

## Temporary COVID-19 Telehealth/Telemedicine Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial<sup>1</sup>
- Tufts Medicare Preferred HMO (a Medicare Advantage product)<sup>2</sup>
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)<sup>2</sup>

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)

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The following temporary payment policy has been implemented for all Tufts Health Plan products for dates of services from March 6, 2020 (unless otherwise specified below) **through August 31, 2022**. This policy is applicable for all diagnoses and is not specific to a COVID-19 diagnosis.

For telehealth/telemedicine services for dates of service on or after September 1, 2022, providers will be expected to adhere to the billing guidance outlined in the standard [Telehealth/Telemedicine Payment Policy](#).

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 telehealth/telemedicine services consistent with applicable state mandates 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 telehealth/telemedicine services to members for medical, behavioral health, ancillary health, and home health care visits (i.e., skilled nursing, PT, OT, and ST) for new and existing patients. For more information on provider telehealth responsibilities for Massachusetts products, refer to the *Telehealth Responsibilities* section of the Providers chapter in the Provider Manuals for [Commercial](#) and [Tufts Health Public Plans](#).

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

Services covered under telehealth/telemedicine services 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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<sup>1</sup> Commercial products include HMO, POS, PPO, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

<sup>2</sup> Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

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

**Note:** Providers do not need to use the Teladoc platform 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**

There is no member responsibility for covered services for Tufts Health Plan SCO members, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

#### **In-Network Providers**

Any applicable member cost share will apply to all **non-COVID-19** telehealth services, except for primary care and BH telemedicine services for members of plans issued in Rhode Island to commercial employer groups. Cost share for these services will be reinstated effective at the conclusion of the Rhode Island State of Emergency, unless otherwise extended by state orders.

Tufts Health Plan has reinstated member cost share for COVID-19-related, in-network, medically necessary services as outlined below:

<b>Product</b>	<b>Effective for DOS beginning</b>
Tufts Medicare Preferred HMO	August 7, 2021
Rhode Island Commercial	At the conclusion of the Rhode Island State of Emergency

Applicable cost share continues to be waived for COVID-19-related, in-network, medically necessary services for Massachusetts Commercial and Tufts Health Direct members. A COVID-19 diagnosis must be submitted on the claim for cost share to be waived. Refer to the [Coronavirus \(COVID-19\) Updates for Providers](#) page for additional information.

#### **Self-Insured groups**

The following self-insured groups continue to waive cost share for in-network telehealth services:

- Wentworth Douglass Hospital
- Sturdy Memorial Hospital
- Excel Academy
- Tufts University

The list above will be updated regularly as cost share for in-network telehealth services is reinstated. However, providers should contact [Provider Services](#) prior to rendering services to determine a member's current benefits, including cost share.

#### **Cost Share Reinstatement for Self-Insured Groups**

<b>Group</b>	<b>Effective for DOS beginning</b>
Commonwealth of Massachusetts (GIC) City of Marlborough Cape Cod Healthcare (for COVID-19 treatment and non-BH/SUD services) Wheaton College	July 1, 2021
Partners Health Care	August 1, 2021
Lasell University	January 1, 2022
Tufts Health Plan	May 1, 2022

#### **Out-of-Network Providers**

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

## REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Referral requirements have been reinstated for Commercial and Tufts Health Direct products. Referral requirements continue to be waived for Senior Products, Tufts Health Together, and Tufts Health Unify.

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. For additional information on prior authorization guidelines for COVID-19 related care, refer to [Coronavirus \(COVID-19\) Updates for Providers](#). 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.

## DOS BEGINNING JANUARY 1, 2022

### Professional Claims

Effective for dates of service beginning January 1, 2022, submit the following POS codes in accordance with updated CMS guidance. The description for POS 02 has been revised and POS 10 has been created as of this date to provide greater reporting specificity.

For all products:

- Telemedicine/telehealth claims must be reported with either POS 02 **or** POS 10, depending on the patient's location
- Submit the appropriate modifier when applicable

POS	Description	Definition
02	Telehealth provided other than in patient's home	Patient is not located in their home when receiving health services or health-related services through telecommunication technology
10	Telehealth provided in patient's home	Patient <b>is</b> in their home (a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health-related services through telecommunication technology

### **Modifier Requirements for Tufts Health Plan SCO, Tufts Health Together, Tufts Health Unify**

Effective for DOS beginning April 1, 2022, submit POS 02 **or** 10 and append the appropriate modifier below to indicate the type of modality. Claims for DOS beginning April 16, 2022 that are submitted without one of the following modifiers will deny:

- Modifier 95 (services rendered via **audio-video** telehealth)
- Modifier V3 (services rendered via **audio-only** telehealth)
- Modifier GQ (services rendered via **asynchronous** telehealth)

### **Tufts Health RITogether**

Submit telehealth claims with POS 02 or 10. Claims not submitted with the appropriate POS codes will deny (February 1, 2022 for POS 02 and April 30 for POS 10).

### **Facility Claims**

Providers should submit the appropriate revenue code(s), CPT/HCPCS code(s) and modifier(s).

### **Tufts Health Plan SCO, Tufts Health Together, Tufts Health Unify**

Submit modifier GT on facility claims for telehealth services. Claims with DOS beginning April 1, 2022 submitted without this modifier will deny.

