We appreciate your support as we work Together to ensure the safety of our patients, and community at large.

<table>
<thead>
<tr>
<th>Payer</th>
<th>Information</th>
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</table>
| **ConnectiCare**     | • **Testing:** If you are seeing the doctor for flu-like symptoms and your doctor recommends that you get tested for the coronavirus, your doctor’s visit is covered by your plan at no cost to you.  
  • **Member Costs:**  
    o **Waived:** All patient out of pocket expenses for testing and treatment  
    o **Not waived:**  
  • **Telehealth:** If patient’s plan includes telemedicine, they can talk to a doctor by phone or video chat, any time, day or night.  
  • Members of many group health plans and of all individuals plans (sold through Access Health CT or SOLO plans) can contact MDLIVE online or by calling 1-888-995-0217 (TTY: 1-800-770-5531).  
    Most Medicare Advantage members can contact Teladoc® at 1-800-835-2362  
  • **Billing/Coding**  
  • **Other:**  
  • **Links:**  
    [https://blog.connecticare.com/coronavirus/](https://blog.connecticare.com/coronavirus/)  
| **Harvard Pilgrim**  | • **Testing:** Coverage will be provided in accordance with plan requirements. Members will have access to out-of-network providers for the initial COVID-19 test when no in-network providers are available. Harvard Pilgrim will not impose prior authorization and referral requirements, where applicable.  
  • **Member Costs:**  
    o **Waived:** Waiving cost sharing for the COVID-19 test, doctors office, urgent care and ER services for COVID-19 testing. This policy applies to fully insured, Medicare Advantage and Medicare Supplement plans.  
    o **Not waived:**  


- **Telehealth:** Services, such as video visits with Doctor On Demand, are available to members on individual and group fully insured plans. Harvard Pilgrim is waiving cost sharing for telemedicine services.

- **Payment for Inpatient Services:**
- **Billing/Coding:** Payer has not provided any information on this topic
  - **HCPCS:**
  - **CPT:**
  - **Diagnosis Codes:**

- **Other:**

- **Links:**

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**CT Medicaid**

- **Testing:**
- **Member Costs:**
  - **Waived:** All out-of-pocket expenses to patient
  - **Not waived:**

- **Telehealth:** Telemedicine can be audio (per Governor’s Executive Order 7F) or video system with **real-time communication** between the patient and practitioner.
  - For the time period that Emergency Temporary Telemedicine Coverage is in effect (as part of the Connecticut Medical Assistant Program response to COVID-19), for CMAP purposes, the Department is waiving the requirement of written consent prior to starting telemedicine services. Providers must document that they obtained verbal consent from the member to provide telemedicine services and document that consent in the medical record.
  - In addition to audio only, only certain audio-video software programs are permissible. Providers must ensure they comply with all applicable requirements, including, but not limited to, using telemedicine software, protocols, and procedures that fully comply with the federal Health Insurance Portability and Accountability Act (HIPAA) and all other applicable requirements. Certain popular audio-video software programs, such as FaceTime, Skype, and WhatsApp are not HIPAA compliant software and cannot be used to provide telemedicine services.
  - PB 2020-09 authorizes coverage of telemedicine for out-of-state surgeries and homebound individuals. PB 2020-10 temporarily expands telemedicine coverage to a much broader category of medical evaluation and management services effective for dates of service March 13, 2020 through the date that DSS notifies providers in writing that the COVID-19 public health emergency in Connecticut has ended.

- **Payment for Inpatient Services:**
- **Billing/Coding:**
  - Providers should use POS 02 which will indicate that the service was rendered via telemedicine.
  - See Table in CT Medicaid PB 2020-09
BCBSMA

- **Testing:** Will provide coverage of the coronavirus screening test
- **Member Costs:**
  - Waived:
    - Waiving co-payments for medically necessary COVID-19 treatment at doctor’s offices, emergency rooms and urgent care centers
    - Waiving co-pays, co-insurance, or deductibles for members with the Blue Cross telehealth benefit for the screening, evaluation, diagnosis, and/or suggested treatment of COVID-19
    - Waived member cost share (co-pays, co-insurance and deductibles) for all medically necessary covered services that are provided via phone (telephonic) or video (telehealth) at no cost to members, effective retroactively to March 16, 2020.
  - Not waived:
- **Telehealth:** Blue Cross also has waived cost share for all telehealth (both medical and behavioral) services, not just those related to COVID-19, including services delivered by phone as well as video
- **Billing/Coding:** Payer has not provided any information on this topic
- **Other:** Removing any administrative barriers, such as prior authorizations and referrals, for medically appropriate care for COVID-19.
- **Links:**
  - [Coronavirus | Welcome to Blue Cross Blue Shield of Massachusetts](http://www.bluecrossma.org/coronavirus/)

