



# COVID-19 FAQ for Providers

Last updated: **May 5, 2021**

Please note that changes/additions from the previous document are highlighted in yellow.

## General

### **Q. What is Fallon doing to address COVID-19?**

A. We are continuing to monitor developments and following guidance from the CDC and state Departments of Public Health, particularly at our PACE sites in Massachusetts and New York. We are also educating employees and members on steps they can take to prepare and stay healthy, and we are continually assessing whether emergency preparedness plans and modifications to plan practices need to be implemented. We have set up a toll-free COVID-19 help line that members can call with questions. That number is 1-877-835-8440.

### **Q. Is Fallon complying with all Massachusetts Division of Insurance (DOI) bulletins and all MassHealth Managed Care Entity (MCE) bulletins regarding COVID-19 testing and treatment?**

A. Yes. Fallon is implementing the guidance provided in the DOI bulletins and the MCE bulletins.

### **Q. Has Fallon agreed to all of the Massachusetts Hospital Association proposed policies?**

A. Like other members of MAHP (Massachusetts Association of Health Plans), Fallon has agreed to most of the MHA proposed policies. These policies include:

- The suspension of prior authorization review for scheduled surgeries or admissions at hospitals that are unrelated to COVID-19 for 60 days, so long as notification within 48 hours occurs and Fallon retains the ability to conduct retrospective review. If the public health emergency continues beyond 60 days, MAHP member plans will reassess.
- To process “clean claims” as expeditiously as possible.
- MAHP member plans are working in collaboration with the broader health plan community to align on common guidelines for billing with respect to codes and site of service. While plans are individually implementing coding and billing policies, these are informed by the health plan community and Medicare guidance.

**Q. Is Fallon suspending sequestration reductions on claims payments?**

A. Yes. In compliance with the CARES act, Fallon has suspended sequestration reductions on claim payments to providers for services rendered to Fallon Health Medicare Advantage members beginning on May 1, 2020 through December 31, 2021.

## Billing

**Q. How should I bill for COVID-19 vaccinations?**

A. For Fallon Medicare Care Plus, Fallon Medicare Care Plus Central, NaviCare HMO-SNP and Summit ElderCare, providers should bill the appropriate CMS Medicare Administrative Contractor directly for the administration of the vaccine

- <https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List>
- CMS has provided this tool kit for assistance <https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>

A. For Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan and Navicare SCO, contracted and non-contracted providers should submit a claim for the vaccine administration with an accompanying claim line for the vaccine with an SL modifier and a charge of \$0.00 using the following codes:

Administration CPT Codes:

- 0001A (IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST Dose - Pfizer)
- 0002A (IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND Dose - Pfizer)
- 0011A (IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST Dose - Moderna)
- 0012A (IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND Dose - Moderna)
- 0031A (ADM SARSCOV2 VAC AD26 05ML - Janssen)

Vaccine CPT Codes:

- 91300 (SARSCOV2 Vaccine DIL RECON 30 MCG/0.3 ML IM USE - Pfizer)
- 91301 (SARSCOV2 Vaccine 100 MCG/0.5 ML IM USE - Moderna)
- 91303 (SARSCOV2 VAC AD26 05ML IM - Janssen)

A. For commercial members, contracted and non-contracted providers should bill for the administration of the vaccine only using the administration CPT Codes:

- 0001A (IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST Dose - Pfizer)
- 0002A (IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND Dose - Pfizer)
- 0011A (IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST Dose - Moderna)
- 0012A (IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND Dose - Moderna)
- 0031A (ADM SARSCOV2 VAC AD26 05ML - Janssen)

**Q. How should I bill for COVID-19 related testing?**

A. Fallon Health is covering medically necessary testing for the diagnosis of COVID-19, documentation in the patient's medical record must support medical necessity for ordering the test. Please see the chart on the next page for details.

