

NOTE: This is our best information as of 4/2/2020. Note Medicare Interim Final Rule details.

Real-Time/Synchronous Audio-video

	BCBSRI-Medicare Advantage	BCBSRI	NHP RiteCare	NHP Commercial	NHP Commercial	UHC-Comm	UHC-Medicare	UHC-Ritecare	Tufts	Aetna	Harvard Pilgrim	Cigna	RI Medicaid	Medicare	
Parity (% of usual payment for F2F services)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Visit Codes	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	see Modifier GT acceptable codes tab; select codes only covered using 95, which are not PCP codes	see Modifier GT acceptable codes tab	see Modifier GT acceptable codes tab; select codes only covered using 95, which are not PCP codes	all appropriate services	all appropriate services	all appropriate services	99201-99205/99211-99215	99201-99205 99212-99215 X1000 COVID Triage 5-10 min Many BH services SNF/NF Services	99201-99215; G0402, G0438, G0439 (and all CMS designated telehealth services)	
Modifier Codes	CR	GT and CR	CR	CR	CR	GT	GT	GT	GT or 95	GT/95	GT/95	GQ	N/A	95	
Place of Service Codes	02	02	02	02	02	11	11	11	02	02	02	11	02	11 (if normally seen in office. Otherwise use patient site eg home, SNF)	
Patient Cost Sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	None for Primary Care of Behavioral Health, otherwise Cost Sharing Applies	No cost sharing	No cost sharing	Cost Sharing Applies	Cost Sharing Applies (usually N/A)	Cost Sharing Applies	
Payor Documentation Requirements	BCBSRI requires time spent to be documented to substantiate coding. Although BCBSRI only needs CR modifier, out of state plans likely utilize GT. For consistency, both modifiers can be used on all BCBSRI claims and the CR will be recognized for in state claims and GT will be recognized for out of state claims		Same as face to face visits			Same as face to face visits			◦A statement that the service was provided using telemedicine or telephone consult; ◦The location of the patient; ◦The location of the provider; and ◦The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.	Same as face to face visits	Same as face to face visits	Same as face to face visits	Same as face to face visits	Same as face to face visits	Same as face to face visits. Select code based upon total time on the date of the encounter or medical decision making
Link to Policy	BCBSRI	BCBSRI	NHPRI	NHPRI	NHPRI	UHC	UHC	UHC	Tufts	Aetna	HP	Cigna	RI Medicaid	CMS	
Additional Credentialing	None Required														
Required Platform	HIPAA -Compliant Platform not required														

*Payment policy for participating providers. Some plans also offer for external providers. Grid applies to local provider network

Telephone/Audio only Visit

	BCBSRI-Medicare Advantage	BCBSRI (not incl out of state)	NHP RiteCare	NHP Commercial	NHP Duals	UHC-Comm	UHC-Medicare	UHC-Ritecare	Tufts	Aetna* (policy not updated)	Harvard Pilgrim	Cigna	RI Medicaid	Medicare	
Mirrors Real Time/Synchronous Policy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	
Parity (% of usual payment for F2F services)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Visit Codes	all appropriate services	all appropriate services	all appropriate services	all appropriate services	all appropriate services	see Modifier GT acceptable codes tab; select codes only covered using 95, which are not PCP codes	see Modifier GT acceptable codes tab	see Modifier GT acceptable codes tab; select codes only covered using 95, which are not PCP codes	all appropriate services	G2010,G2012; 96156; 98966 - 98968; 99441-99443; 90791, 90792, 90832-90834; 90836-90840; 90839-90840; 90845-90847; 90853, 90863, 96116	all appropriate services	99201-99205/99211-99215	see RI Medicaid Policy Link	G2012 (5-10); 99441 (5-10), 99442 (11-20), 99443 (21-30); 99358 (30+); 98986-98988 for non E/M reporters.	
Modifier Codes	CR	CR	CR	CR	CR	GT	GT	GT	GT	GT/95	GT/95	GQ	N/A	N/A	
Place of Service Codes	02	02	02	02	02	11	11	11	02	11	02	11	02	11	
Patient Cost Sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	None for Primary Care of Behavioral Health, otherwise Cost Sharing Applies	No cost sharing	No cost sharing	Cost Sharing Applies	Cost Sharing Applies (usually N/A)	Cost Sharing Applies	
Payor Documentation Requirements	BCBSRI requires time spent to be documented to substantiate coding		Same as face to face visits			Same as face to face visits			<ul style="list-style-type: none"> ◦A statement that the service was provided using telemedicine or telephone consult; ◦The location of the patient; ◦The location of the provider; and ◦The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter. 	Same as face to face visits	Same as face to face visits	Same as face to face visits	Same as face to face visits	Same as face to face visits	New and Established Patients
Link to Policy	BCBSRI	BCBSRI	NHPRI	NHPRI	NHPRI	UHC	UHC	UHC	Tufts	Aetna	HP	Cigna	RI Medicaid	CMS	
Additional Credentialing	None Required														
Additional Requirements	all providers	all providers	all providers	all providers	PCP only (in initial policy, presumably now all providers)	all providers	all providers	all providers	all providers	all providers	all providers	all providers	all providers	all providers	
Required Platform	HIPAA -Compliant Platform not required														

