

COVID-19 Policy for Participating Providers, during the State of Emergency

(Effective March 6, 2020)

(subject to change)

Policy

AllWays Health Partners reimburses contracted providers for covered, medically necessary services for the diagnosis and treatment of Covid-19.

Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the AllWays Health Partners Payment Policy and by the provider's agreement with AllWays Health Partners. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

AllWays Health Partners reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [Coding Provider Payment Guidelines](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

Telemedicine During the State of Emergency

In an effort to help prevent the spread of the Covid-19, AllWays Health Partners, in alignment with the DOI and other regulatory guidance, is expanding the scope of allowed telemedicine services, and of provider specialties that can render care virtually, when clinically appropriate and medically necessary.

Note: Providers contracted with AllWays Health Partners to provide care to My Care Family members, must refer to MassHealth bulletins and transmittals, for guidance on billing for telemedicine services. For telemedicine visits to be reimbursed the same as in-person visits, E/M's must be billed with modifiers GT or 95 and place of service 02.

<https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>

The Telemedicine table below describes:

- a. which Commercial providers can render care via telemedicine/telephonic, and
- b. whether or not that care applies copayment, deductible or coinsurance

| Provider Type | Service | Place of service | Codes | Copay | Deductible | Coinsurance | Reimbursement |
|--|--|------------------|---|-------|------------|-------------|--|
| *Physicians or qualified healthcare professionals | Covid-19 and Non-Covid-19 treatment | 02 | 99201-99205, 99211-99215, ***99381-99387, 99391-99397 w/modifiers GT or 95, POS 02; or the following telephonic/digital codes: 99421-99423 or 99441-99443, (where applicable) | No | No | No | 99201-99205, 99211-99215, ***99381-99387, 99391-99397 reimbursed at in-person rate if billed per Telemedicine PPG and 99421-99423 or 99441-99443, reimbursed per provider's contract (RVU's) |
| ANCILLARY PROVIDER TYPES | | | | | | | |
| **Qualified Non-physician healthcare professionals | Non-Covid-19 treatment | 02 | Current fee schedule code set, with modifiers GT or 95, POS 02; or the following telephonic/digital codes: 98966-98968 or 98970-98972 (where applicable) | No | No | No | Per provider's contract |

*Physicians or other qualified healthcare professionals include: Internists, Family Practitioners, Pediatricians, Dermatologists, Cardiologists, Pulmonologists, Podiatrists, Radiologists, Physician Assistants, Nurse Practitioners

**Qualified Non-physician healthcare professionals include, but are not limited to: Licensed Dietitians/Nutritionists, Chiropractors, Optometrists, Physical Therapists, Occupational Therapists, Speech-Language Pathologists

***If a preventive visit has been rendered and billed via telehealth, AllWays Health Partners does not separately reimburse for a follow-up preventive visit. Vaccine administration is separately reimbursable.

Telemedicine visits must be billed on a CMS 1500 Form, unless UB04 billing for professional services is supported within the provider contract. If the provider contract supports UB04 billing for professional services, the provider must bill the appropriate revenue codes & CPT codes coupled with telemedicine modifiers (GT/95).

Covid-19 Specimen Collection and Labs during the State of Emergency

In an effort to help prevent the spread of the Covid-19, AllWays Health Partners, in alignment with the DOI and other regulatory guidance, is expanding the scope of allowed specimen collection and lab services, when clinically appropriate and medically necessary, as ordered by provider.

Note: Providers contracted with AllWays Health Partners to provide care to My Care Family members, must refer to MassHealth bulletins and transmittals, for guidance on billing for specimen collection and Covid-19 lab tests.

<https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>

The Specimen Collection and Lab table below describes:

- a. which Covid-19 specimen collection codes and labs are reimbursable when clinically appropriate and medically necessary, and
- b. whether or not that care applies copayment, deductible or coinsurance

| Service | Codes | Copay | Deductible | Coinsurance | Reimbursement |
|------------------------------|---------------------|-------|------------|-------------|------------------------------------|
| Covid-19 Specimen Collection | G2023, G2024, C9803 | No | No | No | Reimbursed per provider's contract |

| | | | | | |
|---------------------------------|--------------------------------|----|----|----|------------------------------------|
| Covid-19 CDC-Lab Test | U0001 | No | No | No | Not Reimbursable – CDC test only |
| Covid-19 Lab Tests | 87635 & U0002 U0003 & U0004 | No | No | No | Reimbursed per provider's contract |
| Covid-19 Antibody Testing | 86328 & 86769 | No | No | No | Reimbursed per provider's contract |

Note: AllWays Health Partners will only accept claims for services that you, your organization or your staff perform. Pass-through billing is not permitted except during the MA State of Emergency, under the following conditions:

A participating non-lab provider may bill on behalf of a non-participating lab for Covid-19 PCR and antigen testing only. The non-lab provider must append modifier 90 to the line containing the Covid-19 lab test and include the non-participating lab NPI in the referring provider field on the claim.

Covid-19 Coding Reference Table Below:

- a. The list of Covid-19 related telemedicine, specimen collection and lab codes may not be all-inclusive.
- b. Inclusion of a code does not imply nor guarantee coverage and/or separate reimbursement

| Code | Description |
|-------------------------|--|
| Telephonic E/M's | |
| 99441 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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 |
| 99442 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 11-20 minutes of medical discussion |
| 99443 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 21-30 minutes of medical discussion |
| 98966 | 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 service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion |
| 98967 | 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 service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion |
| 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 service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion |
| Digital E/M's | |
| 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes |
| 99422 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes |
| 99423 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes |
| 98970 | 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 minutes |

| | |
|-------------------------------------|---|
| 98971 | 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; 11-20 minutes |
| 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; 21 or more minutes |
| Covid-19 Specimen Collection | |
| G2023 | Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source |
| G2024 | Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of an HHA, any specimen source |
| C9803 | Hospital outpatient clinic visit specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source |
| Covid-19 Lab Tests | |
| 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 |
| U0002 | 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC |
| U0003 | 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, making use of high throughput technologies as described by CMS-2020-01-R |
| U0004 | 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R |
| Covid-19 Antibody Testing | |
| 86328 | Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) |
| 86769 | Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) |

| Modifier – PCR & Antigen | |
|--------------------------|---|
| 90 | Reference (outside laboratory). When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding the modifier "90" to the procedure code. |
| CR | Catastrophe or disaster related. Modifier indicates that services were rendered to a victim of a declared catastrophe or disaster. This modifier may be appended to any applicable CPT or HCPCS code. |
| CS | COVID-19 testing related services. Cost-sharing waived for specified COVID-19 testing-related services that result in an order for, or administration of, a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in Rural Health Clinics and Federally Qualified Health Centers during the COVID-19 public health emergency |

Related AllWays Health Partners Payment Guidelines

[General Coding and Billing](#)

[Evaluation and Management Services](#)

[Modifiers](#)

[Out of Network Provider Services](#)

Publication History

| | |
|------------------------|----------------------------------|
| Topic: Covid-19 | Owner: Network Management |
|------------------------|----------------------------------|

| | |
|------------------------|--|
| March 31, 2020 | <i>Original documentation of policy</i> |
| April 27, 2020 | <i>Added preventive E/M codes; clarified in-person reimbursement for MassHealth members</i> |
| June 10, 2020 | <i>Added Telemedicine codes; added Covid-19 specimen collection codes; added Covid-19 lab & antibody codes; added UB04 telemedicine billing language</i> |
| August 24, 2020 | <i>Update for modifier 90 for PCR & Antigen lab test effective July 29th. Adding modifier CR and CS</i> |

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners ' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers ‘contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.