| Code  | Description  | Type of Test  | Prior Authorization Requirements |
|-------|--|---|----------------------------------|
| 87635 | Infectious agent detection by nucleic acid (DNA or RNA);severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique   | COVID-19 Diagnostic Test  | Covered                          |
| 86328 | Immunoassay for infectious agent antibody(is), qualitative or semi quantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])   | COVID-19 Antibody Test  | Covered w/ PA                    |
| 86769 | Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])  | COVID-19 Antibody Test  | Covered w/ PA                    |
| 0202U | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected   | Proprietary COVID-19 Diagnostic Panel Test<br><br>BioFire® Respiratory Panel 2.1 (RP2.1), BioFire® Diagnostics, BioFire® Diagnostics, LLC | Covered w/ PA                    |
| 87426 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzymelinked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semi quantitative, multiple-step method; adenovirus enteric types 40/41; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARSCoV-2 [COVID-19]) | COVID-19 Diagnostic Test  | Covered                          |
| 0223U | Infectious disease (bacterial or viral respiratory tract infection), pathogenspecific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected  | Proprietary COVID-19 Diagnostic Panel Test<br><br>QIAstat-Dx Respiratory SARS-CoV-2 Panel, QIAGEN Sciences, QIAGEN GmbH                   | Covered w/ PA                    |
| 0224U | Antibody, severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed  | Proprietary COVID-19 Antibody Test<br><br>COVID-19 Antibody Test, Mt Sinai, Mount Sinai Laboratory  | Covered w/ PA                    |
| 86408 | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen   | COVID-19 Antibody Test  | Covered w/ PA                    |
| 86409 | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer  | COVID-19 Antibody Test  | Covered w/ PA                    |

| Code  | Description  | Type of Test  | Prior Authorization Requirements |
|-------|--|---|----------------------------------|
| 0225U | Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected | Proprietary COVID-19 Diagnostic Panel Test<br><br>ePlex® Respiratory Pathogen Panel 2, GenMark Dx, GenMark Diagnostics, Inc   | Covered w/ PA                    |
| 0226U | Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum  | Proprietary COVID-19 Antibody Test<br><br>Tru-Immune™, Ethos Laboratories, GenScript® USA Inc   | Covered w/ PA                    |
| 86413 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative   | COVID-19 Antibody Test  | Covered w/ PA                    |
| 87636 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique   | COVID-19 Diagnostic Panel Test<br><br>COVID-19, Influenza A, Influenza B  | Covered                          |
| 87637 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique   | COVID-19 Diagnostic Panel Test<br><br>COVID-19, Influenza A, Influenza B, RSV   | Covered                          |
| 87811 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19])   | COVID-19 Diagnostic Test  | Covered                          |
| 0240U | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected  | Proprietary COVID-19 Diagnostic Panel Test<br><br>COVID-19, Influenza A, Influenza B<br><br>Xpert® Xpress SARS-CoV-2/Flu/RSV (SARS-CoV-2 & Flu targets only), Cepheid | Covered                          |
| 0241U | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected                           | Proprietary COVID-19 Diagnostic Panel Test<br><br>COVID-19, Influenza A, Influenza B, RSV   | Covered                          |

| Code         | Description  | Type of Test  | Prior Authorization Requirements |
|--------------|--|---|----------------------------------|
|              |  | Xpert® Xpress SARS-CoV-2/Flu/RSV (SARS-CoV-2 & Flu targets only), Cepheid |                                  |
| <b>87428</b> | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semi quantitative; adenovirus enteric types 40/41; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B | COVID-19 Diagnostic Panel Test<br>COVID-19, Influenza A, Influenza B      | Covered                          |
| <b>U0001</b> | CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel   | COVID-19 Diagnostic Test  | Covered                          |
| <b>U0002</b> | 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC  | COVID-19 Diagnostic Test  | Covered                          |
| <b>U0003</b> | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R  | COVID-19 Diagnostic Test  | Covered                          |
| <b>U0004</b> | 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R  | COVID-19 Diagnostic Test  | Covered                          |
| <b>U0005</b> | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within two calendar days from date and time of specimen collection. (List separately in addition to either HCPCS code U0003 or U0004)       | Add-on code (can only be billed with U0003 and U0004)                     | Covered                          |

