

NOTE: This is our best information as of 3/30/2020.

**Real-Time/Synchronous Audio-video**

	BCBSRI-Medicare Advantage	BCBSRI	NHP RiteCare (policy pending, past policy uniformly applied to all products)	NHP Commercial (policy pending, past policy uniformly applied to all products)	NHP Commercial (policy pending, past policy uniformly applied to all products)	UHC-Comm	UHC-Medicare	UHC-Ritecare (policy pending)	Tufts	Aetna	Harvard Pilgrim	Cigna	RI Medicaid	Medicare
<b>Parity (% of usual payment for F2F services)</b>	100%	100%	100%	100%	100%	100%	Covered	100%	100%	100%	100%	100%	100%	100%
<b>Visit Codes</b>	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)
<b>Modifier Codes</b>	CR	GT and CR	CR	CR	CR	GT	GT	GT	GT or 95	GT/95	GT/96	GQ	N/A	None required
<b>Place of Service Codes</b>	02	02	02	02	02	02	02	02	02	02	03	11	02	02
<b>Patient Cost Sharing</b>	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	Cost Sharing Applies	Cost Sharing Applies	Cost Sharing Applies (generally N/A)	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
<b>Payor Documentation Requirements</b>	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
<b>Link to Policy</b>	<a href="#">BCBSRI</a>	<a href="#">BCBSRI</a>	<a href="#">NHPRI</a>	<a href="#">NHPRI</a>	<a href="#">NHPRI</a>	<a href="#">UHC</a>	<a href="#">UHC</a>	<a href="#">UHC</a>	<a href="#">Tufts</a>	<a href="#">Aetna</a>	<a href="#">HP</a>	<a href="#">Cigna</a>	<a href="#">RI Medicaid</a>	<a href="#">Amendment to Policy for COVID</a>
<b>Additional Credentialing</b>	None Required													
<b>Required Platform</b>	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 (policy pending, past policy uniformly applied to all products)	NHP Commercial (policy pending, past policy uniformly applied to all products)	NHP Duals(policy pending, past policy uniformly applied to all products)	UHC-Comm (policy not updated)	UHC-Medicare	UHC-Ritecare (policy not updated)	Tufts	Aetna* (policy not updated)	Harvard Pilgrim	Cigna	RI Medicaid	Medicare
<b>Mirrors Real Time/Synchronous Policy</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
<b>Parity (% of usual payment for F2F services)</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Visit Codes</b>	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	see RI Medicaid Policy Link	G2012
<b>Modifier Codes</b>	CR	CR	CR	CR	CR	GT	GT	GT	GT	GT/95	GT/96	GQ	N/A	N/A
<b>Place of Service Codes</b>	02	02	02	02	02	02	02	02	02	02	03	11	02	11
<b>Patient Cost Sharing</b>	No cost sharing	No cost sharing	No cost sharing	No cost sharing	No cost sharing	Cost Sharing Applies	Cost Sharing Applies	Cost Sharing Applies (generally N/A)	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
<b>Payer Documentation Requirements</b>	BCBSRI requires time spent to be documented to substantiate coding		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	Established Patients Only
<b>Link to Policy</b>	<a href="#">BCBSRI</a>	<a href="#">BCBSRI</a>	<a href="#">NHPRI</a>	<a href="#">NHPRI</a>	<a href="#">NHPRI</a>	<a href="#">UHC</a>	<a href="#">UHC</a>	<a href="#">UHC</a>	<a href="#">Tufts</a>	<a href="#">Aetna</a>	<a href="#">HP</a>	<a href="#">Cigna</a>	<a href="#">RI Medicaid</a>	<a href="#">Amendment to Policy for COVID</a>
<b>Additional Credentialing</b>	None Required													
<b>Additional Requirements</b>	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
<b>Required Platform</b>	HIPAA-Compliant Platform not required													

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

**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														Established Patient Only
Link to Policy	N/A	N/A	N/A	N/A	N/A	<a href="#">UHC</a>	<a href="#">UHC</a>	<a href="#">UHC</a>	N/A	N/A	<a href="#">HP</a>	N/A	N/A	<a href="#">Amendment to Policy for COVID</a>
Additional Credentialing Required Platform	None Required													
Coding Guidelines	HIPAA- Compliant. Platform not required* 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	Nonbillable	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	N/A	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	N/A	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	N/A	N/A	N/A	N/A	Cost-sharing Applies
Link to Policy	N/A	N/A	N/A	N/A	N/A	<a href="#">UHC</a>	N/A	<a href="#">UHC</a>	N/A	N/A	N/A	N/A	N/A	<a href="#">Amendment to Policy for COVID</a>
Additional Credentialing Required Platform	None Required													
Other Requirements	None - see coding guidelines													

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

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

<b>Policy Links</b>	
BCBSRI	<a href="#">BCBSRI Standard Policies</a>
BCBSRI Temp Telephone	<a href="#">BCBSRI Temporary Policy</a>
Medicare (CMS)	<a href="#">Amendment to Policy for COVID</a>
FAQ	<a href="#">Medicare FAQ</a>
Telehealth CPT/HCPCS codes	<a href="#">Telehealth CPT/HCPCS Codes</a>
Tufts	<a href="#">Tufts</a>
United	<a href="#">UHC</a>
Aetna	<a href="#">Aetna</a>
RI Medicaid	<a href="#">RI Medicaid</a>
NHPRI	<a href="#">NHPRI</a>
Harvard Pilgrim	<a href="#">HP</a>
Cigna	<a href="#">Cigna</a>

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Code

90791 x  
90792 x  
90832 x  
90833 x  
90834 x  
90836 x  
90837 x  
90838 x  
90845 x  
90846 x  
90847 x

90863 Not on GT List

90951 x  
90952 x  
90954 x  
90955 x  
90957 x  
90958 x  
90960 x  
90961 x

92227 Not on GT List

92228 Not on GT List

93228 Not on GT List

93229 Not on GT List

93268 Not on GT List

93270 Not on GT List

93271 Not on GT List

93272 Not on GT List

93298 Not on GT List

96040 x  
96116 x  
97802 x  
97803 x  
97804 x  
98960 x  
98961 x  
98962 x  
99201 x  
99202 x  
99203 x  
99204 x  
99205 x  
99212 x  
99213 x  
99214 x  
99215 x  
99231 x

99232 x  
99233 x  
99307 x  
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99310 x  
99354 x  
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99406 x  
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Code

90785 x  
90791 x  
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90832 x  
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G0270 x  
G0296 x  
G0396 x  
G0397 x  
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G0420 x  
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G0427 x  
G0438 x  
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G0444 x  
G0445 x  
G0446 x  
G0447 x  
G0459 x  
G0506 x  
G0508 x



G0509	x
G0513	x
G0514	x
G2086	x
G2087	x
G2088	x
G9481	x
G9482	x
G9483	x
G9484	x
G9485	x
G9486	x
G9487	x
G9488	x
G9489	x
G9978	x
G9979	x
G9980	x
G9981	x
G9982	x
G9983	x
G9984	x
G9985	x
G9986	x