

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:

- which Commercial providers can render care via telemedicine/telephonic, and
- whether or not that care applies copayment, deductible or coinsurance
- Effective 1/1/2021 cost sharing is ONLY waived for medically necessary, clinically appropriate, COVID-19 related services for all fully insured groups.**

Note: Employers that are self-insured may have put in place different plan cost sharing for these services.

Provider Type	Place of service	Codes	Reimbursement
*Physicians or qualified healthcare professionals	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)	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	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)	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](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, 0202U, 0225U (IC), U0002, U0003 U0004, U0005,87426, 87811	No	No	No	Reimbursed per provider's contract
COVID-19 Antibody Testing	86328, 86769	No	No	No	Reimbursed per provider's contract
COVID-19 Lab Tests with Flu Test	87428, 87636,87637	No	No	No	Reimbursement per individual consideration

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.

In alignment with the Centers for Medicare and Medicaid Services, which serves as a basis for AllWays Health Partners rate development, beginning January 1, 2021, we will lower the base payment amount for COVID-19 diagnostic tests run on high-throughput technology. Also beginning January 1, 2021, we will make an additional payment to laboratories for a COVID-19 diagnostic test run on high throughput technology if the laboratory:

- Completes the test in two calendar days or less AND
- Completes the majority of their COVID-19 diagnostic tests that use high throughput technology in two calendar days or less for all their patients (not just their Medicare patients) in the previous month

COVID-19 Vaccine Administration

AllWays Health Partners has ensured timely access to critical health care services for our members. As part of that commitment, AllWays will cover the administration of all COVID-19 vaccines that receive emergency use authorization (EUA) or full approval from the Food and Drug Administration (FDA), at no cost to our members.

The vaccine products will be distributed by the Massachusetts Department of Public Health (MDPH) to providers at no cost. The vaccine manufacturers will ship the vaccine products to long-term care facilities also at no cost. Please visit the MDPH vaccine website at www.mass.gov/covid vaccine for more information and the distribution timeline.

For members with a pharmacy benefit who receive a COVID 19 vaccine via the federal partnership with CVS/Walgreens, AllWays Health Partners would reimburse the administration of the vaccine under the member’s retail pharmacy benefit.

COVID-19 Coding Reference Table Below:

- a. The list of COVID-19 related telemedicine, specimen collection, lab codes and COVID-19 vaccine administration 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
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
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
U0005	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, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code U0003 or U0004) as described by cms-2020-01-r2
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])
COVID-19 Lab Tests with Flu Test	

87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
(COVID-19) Vaccine Administration, Testing, and Monoclonal Antibody Product Infusion	
91300	Pfizer-Biontech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM) - Effective for dates of service on or after 12/11/2020
0001A	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST) - Effective for dates of service on or after 12/11/2020
0002A	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2ND) - Effective for dates of service on or after 12/11/2020
91301	Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM) - Effective for dates of service on or after 12/18/2020
0011A	Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST) - Effective for dates of service on or after 12/18/2020
0012A	Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100MCG/0.5ML 2ND) - Effective for dates of service on or after 12/18/2020
Q0239	Injection, bamlanivimab, 700 mg - Effective for dates of service on or after 11/10/2020
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring - Effective for dates of service on or after 11/10/2020
Q0243	Injection, casirivimab and imdevimab, 2400 mg - Effective for dates of service on or after 11/21/2020
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring - Effective for dates of service on or after 11/21/2020
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg - Effective for dates of service on or after 02/09/2021

M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring - Effective for dates of service on or after 02/09/2021
91303	SARSCOV2 VAC AD26 .5ML IM - Janssen Covid-19 Vaccine - Effective for dates of service on or after 02/27/2021
0031A	ADM SARSCOV2 VAC AD26 .5ML - ADM SARSCOV2 VAC AD26 .5ML - Effective for dates of service on or after 02/27/2021
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.

State or Federally Supplied COVID-19 Vaccines

Modifier	Descriptor	Reimbursement
SL	State Supplied Vaccine	Not reimbursed

Provider Payment Guidelines and Documentation

- Submit a CPT® vaccine/toxoid product code for each administered vaccine/toxoid product on a single claim line, with a count of one.
- Append Modifier SL to each CPT® vaccine/toxoid product code in the first modifier field when the vaccine is state or federally supplied. (AllWays Health Partners uses post payment audit data to confirm compliance with the billing guidelines for state or federally vaccines.)

AllWays Health Partners Does Not Reimburse

	Code & Descriptor
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease

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
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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>
September 25, 2020	<i>Update with new code 99072</i>
November 30, 2020	<i>Update for Cost sharing waiver clarification and remove modifier CR</i>
January 14, 2021	<i>Update for COVID-19 vaccine administration and CMS Changes Medicare Payment to Support Faster COVID-19 Diagnostic Testing</i>
February 28, 2021	<i>Added codes Q0245 and M0245</i>
March 08, 2021	<i>Added codes 91303 and 0031A</i>
April 09, 2021	<i>Added SL modifier</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.

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