

## Temporary COVID-19 Telehealth/Telemedicine Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Premier
- CareAdvantage Prime
- CareAdvantage Preferred
- CarePartners Access

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Until further notice, the following temporary payment policy has been implemented for all CarePartners of Connecticut products for dates of services on or after March 6, 2020 (unless otherwise specified below) **through August 31, 2022**. This policy applies for all diagnoses and is not specific to a COVID-19 diagnosis.

For telehealth/telemedicine services for dates of service on or after September 1, 2022, providers will be expected to adhere to the billing guidance outlined in the standard [Telehealth/Telemedicine Payment Policy](#).

In addition to the specific information contained in this policy, providers must adhere to the policy information outlined in the [Professional Services and Facilities Payment Policy](#).

**Note:** Audit and disclaimer information is located at the end of this document.

### **POLICY**

CarePartners of Connecticut covers medically necessary telehealth/telemedicine services consistent with applicable state mandates and in accordance with the member's benefit plan document. Some self-insured groups may choose to voluntarily elect to offer coverage.

All CarePartners of Connecticut contracting providers, including specialists and urgent care facilities, may provide telehealth/telemedicine services to members for medical, behavioral health, ancillary health, and home health care visits (i.e., skilled nursing, PT, OT, and ST) for new and existing patients.

**Note:** There are no restrictions on service type for BH providers, including individual and group behavioral health services.

### **Documentation Requirements**

Documentation requirements for telehealth services are the same as those required for any face-to-face encounter, with the addition of the following:

- 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.

### **GENERAL BENEFIT INFORMATION**

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888.341.1508.

### **Member Cost-Share**

#### **In-Network Providers**

Member cost share is waived for all in-network professional and facility telehealth services for dates of service through December 31, 2020. Providers should not collect a copay from members.

Any applicable member copays and other cost share apply to all **non-COVID-19** telehealth services. Applicable member copays and other cost share will continue to be waived for COVID-19-related, in-network, medically necessary services through August 6, 2021. A COVID-19 diagnosis must be submitted on the claim for the waived cost share to continue to apply. Effective for dates of service on

or after August 7, 2021, CarePartners of Connecticut is reinstating cost share. Refer to the [Coronavirus \(COVID-19\) Updates for Providers](#) page for additional information.

### **Out-of-Network Providers**

Standard coverage policies and benefits (including applicable cost share) apply for out-of-network (OON) telemedicine.

### **REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS**

Referrals and prior authorizations are not required for in-network telehealth services.

All plans that require a referral or authorization to receive OON services should follow standard, pre-COVID procedures for receiving OON care. The only exception is for COVID-related care, for which authorization requirements continue to be waived. Refer to [Historical Telemedicine Guidelines](#) section for information on previous OON authorization policies.

### **BILLING INSTRUCTIONS**

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Providers must submit telehealth claims in accordance with applicable state and federal requirements.

Services covered under telehealth should be clinically appropriate and not require in-person assessment and/or treatment. CarePartners of Connecticut defers to the provider to make this determination. Refer to the [Temporary COVID-19 Telehealth/Telemedicine Code List](#) for a list of common telehealth codes accepted by CarePartners of Connecticut. **Note:** This list is not all inclusive nor a guarantee of payment or final indication of how specific claim(s) will be adjudicated.

### **Professional Claims**

- In accordance with CMS guidelines, submit claims with modifier 95
- Do not submit claims with modifiers GO or GQ

### **Facility Claims**

- Submit the appropriate revenue code(s), CPT/HCPCS code(s) and modifier(s).

In addition to the guidelines above, providers should continue to bill with the appropriate license-level modifier as specified in the applicable [payment policy](#).

### **COMPENSATION/REIMBURSEMENT INFORMATION**

CarePartners of Connecticut will compensate in-network providers at 100% of their contracted rate for services rendered in person, as specified in provider agreements, until further notice. The telehealth reduction will not apply.

Under CMS rules, special codes already exist for certain telephonic services and those codes will be paid at the CMS fee schedule.

Services provided outside usual office hours through interactive mechanisms are not eligible for the addition of a 99050, 99051, 99053, 99056, 99058, or 99060 code, since interactive services are not limited to standard office hour time frames.

Communication with the member's PCP and other treating providers is expected as part of the service and is not compensated separately. Provider-to-provider discussions without the member being present are not separately compensated.

### **Online Digital E&M Services**

- CarePartners of Connecticut will limit 99421-99423, 98970-98972 (online digital E&M services) to one combined unit within a seven-day period
- CarePartners of Connecticut will not routinely compensate 99421-99423 (online digital E&M services) when billed within seven days of certain other E&M services:
  - 99091 (collection and interpretation of physiologic data)
  - 99487-99489 (complex chronic care management services)
  - 99495-99496 (transitional care management services)

- 99339-99340 (individual physician supervision of a patient [patient not present] in home, domiciliary or rest home)
- 99374-99380 (supervision of a patient under home health, hospice or nursing care)

### **Interprofessional Telephone/Internet Consultations**

CarePartners of Connecticut does not routinely compensate 99446-99449, or 99451 (interprofessional telephone/internet consultation) if any face-to-face service has been billed on the same date or within the previous 14 days.

CarePartners of Connecticut limits 99446-99449 or 99451 (interprofessional telephone/internet consultation) in any combination to one unit in seven days.

### **Modifier G0**

CarePartners of Connecticut does not routinely compensate professional claims for services inappropriately billed with telehealth services modifier G0 (telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke).

### **Remote Physiologic Monitoring**

CarePartners of Connecticut does not routinely compensate for the following:

- 99474 (separate self-measurements of blood pressure twice daily over 30-day period) if billed more than once in the same month.
- 99457 (remote physiologic monitoring treatment management services) unless 99473 or 99474 (self-measured blood pressure device services) has been billed in the previous 30 days.

### **HISTORICAL TELEMEDICINE GUIDELINES**

Prior to July 20, 2020, Referrals and/or authorizations for plans which require referrals and/or authorizations to see OON specialists were waived for telehealth services, when services were related to the following:

- COVID-19
- Inpatient care
- Post-acute care, including inpatient rehab, skilled nursing facilities, long-term acute care (LTAC), and/or home care following an inpatient admission
- Primary care or outpatient behavioral health services
- No member cost share for facility and professional services

### **ADDITIONAL RESOURCES**

- [Coronavirus \(COVID-19\) Updates for Providers](#)

### **DOCUMENT HISTORY**

- July 2022:
- June 2021: Reinstatement of member cost share for COVID-19 treatment, effective for dates of service on or after August 7, 2021
- January 2021: Document created using existing content previously located on the [COVID-19 Updates for Providers](#) page

### **AUDIT AND DISCLAIMER INFORMATION**

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.