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On-Line Digital Evaluation and Management-Rhode Island Payer Grid

	BCBSRI-Medicare Advantage	BCBSRI	NHP Rite Care	NHP Commercial	NHP Duals	UHC-Comm	UHC-Medicare	UHC-Ritecare	Tufts	Aetna	Harvard Pilgrim	Cigna	RI Medicaid	Medicare
Parity (% of usual payment for F2F services)	Nonbillable	Nonbillable	Nonbillable	Nonbillable	Nonbillable	Covered	Covered, same as Medicare FFS	Covered	Nonbillable	Nonbillable	Covered	Nonbillable	Nonbillable	Covered
Visit Codes	N/A	N/A	N/A	N/A	N/A	99421-99423 for those who may report E/M; G2061-G2063 for those who may not report E/M	99421-99423 for those who may report E/M; G2061-G2063 for those who may not report E/M	99421-99423 for those who may report E/M; G2061-G2063 for those who may not report E/M	N/A	N/A	99421-99423	N/A	N/A	99421-99423 for those who may report E/M; G2061-G2063 for those who may not report E/M
Modifier Codes	N/A	N/A	N/A	N/A	N/A	None	None	None	N/A	N/A	None	N/A	N/A	None
Place of Service Codes	N/A	N/A	N/A	N/A	N/A	11	11	11	N/A	N/A	11	N/A	N/A	11
Patient Cost Sharing	N/A	N/A	N/A	N/A	N/A	Cost-sharing Applies	Cost-sharing Applies	Cost-sharing Applies	N/A	N/A	No cost share	N/A	N/A	Cost-sharing Applies
Payor Specific Requirements														New and Established Patient
Link to Policy	N/A	N/A	N/A	N/A	N/A	UHC	UHC	UHC	N/A	N/A	HP	N/A	N/A	CMS
Additional Credentialing	None Required													
Required Platform	HIPAA -Compliant Platform not required*													
Coding Guidelines	Refer to CPT for guidelines. Must be established patient initiated using digital platform and requiring E/M. Time is not just on-line time.													

Interprofessional Consultations (including "eConsult")

	BCBSRI-MA	BCBSRI (not incl out of state)	NHP Rite Care	NHP Commercial	NHP Duals	UHC-Comm	UHC-Medicare	UHC-Ritecare	Tufts	Aetna	Harvard Pilgrim	Cigna	RI Medicaid	Medicare
Parity (% of usual payment for F2F services)	Nonbillable	Nonbillable	Nonbillable	Nonbillable	Nonbillable	Covered, same as Medicare FFS	Nonbillable	Covered, same as Medicare FFS	Nonbillable	Covered, same as Medicare FFS	Reimbursed for Facility Only	Nonbillable	Nonbillable	Covered, same as Medicare FFS
Visit Codes	N/A	N/A	N/A	N/A	N/A	99446-99449, 99451, 99452	N/A	99446-99449, 99451, 99452	N/A	99446-99449, 99451, 99452	N/A	N/A	N/A	99446-99449, 99451, 99452
Modifier Codes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Place of Service Codes	N/A	N/A	N/A	N/A	N/A	patient POS	N/A	patient POS	N/A	patient POS	N/A	N/A	N/A	patient POS
Patient Cost Sharing	N/A	N/A	N/A	N/A	N/A	Cost-sharing Applies	N/A	Cost-sharing Applies	N/A	No Cost Share	N/A	N/A	N/A	Cost-sharing Applies
Link to Policy	N/A	N/A	N/A	N/A	N/A	UHC	N/A	UHC	N/A	N/A	N/A	N/A	N/A	CMS
Additional Credentialing	None Required													
Required Platform	None Required													
Other Requirements	None - see coding guidelines													

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Diagnosis Codes	Signs and Symptoms with no definitive diagnosis, assign appropriate code for each sign and symptom such as: R05, Cough; R06.02 Shortness of breath Possible Exposure to COVID-19, but ruled out - Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out Actual Exposure to someone with confirmed COVID-19 - Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. COVID 19 - U07.1 , effective 4/1/2020
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Modifiers	GT	Real time A/V interactive - See GT Acceptable Codes Tab
	95	Use Modifier GT unless explicitly noted by payor or for codes on 95 list and NOT on GT list

Medical Nutrition Therapy	Allowed by all insurers
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Prolonged Services	99358	Medicare pays for prolonged services 30+ minutes on a single day
After Hours Codes	99050, 99051	Covered by BCBSRI; Should be included by Medicaid and all Commercial plans based on guidance

Policy Links

BCBSRI	BCBSRI Standard Policies
BCBSRI Temp Telephone	BCBSRI Temporary Policy
Medicare (CMS)	CMS
FAQ	Medicare FAQ
Telehealth CPT/HCPCS codes	Telehealth CPT/HCPCS Codes

Modified Rule, providing guidance on use of Modifier 95 - see page 15 in paragraph beginning "To implement this change on an interim basis"

Modified Rule
Tufts
United
Aetna
RI Medicaid
NHPRI
Harvard Pilgrim
Cigna

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