



COVID19 Policy for Participating Providers

(Effective March 6, 2020)

(subject to change)

Telemedicine During the State of Emergency

In an effort to help prevent the spread of the Coronavirus, 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.

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.

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

The grid 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 or 99211-99215 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 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 including, but not limited to: LDN, Chiropractic, Optometry, PT/OT/SLP

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.