## Q. What diagnosis codes should I use for COVID-19 testing?

A. Please refer to the guidance below.

- For contact with—and (suspected) exposure to—COVID-19, use ICD 10 Diagnosis Code **Z20.822**
- During the COVID-19 pandemic, a screening code is generally not appropriate. Therefore, Z11.52 should be used infrequently.
- **Effective June 1, 2021**
  - For testing asymptomatic patients prior to a planned outpatient procedure or inpatient admission, use ICD 10 Diagnosis Codes Z01.818 or Z01.812 as the primary diagnosis codes and Z20.822 as a secondary diagnosis
  - Covid-19 Test Claims billed using ICD-10 Diagnosis Code **Z11.59 will be denied for commercial plan members**

## Q. What diagnosis codes should I use for COVID-19 related services?

A. On December 3, 2020, the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS) issued new ICD-10-CM codes for the 2019 Novel Coronavirus (COVID-19), effective January 1, 2021 (<https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-19-508.pdf>). Additional information regarding the new codes and the final code titles are available in the ICD-10-CM Official Guidelines for Coding and Reporting FY 2021 – UPDATED January 1, 2021 (<https://www.cdc.gov/nchs/data/icd/ICD-10cmguidelines-FY2021-COVID-update-January-2021-508.pdf>).

Coding for encounters with dates of service on or after January 1, 2021:

- COVID-19 infection (infection due to SARS-CoV-2): Code U07.1, 2019-nCoV acute respiratory disease, only for a confirmed diagnosis of COVID-19 infection (infection due to SARS-CoV-2) as documented by the provider or documentation of a positive COVID-19 test result. When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications.
- Acute respiratory manifestations of COVID-19: When the reason for the encounter is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses. The following conditions are examples of common respiratory manifestations of COVID-19:
  - Pneumonia: For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.82, Pneumonia due to coronavirus disease 2019.
  - Acute bronchitis: For acute bronchitis confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J20.8, Acute bronchitis due to other specified organisms.
  - Bronchitis, not otherwise specified: For bronchitis not otherwise specified (NOS) due to COVID-19, assign codes U07.1 and J40, Bronchitis, not specified as acute or chronic.
  - Lower respiratory infections: If COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, U07.1, COVID-19, and J22, Unspecified acute lower respiratory infection, should be assigned.
  - Respiratory infection, not otherwise specified: If COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.

- Acute respiratory distress syndrome: For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, COVID-19, and J80, Acute respiratory distress syndrome.
- Acute respiratory failure: For acute respiratory failure due to COVID-19, assign code U07.1, COVID-19, and code J96.0-, Acute respiratory failure.
- Non-respiratory manifestations of COVID-19: When the reason for the encounter is a non-respiratory manifestation (e.g., viral enteritis) of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the manifestation(s) as additional diagnoses.
- For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.822, Contact with and (suspected) exposure to COVID-19.
- For symptomatic individuals with actual or suspected exposure to COVID-19 and the infection has been ruled out, or test results are inconclusive or unknown, assign code Z20.822, Contact with and (suspected) exposure to COVID-19.
- Signs and symptoms without definitive diagnosis of COVID-19: For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:
  - R05 Cough
  - R06.02 Shortness of breath
  - R50.9 Fever, unspecified

If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with—or exposure to—COVID-19, assign Z20.822, Contact with and (suspected) exposure to COVID19, as an additional code.

**Q. If a provider doing work outside of their normal scope (i.e., an anesthesiologist working in the Emergency room), will Fallon cover their services?**

A. If the work being done by the provider in question is included in their credentialed scope of service, and if our provider contract is set up to pay this type of claim, Fallon will pay these claims.