## DOS PRIOR TO JANUARY 1, 2022

For DOS **prior to** January 1, 2022, providers should submit telehealth claims with the following place of service (POS) and modifier combinations:

Product	Billing Instructions
Commercial Tufts Health Direct	POS 02 <b>or</b> the appropriate telehealth modifier (see modifier table below) Note: Tufts Health Plan will accept the POS that would have been used had the services been rendered in person, provided the appropriate modifier is on the claim
Tufts Medicare Preferred HMO	Submit modifier 95 (Do not use modifiers GO or GQ)
Tufts Health Plan SCO Tufts Health Unify	Submit POS 02 + modifiers GT <b>and</b> 95
Tufts Health Together	Submit POS 02 + modifier GT
Tufts Health RITogether	Submit POS 02

### TELEHEALTH/TELEMEDICINE MODIFIERS

In addition to the guidelines in the previous section, providers should bill with the appropriate license-level modifier and all other billing guidelines, as specified in the applicable [payment policies](#).

Modifier	Description	Definition
95	Synchronous telemedicine service rendered via a real-time interactive audio/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 synchronous telemedicine services 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. <ul style="list-style-type: none"> <li>Modifier 95 may only be appended to the services listed in Appendix P</li> </ul>
FQ	Audio-only communication technology	The service was furnished using audio-only communication technology ( <b>Note:</b> This modifier is effective for DOS beginning January 1, 2022)
FR	Two-way, audio/video communication	The supervising practitioner was present through two-way, audio/video communication technology ( <b>Note:</b> This modifier is effective for DOS beginning January 1, 2022)
GT	Interactive audio/video telecommunication systems	Interactive audio/video telehealth services. Except for demonstrations in Alaska and Hawaii, all telehealth must be interactive.
GQ	Asynchronous telecommunications system	Asynchronous 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
V3	Audio-only communication technology	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 does not pay a separate rate for hosting telehealth services for Commercial products.

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 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**

- 99421-99423, 98970-98972 (online digital E&M services) are limited to one combined unit (any code) within a seven-day period
- 99421-99423 (online digital E&M services) are not compensated if 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**

- 99446-99449 or 99451 (interprofessional telephone/internet consultation) are not compensated if any face-to-face service has been billed on the same DOS or within the previous 14 days.
- 99446-99449 or 99451 are limited to one unit (any code) in seven days.

#### **Remote Physiologic Monitoring**

- 99474 (separate self-measurements of blood pressure twice daily over 30-day period) is not compensated more than once in the same month.
- 99457 (remote physiologic monitoring treatment management services) is not compensated 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)**

Tufts Health Plan does 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 TELEHEALTH/TELEMEDICINE GUIDELINES**

#### **Member Cost-Share**

Prior to January 1, 2021, member cost share was waived for all in-network professional and facility telehealth services.

#### **Out-of-Network Referrals and Prior Authorizations**

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

### **Commercial Referral Requirements**

Referral requirements for telehealth services were reinstated for the following:

- Massachusetts Commercial products: Effective for dates of service on or after July 1, 2021
- Rhode Island Commercial products: Effective for dates of service on or after July 9, 2021

### **ADDITIONAL RESOURCES**

- [Coronavirus \(COVID-19\) Updates for Providers](#)

### **DOCUMENT HISTORY**

- July 2022: Clarified policy is effective for dates of service through August 31, 2022
- June 2022: Clarified referral requirements for Commercial and Tufts Health Direct products; added referral reinstatement dates for Commercial Massachusetts and Rhode Island products to Historical Telehealth/Telemedicine Guidelines section
- May 2022: Added Tufts Health Plan to list of groups who have reinstated cost share effective for DOS beginning May 1, 2022; formatting updates
- March 2022: Clarified billing requirements for all products for dates of service prior to January 1, 2022
- January 2022: Updated billing requirements effective for dates of service on or after January 1, 2022 to include POS 02 (revised description), POS 10 (new), modifiers FQ and FR (new); added updated required modifier information in accordance with [MCE Bulletin 74](#) and [All Provider Bulletin 327](#)
- November 2021: Revised telehealth cost share for Rhode Island Commercial in accordance with state orders being extended
- October 2021: Updated cost share information for Lasell University, effective for dates of service on or after January 1, 2022; Revised telehealth cost share for Rhode Island Commercial in accordance with state orders being extended
- September 2021: Revised telehealth cost share for Rhode Island Commercial in accordance with state orders being extended through October 2, 2021
- August 2021: Revised cost share information for telehealth services with a COVID-19 diagnosis
- July 2021: Added reference to telehealth responsibilities in the Commercial and Tufts Health Public Plans Provider Manuals; updated cost share information for Partners Health Care, effective for dates of service on or after August 1, 2021; formatting updates
- June 2021: Reinstating cost share for members Rhode Island Commercial members and Tufts Health Medicare Preferred HMO, effective for dates of service on or after August 7, 2021; removed the end date for waiving of telehealth cost share for Excel Academy
- May 2021: Added list of self-insured groups waiving telehealth cost share; updated Cape Cod Healthcare cost share information; effective for dates of service on or after June 1, 2021; updated telehealth cost share information for Cape Cod Healthcare, Excel Academy, and Wheaton College, effective for dates of service on or after July 1, 2021
- April 2021: Clarified cost share for members of plans issued in Rhode Island to commercial employer groups
- 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<sup>SM</sup> 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.