

**EFFECTIVE DATE:** 03|18|2020

**POLICY LAST UPDATED:** 10|06|2020

### OVERVIEW

This **TEMPORARY** policy documents the billing and medical record documentation requirements when a provider renders a Telemedicine/Telehealth or Telephone only Preventive Medicine Evaluation and Management (E&M) Visits for both adults and children (Well-Child Exams) or Annual Wellness Visits (AWV) for Medicare Advantage members during the COVID-19 crisis/the timeframe this policy is in effect.

This policy is applicable to in-network providers for BlueCHiP for Medicare and Commercial Products.

Refer to the Related Policies section for other policies related to services rendered during this designated timeframe.

**This policy is effective for dates of service on or after March 18, 2020.**

Blue Cross & Blue Shield of Rhode Island (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, update or withdrawal of this policy will be communicated to BCBSRI providers via a notice on BCBSRI's provider website/portal under Alerts and Updates.**

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

#### **BlueCHiP for Medicare and Commercial Products**

During the timeframe this policy is in effect, BCBSRI will **TEMPORARILY** allow for Preventive Medicine E&M Services for both adults and children (Well-Child Exam) and AWV for Medicare Advantage members to be provided through telemedicine/telehealth or telephone only encounters in an effort to reduce the need for in-person treatment and support social distancing efforts, as well as to ensure that providers are able to continue to provide medically necessary and clinically appropriate care during the course of this public health emergency.

BCBSRI will reimburse Preventive Medicine Evaluation and Management Visits and Annual Wellness Visits encounters provided via telemedicine/telehealth or telephone only at 100% of the in-office allowable amount.

NOTE: Services performed by Advanced Practitioners will be reimbursed at a contracted proportion of the physician fee schedule as is the practice for in-office services in accordance with the related policy, Advanced Practitioners.

Additionally, during the timeframe this policy is in effect, BCBSRI will allow the components of the Preventive Medicine E&M (99381- 99397) to be conducted on two (2) separate dates of service. Claims submitted for reimbursement must meet the following guidelines:

1. The first portion/part of the patient encounter would be to perform the Preventive Medicine E&M components of the exam that are clinically appropriate to be performed by telemedicine/telehealth or telephone only. The encounter must be documented by the appropriate procedure code for the Preventive E&M e.g. 99382 or 99395 that the provider would report if the service was provided in the office. This portion/part of the encounter should be reported on the date of service the telemedicine/telehealth or telephone only service takes place. Claims must be filed with **Place of Service (POS) 02** (Telehealth) to indicate that this part of the service was rendered as a telemedicine/telehealth or telephone only visit.
2. The second portion/part of the patient encounter is intended to perform/meet the face-to-face visit components/physical requirements of the Preventive Medicine E&M exam e.g. digital rectal or breast exam, provide immunizations, etc. e.g. 90471. Only those services that are provided on that date of service that are separate from the Preventive Medicine E&M exam should be billed/reported on the second date of service. The main procedure code for the Preventative E&M e.g. 99395 would NOT be reported on the second date of service as it was already reported on the initial date of service. Claims must be filed with **Place of Service 11** (Office) or other appropriate POS where the exam takes place.
3. The claim filed for the Preventive Medicine E&M with the appropriate CPT/HCPCS code **MUST** be submitted only **ONCE** on the initial date of service the telemedicine/telehealth or telephone encounter occurs.
4. The provider must ensure they file **ALL** applicable CPT codes for health assessments and/or screenings that take place for each encounter. There is no change for reporting/coding of orders furnished by the provider for additional testing such as for laboratory tests, radiology etc.
5. There is no change in the reporting of Category I or Category II codes needed to meet HEDIS requirement and/or BCBSRI's quality program as the result of this policy.
6. The documentation in the members' medical record **MUST** reflect both encounters. The progress note for the face-to-face encounter **MUST** indicate/reference the date of the initial telemedicine/telehealth or telephone only encounter, and it should be tied to the initial encounter in the patient record/EMR for future review by BCBSRI.
7. BCBSRI will consider reimbursement for a separate sick E&M service e.g. 99212 on the date of service the face-to-face portion of the Preventive Medicine E&M takes place if the patient raises a separate health concern which would not normally be addressed during a Preventative Medicine E&M (e.g. incidental complaints by the patient) for which a separate encounter would normally be billed. Documentation requirements for the separately identifiable sick E&M Service are expected to meet all typical documentation requirements for a separate encounter. **The members standard cost share/benefit for a sick visit would apply to the separately identifiable and billed E&M visit.**

**NOTE: 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 services provided, the medical necessity and clinical appropriateness to provide such service via telemedicine and/or telephone as well the appropriateness of the level of evaluation and management coding. Documentation must contain the details of the provider-patient encounter.**

## **COVERAGE**

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

## **CODING**

### **BlueCHiP for Medicare and Commercial Products**

**Effective 10/1/2020, claims must be filed with ALL the following place of services and modifiers.**

**However, BCBSRI is requesting that providers begin filing the modifier 95 for any audio/visual Telemedicine service regardless of the date of service, as soon as possible e.g. as 09/08/2020 the date BCBSRI provided notification to providers of the need to file modifier 95.**

#### **Telemedicine Services (audio and visual)**

- Place of Service (POS) 02: Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology.
- Modifier 95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System; AND
- Modifier CR: Catastrophe/Disaster Related  
Note: BCBSRI suggests that providers file modifier 95 in the 1<sup>st</sup> modifier position and the CR modifier in the 2<sup>nd</sup> or any subsequent position up until the 4<sup>th</sup> position if there are other nationally accepted correct coding modifiers that need to be submitted on the claim.

#### **Telephone Only Services**

- Place of Service (POS) 02: Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology; AND
- Modifier CR: Catastrophe/Disaster Related

99381 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)

99382 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)

99383 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)

99384 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)

99385 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years

99386 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years

99387 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older

- 99391 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
- 99392 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
- 99393 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
- 99394 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
- 99395 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 1839 years
- 99396 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 4064 years
- 99397 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older

#### **BlueCHiP for Medicare Products Only**

G0438 Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit

G0439 Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit

#### **The following code is not covered, when rendered with Place of Service 02 Telehealth as it required to be a face-to-face visit:**

G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment. (G0402) as that visit must be a face to face visit.

#### **RELATED POLICIES**

**TEMPORARY** Telemedicine/Telehealth and Telephone Services During the COVID-19 Crisis – Effective 3/18/20

#### **PUBLISHED**

BCBSRI's website under Alerts and Update

An FAQ document is available on BCBSRI.com

#### **REFERENCES**

Not applicable

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