**Q. Will providers receive full payment for services rendered when the member has no cost-sharing?**

A. Yes. Providers will receive full payment for services rendered—including the member cost-share amount—based on their fee schedule.

## Coverage/Member cost-sharing

**Q. Will Fallon waive deductible and/or cost-sharing requirements for enrollees with costs related to COVID-19 testing or treatment?**

A. Yes. Fallon members will have no cost-sharing for medically necessary COVID-19 services until further notice.

**Q. What COVID-19 related testing is Fallon covering?**

A. Fallon is covering COVID-19 diagnostic testing based on CDC and other regulatory guidance. If a provider orders a COVID-19 diagnostic test based on medical necessity, i.e. the patient exhibits symptoms or has been exposed to a known COVID-19 positive individual, that test will be covered with no cost-sharing to the member. Please note that Federal guidelines do

not support the use of antibody testing to diagnose or exclude COVID-19 infection. Therefore, Fallon Health requires prior authorization for COVID-19 antibody testing.

**Q. Is Fallon covering specimen collection for COVID-19 diagnostic testing?**

A. Until further notice, Fallon is covering specimen collection for COVID-19 diagnostic testing. Fallon will then evaluate the continued need for flexibilities related to COVID-19. Please see the Laboratory and Pathology Payment Policy for the applicable CPT and HCPCS codes for details: <http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx>.

**Q. Are referrals required for any services for Fallon Health members while the applicable Massachusetts Executive Order is in effect?**

A. **For Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare:** while we are encouraging members to contact their primary care provider first for discussion and advice, based on guidance from the Centers for Medicare & Medicaid Services, referrals will not be required for members of these plans until further notice.

A. **For Medicaid ACO Plans: Fallon 365 Care, Wellforce Care Plan, and Berkshire Fallon Health Collaborative:** while we are encouraging members to contact their primary care provider first for discussion and advice, based on guidance from MassHealth, referrals will not be required for members of these plans until further notice.

A. **For Fallon Commercial products and Community Care:** PCP referrals are still required for applicable services.

**Q. Should we be collecting copayments and/or other cost-sharing from Fallon patients whose services are being billed with COVID-19 diagnosis code?**

A. Fallon members will have no cost-sharing for medically necessary COVID-19 services, so you should not collect any copayments and/or other cost-sharing for services billed as COVID-19, until further notice.

**Q. Are you adhering to the suspension of prior authorization for discharge to home health, rehab and skilled nursing facilities? What is your prior authorization process for post-acute admissions?**

A. Fallon Health will still require notification of the admission and use of contracted facilities. Providers will need to fax Fallon the SNF/Acute Rehab Admission Review Request Form (or the Universal Standard Prior Authorization Form) to 1-508-368-9014. The exception to this is if the individual had been treated for COVID-19. Fallon will provide prior authorization for COVID-19 cases only if requested by the post-acute care provider.

We will be conducting concurrent review and retrospective review in some cases. Please continue to adhere all guidelines for coverage (IQ, CMS, Medicaid, etc.) You may contact Fallon directly in advance of the post-acute transfer to ensure coverage. In the event you are unable to locate a facility to accept the member, please contact us directly and we will provide assistance.

**Q. Will Fallon extend home health authorizations for more than 30 days?**

A. Yes. Upon request, we are extending previously approved home health authorizations for up to 90 days as described below.

**Q Do home care services after treatment of COVID-19 require authorization?**

A. In accordance with DOI Bulletin 2021-03, home health care following an inpatient hospital admission for the treatment of COVID-19 remains covered without prior authorization. Home health agency providers must continue to submit notification to Fallon Health within 48 hours of the first home health care visit.

As of April 1, 2021, for home health care related to conditions other than *COVID-19*, the prior authorization requirements have been reinstated for covered home health services. This includes the start of home health care following an inpatient hospital admission for conditions other than COVID-19. Home health agency providers must submit requests for authorization in accordance with our standard prior authorization processes.

