Medical Coverage Policy

Provider Reimbursement for Care Plan Management-PREAUTH

☐ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☒ Other

Effective Date:	10/1/2011	Policy Last Updated:	5/3/2011

☐ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☒ **Prospective review is not required.**

Description:

BCBSRI offers a care coordination program that is designed to help members understand their benefits, services, and resources available to them through their health plan and in the community. The care coordination program is most valuable when used in coordination with the physician and provider community. When a member agrees to participate in a BCBSRI care coordination program, the Care Coordinator will contact the provider by fax to verify the plan of care and the member's medications. The provider can bill BCBSRI for reimbursement after reviewing and faxing back the plan of care.

Not all BCBSRI plans will provide additional reimbursement for this service. High deductible health plans (HDHP) such as HealthMate Coast to Coast, BlueSolutions for HSA and HealthMate for HSA Direct must follow federal guidelines which dictate that unless the service is preventive the reimbursement will go toward the member's deductible. For HDHP, Federal Employee Program (FEP) and New England Health Plan (NEHP) the services will be covered but will not be separately reimbursed.

Medical Criteria:

Not applicable. This is a reimbursement policy.

Policy:

Primary treating physicians' assistants, nurse practitioners, and nurse midwives who participate in a collaborative exchange of information by telephone with BCBSRI Care Coordinators, for purposes of care plan development for members, are eligible for reimbursement using **HCPCS code T2024**.

Coverage:

Not applicable.

Reimbursement is allowed for most BCBSRI products based on their receiving authorization from the plan with no cost sharing to the member. For HSA accounts the reimbursement will go toward the member's deductible.

Coding and Reimbursement:

Note: Authorization for reimbursement must be documented in our claims system, otherwise the code will be considered not separately reimbursed.

HCPCS:

T2024 Service assessment/plan of care development, waiver

Published:

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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.