



EFFECTIVE DATE: 10|01|2011
POLICY LAST UPDATED: 05|03|2011

OVERVIEW

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.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Reimbursement is allowed for most BCBSRI products based on their receiving authorization from the plan

POLICY STATEMENT

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.

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) 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

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.

COVERAGE

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

BACKGROUND

Not applicable.

CODING

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

RELATED POLICIES

None

PUBLISHED

Provider Update, August 2011

REFERENCES

None.

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