**Q. Is Fallon covering a 90-day supply of non-pharmaceutical supplies, i.e., durable medical equipment, formula, wound care supplies, etc.?**

A. Fallon is allowing up to a 90-day supply of standard items with notification from the provider. Authorizations are extended accordingly, upon notification.

## Telemedicine

**Q. Is Fallon covering telemedicine services to ensure access to care while reducing the opportunities for disease transmission?**

A. Yes. Until further notice, Fallon is covering telemedicine visits for all members for both COVID-19 and non-COVID-19 related services for all members. Cost sharing will be waived for COVID 19 related services.

Additionally, until further notice, for telehealth visits providers will be reimbursed at the same rate as an in-person visit. For full details of the policy, please visit the payment policies page on our provider portal at <http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx>.

Fallon members who have the Teladoc benefit and/or NurseConnect can also use those channels to receive medical services or advice.

**Q. What provider types/services done via telemedicine are covered?**

A. Until further notice, the following providers are eligible to furnish telehealth services:

- Physicians, podiatrists, optometrists
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists and clinical social workers
- Registered dietitians or nutrition professionals
- Physical therapists
- Occupational therapists
- Speech-language pathologists

- Early Intervention providers (see Early Intervention Payment Policy for additional information)

**Q. Is Fallon covering PT/OT/ST services when delivered telephonically?**

A. Yes. Members of commercial products and Fallon 365 Care, Berkshire Fallon Health Collaborative, and Wellforce Care Plan can access PT/OT/ST services through both telephonic and video telehealth visits. Members of Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare can access PT/OT/ST services through video telehealth visits, and some services through telephonic visits. All cost sharing for medically necessary telehealth services will be waived. This will be effective until further notice. For reimbursement information and coding, providers should consult the Telemedicine Policy located on our payment policies page on our provider portal at <http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx>

**Q: Should a provider bill 99441-99443 and 98966-98968 when conducting a telephonic visit?**

A: Yes and providers could consult the Telemedicine Policy located on our payment policies page on our provider portal at <http://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx> for specific details. For commercial, Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare telephone services, Fallon has created and added these codes to a newly created fee schedule(s) titled Fallon Health Telephone Fee Schedule. Please contact your Contract Manager for any questions related to this Fee Schedule.

**Q. Is Fallon covering preventive visits when performed via telehealth?**

A. Preventive visits are critical to ensuring the health and well-being of plan members. Until further notice, Fallon will reimburse plan providers for a preventive visit delivered via telehealth when a preventive visit is clinically appropriate for the plan member (i.e., the physical examination can be deferred) and the plan member has consented to the telehealth visit. Documentation must include a follow-up plan for any components of the preventive visit deferred due to telehealth. Claims for Preventive Medicine Services and any additional services reported in addition to the Preventive Medicine Service delivered via telehealth, must be submitted with Place of Service 02.

For those preventive visits delivered via telehealth, there are components of a Preventive Medicine Service that cannot be completed via telehealth. These components should be completed as soon as possible.

When a Preventive Medicine Service has been delivered via telehealth and reimbursed by Fallon Health:

- **For Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan, NaviCare and Summit Elder Care plan members**, Fallon will reimburse one in-person follow-up Evaluation & Management (E/M) Service to complete the components of the Preventive Medicine Service not performed on the day of the Preventive Medicine Service. The follow-up E/M Service can be billed with CPT code 99211, 99212 or 99213, depending on the complexity of the visit. Additional services, such as immunization administration and visual acuity screening, may be reported in addition to the E/M Service.
- **For commercial, Fallon Medicare Plus and Fallon Medicare Plus Central plan members**: Fallon will not reimburse an additional Preventive Medicine Service or E/M Service to complete components of the Preventive Medicine Service not performed via telehealth. Immunization administration and visual acuity screening will be reimbursed.