS rules, special codes already exist for certain telephonic services and those codes will be paid at the CMS fee schedule.

Services covered under telehealth should be clinically appropriate and not require in-person assessment and/or treatment. Tufts Health Plan defers to the provider to make this determination.

Documentation Requirements

Documentation requirements for telehealth services are the same as those required for any face-to-face encounter, with the addition of the following:

- A statement that the service was provided using telemedicine or telephone consult;
- The location of the patient;
- The location of the provider; and

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[1] Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink℠ when Tufts Health Plan is the primary administrator.

[2] Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

[3] Per N.H. RSA § 415-J:1, N.H. SB-258 and R.I.G.L. § 27-81.

- The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.

Providers do not need to use Teladoc to provide services to members. As previously communicated, Teladoc is an additional benefit available to some Commercial members that is outside the scope of this payment policy.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Provider Services.

Member Cost-Share

In-Network Providers

Member cost share is waived for all in-network professional and facility telehealth services for dates of service through December 31, 2020. Providers should not collect a copay from members.

Effective for dates of service on or after January 1, 2021, any applicable member copays and other cost share will apply to all **non-COVID-19** telehealth services (with the exception of primary care and behavioral health telemedicine services for Rhode Island Commercial members). Applicable member copays and other applicable cost share will continue to be waived for COVID-19-related, in-network, medically necessary services. A COVID-19 diagnosis must be submitted on the claim for the waived cost share to continue to apply. Refer to the Coronavirus (COVID-19) Updates for Providers page for additional information.

Out-of-Network Providers

Standard coverage policies and benefits (including applicable cost share) apply for out-of-network (OON) telemedicine services.

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Referrals and prior authorization are not required for in-network telehealth services.

All plans that require a referral or authorization to receive OON services, should follow standard, pre-COVID procedures for receiving OON care. The only exception is for COVID-related care, for which authorization requirements continue to be waived. Refer to Historical Telemedicine Guidelines section for information on previous OON authorization policies.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the Professional Services and Facilities Payment Policy.

Providers must submit telehealth claims in accordance with applicable state and federal requirements.

Professional Claims

Providers should submit claims for telehealth visits, as outlined below:

Commercial and Tufts Health Direct

- Submit claims with place of service (POS) 02 **or** the appropriate telehealth modifiers (see table below) to differentiate a telehealth visit from an in-person visit.
- Tufts Health Plan will accept the POS that would have been used had the services been rendered in person, provided the appropriate telehealth modifier is also on the claim to indicate a telehealth visit.

Tufts Medicare Preferred

- In accordance with CMS guidelines, submit claims with modifier 95
- Do not submit claims with modifiers GO or GQ

Tufts Health Plan SCO and Tufts Health Unify

- In accordance with CMS and MassHealth guidelines, submit claims with modifiers GT and 95 and POS 02.

Tufts Health Together

- In accordance with MassHealth requirements, submit claims with modifier GT and POS 02.

Tufts Health RITogether

- In accordance with Rhode Island EOHHS requirements, submit claims with POS 02. Effective for dates of service on or after February 1, 2021, telehealth claims submitted with a POS other than POS 02 will deny.

Facility Claims

For facility claims, providers should submit the appropriate revenue code(s), CPT/HCPCS code(s) and modifier(s).

Telehealth/Telemedicine Modifiers

In addition to the guidelines above, providers should continue to bill with the appropriate license-level modifier and all other billing guidelines as specified in the applicable payment policies.

Modifiers	Modifier Description	Modifier Definition
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system	Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. Modifier 95 may only be appended to the services listed in Appendix P. Appendix P is the list of CPT codes for services that are typically performed face-to-face but may be rendered via real-time (synchronous) interactive audio and video telecommunications system.
GT	Via interactive audio and video telecommunication systems	Modifier used to indicate telehealth services. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.
GQ	Via asynchronous telecommunications system	Modifier used to indicate telehealth services. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke	None provided

Refer to the temporary COVID-19 telehealth/telemedicine code lists for Commercial, Senior Products and Tufts Health Public Plans for a list of common telehealth codes accepted by Tufts Health Plan.

Note: These lists are not all inclusive nor a guarantee of payment or final indication of how specific claim(s) will be adjudicated.

COMPENSATION/REIMBURSEMENT INFORMATION

Tufts Health Plan will compensate in-network providers at 100% of their contracted rate for services rendered in person, as specified in provider agreements, until further notice. The telehealth reduction will not apply.

Note: Tufts Health Plan is not paying a separate rate for hosting telehealth services for Commercial products.

Services provided outside usual office hours through interactive mechanisms are not eligible for the addition of a 99050, 99051, 99053, 99056, 99058, or 99060 code, since interactive services are not limited to standard office hour time frames.

Communication with the member's PCP and other treating providers is expected as part of the service and is not compensated separately. Provider-to-provider discussions without the member being present are not separately compensated.

Online Digital E&M Services

Effective for dates of service on or after January 1, 2021:

- Tufts Health Plan will limit 99421-99423, 98970-98972 (online digital E&M services) to one combined unit within a seven-day period
- Tufts Health Plan will not routinely compensate 99421-99423 (online digital E&M services) when billed within seven days of certain other E&M services:
  - 99091 (collection and interpretation of physiologic data)
  - 99487-99489 (complex chronic care management services)
  - 99495-99496 (transitional care management services)
  - 99339-99340 (individual physician supervision of a patient [patient not present] in home, domiciliary or rest home)
  - 99374-99380 (supervision of a patient under home health, hospice or nursing care)

Interprofessional Telephone/Internet Consultations

Effective for dates of service on or after January 1, 2021, Tufts Health Plan will not routinely compensate 99446-99449, or 99451 (interprofessional telephone/internet consultation) if any face-to-face service has been billed on the same date or within the previous 14 days.

Effective for dates of service on or after January 1, 2021, Tufts Health Plan will limit 99446-99449 or 99451 (interprofessional telephone/internet consultation) in any combination to one unit in seven days.

Remote Physiologic Monitoring

Effective for dates of service on or after January 1, 2021, Tufts Health Plan will not routinely compensate for the following:

- 99474 (separate self-measurements of blood pressure twice daily over 30-day period) if billed more than once in the same month.
- 99457 (remote physiologic monitoring treatment management services) unless 99473 or 99474 (self-measured blood pressure device services) has been billed in the previous 30 days.

Modifier G0 (Senior Products and Tufts Health Public Plans only)

Effective for dates of service on or after January 1, 2021, Tufts Health Plan will not routinely compensate professional claims for services inappropriately billed with telehealth services modifier G0 (telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke).

HISTORICAL TELEMEDICINE GUIDELINES

Prior to July 20, 2020, Referrals and/or authorizations for plans which require referrals and/or authorizations to see OON specialists were waived for telehealth services, when services were related to the following:

- COVID-19
- Inpatient care
- Post-acute care, including inpatient rehab, skilled nursing facilities, long-term acute care (LTAC), and/or home care following an inpatient admission
- Primary care or outpatient behavioral health services
- No member cost share for facility and professional services

ADDITIONAL RESOURCES

- Coronavirus (COVID-19) Updates for Providers

DOCUMENT HISTORY

- February 2021: Policy created from previously published website content; unless otherwise noted, all policies are effective beginning with dates of services on or after March 6, 2020

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink℠ for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.