Commonwealth Care Alliance

- **Testing:**
- **Member Costs:**
  - Waived:
  - Not waived:
- **Telehealth:**
  - Telemedicine is defined as the use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. It does not include the use of audio-only telephone, fax machine, or email. Telemedicine seeks to improve a patient’s health by permitting two-way, real time interactive communication between the patient at the originating site, and the physician at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes secure audio and video interaction that meets or exceeds HIPAA requirements.
- **Billing/Coding:**
  - See Link below
- **Other:**  
- **Links:**
  - [http://www.commonwealthcarealliance.org/getmedia/d4ace4ec-2e6a-4de2-975d-a88c9f4314f4/Telemedicine-Telehealth](http://www.commonwealthcarealliance.org/getmedia/d4ace4ec-2e6a-4de2-975d-a88c9f4314f4/Telemedicine-Telehealth)
<table>
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<tr>
<th>Fallon</th>
<th>Health New England</th>
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<tbody>
<tr>
<td><strong>Testing:</strong> Will cover testing for COVID-19</td>
<td><strong>Testing:</strong> Will cover testing for COVID-19. Covering the cost of vaccination when a COVID-19 vaccine is available.</td>
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<td><strong>Member Costs:</strong></td>
<td><strong>Member Costs:</strong></td>
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<td>- <strong>Waived:</strong> Fallon members will have no cost-sharing for medically necessary COVID-19 testing and counseling. Fallon will also cover medically necessary COVID-19 treatment in accordance with guidelines from the CDC and the Massachusetts Department of Health. Fallon members will pay no copayments for treatment, and we’ve removed all prior authorization requirements for medically necessary treatment of COVID-19.</td>
<td>- <strong>Waived:</strong> Covering the cost of diagnostic tests for COVID-19 for our fully insured and Connector members (including high deductible health plan members), and Medicare members. These members will pay no copay, co-insurance or deductible for these tests.</td>
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<tr>
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<td>- Waiving copays for medically necessary COVID-19 treatment at doctors’ offices, emergency rooms and urgent care centers, consistent with the guidance issued by the Massachusetts Division of Insurance.</td>
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<td>- Working on waiving copays for members with access to Teladoc®, HNE’s telehealth platform, and telehealth services with local providers as they become available.</td>
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<td></td>
<td>- <strong>Not waived:</strong></td>
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<tr>
<td><strong>Telehealth:</strong> Coverage of and access to telehealth services vary by plan</td>
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<td><strong>Billing/Coding:</strong> Payer has not provided any information on this topic</td>
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<tr>
<td>- Removing any administrative barriers, such as prior authorizations, for members receiving medically appropriate care for COVID-19.</td>
<td>- Consistent with Health New England’s policies, referrals will remain unnecessary.</td>
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<td><strong>Links:</strong></td>
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### Tufts

- **Testing:** Will cover testing for COVID-19. Covering the cost of vaccination when a COVID-19 vaccine is available.

- **Member Costs:**
  - **Waived:**
    - No out-of-pocket costs for medically necessary Coronavirus testing, counseling and vaccinations. This coverage applies at in-network providers, urgent care center, emergency rooms and other facilities, and at out of network providers in the event a member cannot easily find an in-network provider to provide timely services.
    - No copayments for medically necessary Coronavirus treatment. This coverage applies at in-network providers, urgent care center, emergency rooms and other facilities, and at out of network providers in the event a member cannot easily find an in-network provider to provide timely services.
  - **Not waived:**

- **Telehealth:**
  - If a patient's provider offers telehealth services, they should call them first.
  - They can also use Tufts telehealth solution powered by Teladoc®.
  - With telehealth, Tufts commercial members can access U.S.-based, board-certified providers for general medical needs and diagnoses from anywhere in the world for $0 copay. Members can contact a Teladoc doctor 24/7 if they're concerned about their symptoms or have questions about coronavirus.

- **Billing/Coding:** See link below

- **Other:**

- **Links:**
  - [https://tuftshealthplan.com/member/employer-individual-or-family-plans/member-news/2020/coronavirus-member-update](https://tuftshealthplan.com/member/employer-individual-or-family-plans/member-news/2020/coronavirus-member-update)

### Unicare GIC

- **Testing:** Will cover testing for COVID-19.

- **Member Costs:**
  - **Waived:**
    - No out-of-pocket costs for medically necessary Coronavirus testing and treatment.
  - **Not waived:**

- **Telehealth:**
  - All GIC health carriers already offer telehealth capabilities to support remote access to care through telephone, smartphone, tablet, laptop or desktop computers.
  - All carriers have been instructed to waive all telehealth copays to promote its use.
  - Telehealth claims will be processed like an office visit if patients are asked by their regular physician to visit them virtually.

- **Billing/Coding:** Payer has not provided any information on this topic

- **Other:** GIC insurance cards include telehealth contact information

- **Links:**
• **Testing:**

• **Member Costs:**
  - **Waived:** All out-of-pocket expenses to patient
  - **Not waived:**

• **Telehealth:** For as long as the Provider Bulletin remains effective, MassHealth will permit qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video) in accordance with the standards set forth in Appendix A and notwithstanding any regulation to the contrary, including the physical presence requirement at 130 CMR 433.403(A)(2).

• **Billing/Coding:** See below

• **Other:** MassHealth will also reimburse physicians (including mid-level practitioners under the direction of a physician in accordance with 130 CMR 433), acute outpatient hospitals (AOHs), community health centers (CHCs), outpatient behavioral health providers, and early intervention providers for clinically appropriate, medically necessary telephone evaluations through the following CPT codes for physicians: 99441, 99442, 99443; and for qualified non-physicians: 98966, 98967, 98968.

• **Links:**