Payment Policy | Telemedicine/Telehealth and Telephone Services – Temporary Policy – Effective 3/5/20 – 3/17/20

EFFECTIVE DATE: 03|05|2020
POLICY LAST UPDATED: 03|17|2020

OVERVIEW

In the event the State of Rhode Island declares a state of emergency due to a pandemic health concern such as COVID-19 or if Blue Cross & Blue Shield of Rhode Island (BCBSRI) elects to enact this policy outside of a declared state of emergency, **BCBSRI will temporarily allow for limited telemedicine/telehealth services to be provided by telephone only.**

This policy applies to BCBSRI participating providers only.
This policy is outside of Chapter 27-81 "The Telemedicine Coverage Act."

BCBSRI reserves the right to implement and revoke this policy without the contractual sixty-day (60) notification for a change in policy that is normally required under BCBSRI contracts with its providers. This would apply both for the effective date, due to the urgent and emergent nature of a pandemic, as well as for the withdrawal of the policy.

Notice of the implementation and withdrawal of this policy will be communicated to BCBSRI providers via a notice on BCBSRI's provider website/portal under Alerts and Updates.

For telemedicine/telehealth services for which a video component and a compliant secure electronic communication is used, e.g., traditional telemedicine/telehealth services, please refer to BCBSRI's ***Telemedicine/Telehealth Services Policy***, which will remain in effect during the timeframe this policy is in effect. There is no waiver of member cost share related to non-telephone only telemedicine/telehealth services.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercials Products

Telemedicine services (provided via telephone only) are covered when all of the following criteria are met:

1. The patient is present/participates at the time of service.
2. Services should be similar to real-time services with a patient.
3. Services must be medically necessary and otherwise covered under the member's benefit booklet or subscriber agreement.
4. Services must be within the provider's scope of license.
5. A permanent record of the telephonic communication(s) must be documented/maintained as part of the patient's medical record.
6. Only the provider rendering the services via the telephone may submit for reimbursement for telemedicine services
7. For PCP's and medical specialist providers e.g. MD, DO, NP, PA's, CNS's: Reporting and reimbursement for telephone only services is limited to the assessment and/or triage of a patient and the communication with a patient to inform them related to a decision to seek face-to-face services at the provider's practice or other location, e.g., ER or Urgent Care or for those patients who are

recommended for social distancing, the continuation of ongoing care for a chronic condition, which requires the provider to provide treatment/guidance to the patient.

The following services are excluded from reimbursement:

- Services rendered through email, text or by fax.
- Telemedicine that occurs the same day as a face-to-face visit, when performed by the same provider and for the same condition.
- Patient communications incidental to E&M services, including, but not limited to reporting of test results or provision of educational materials.
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.

Non-Behavioral Health Providers (PCP and Medical Specialists)

For non-behavioral health providers, telemedicine services provided via telephone only during a state of emergency or implementation of this policy by BCBSRI are limited to the following provider types and must be filed under CPT codes 99211 or 99212 (See Coding Section for details):

- Primary care physicians and Midlevel primary care providers – Effective for dates of service on or after 3/5/20.
- Medical Specialists - defined as MD, DO, NP and PA specialty providers - Effective for dates of service on or after 3/16/20.

NOTE: No other CPT codes will be acceptable for reimbursement from BCBSRI for telephone only services.

Please refer to the Coverage section below for details related to BCBSRI's waiver of subscriber cost share for telephone only telemedicine/telehealth during the time-period of heightened concerns related to COVID-19.

Behavioral Health Providers

For behavioral health providers, telemedicine services provided via telephone only during a state of emergency or implementation of this policy by BCBSRI are limited to the following providers and must be filed with the CPT codes found in the Behavioral Health Coding Section below.

- Clinical nurse specialist
- Psychiatrist
- Psychologist
- Clinical social worker
- Licensed Marriage and Family Therapist (not allowed for BC for Medicare)
- Licensed Mental Health Counselor (not allowed for BC for Medicare)

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable telemedicine services benefits/coverage.

BCBSRI Cost Share Waiver

BCBSRI will waive all member cost share for BCBSRI subscribers (waiver of the cost share does not apply to BlueCard HOST members/those members of other Blue Cross Blue Shield Plans nationally) for telephone only telemedicine/telehealth services as outlined in this policy, during the time period of heightened concerns related to COVID-19. Providers should NOT collect cost share from a member in accordance with this policy.

Note: Please see the Coding Section for applicable Evaluation & Management CPT codes for which member cost share will be waived.

CODING

For Non-Behavioral Health Providers (Primary Care and Medical Specialist Providers)

BlueCHiP for Medicare and Commercial Products

The following codes are covered with no member cost share, in accordance with this policy, as telemedicine **telephone only** services when filed with modifier CR and place of service 02 and the telemedicine criteria set forth in this policy are met:

99211 Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

Modifier CR: Catastrophe/Disaster Related

Place of Service (POS) 02: Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology.

Note: Any claim filed with a code/modifier combination NOT listed above with POS 02 will not be reimbursable under this policy by BCBSRI and will be considered a provider liability.

For Behavioral Health Providers Limited to MD's and Clinical Nurse Specialists

BlueCHiP for Medicare and Commercials Products

The following codes are covered with no member cost share, in accordance with this policy, as telemedicine telephone only services when filed with modifier CR and place of service 02 and the telemedicine criteria set forth in this policy are met:

99211 Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

The following codes are covered with member cost share as telephone only services when filed with modifier CR and POS 02 and the telemedicine criteria set forth in this policy are met.

90791 Psychiatric diagnostic evaluation
90792 Psychiatric diagnostic evaluation with medical services
90832 Psychotherapy, 30 minutes with patient
90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834 Psychotherapy, 45 minutes with patient

90836 Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837 Psychotherapy, 60 minutes with patient
90838 Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90839 Psychotherapy for crisis; first 60 minutes
90840 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Modifier CR: Catastrophe/Disaster Related

Place of Service (POS) 02: Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology.

Note: Any claim filed with a code/modifier combination NOT listed above with POS 02 will not be reimbursable under this policy by BCBSRI and will be considered a provider liability.

REIMBURSEMENT

As with traditional telemedicine/telehealth services, all BCBSRI standard reimbursement rules/reductions related to telemedicine/telehealth services as well as midlevel reductions will apply to all services referenced in this policy.

BCBSRI reserves the right to audit medical records as well as administrative records related to adherence to all the requirements of this policy e.g. to verify the nature of the phone call etc.

RELATED POLICIES

Telemedicine/Telehealth Services

PUBLISHED

BCBSRI's website under Alerts and Update
An FAQ document is available on BCBSRI.com

REFERENCES

Not applicable

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This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.