



EFFECTIVE DATE: 03|18|2020

POLICY LAST UPDATED: 03|27|2020

OVERVIEW

In adherence with the State of Rhode Island “Fourth Supplemental Emergency Declaration – Expanding Access to Telemedicine Services”, Executive Order 20-06 issued on March 18, 2020 along with the State of Rhode Island Office of Health Insurance Commissioner (“OHIC”) guidance Bulletin 2020-01, entitled “Emergency Telemedicine Measures to Address and Stop the Spread of COVID-19” issued on March 20, 2020, Blue Cross & Blue Shield of Rhode Island (BCBSRI) is implementing several temporary changes to its telemedicine/telehealth policies and allowing for telephone only services while this policy is in effect in an effort to ensure our members are able to access appropriate care from providers while practicing social distancing. See Policy Statement below.

There are no changes to current referral requirements.

This policy is effective for dates of service on or after March 18, 2020. For dates of service prior to March 18, 2020, please refer to the BCBSRI policies that were in effect for prior dates of service.

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, 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.

It is expected this policy will be in effect until Monday, April 17, 2020 as outlined in OHIC’s Bulletin, unless Executive Order 20-06 is renewed, modified or terminated by a subsequent Executive Order resulting in a longer or shorter full force and effective period.

Please Note: All other BCBSRI policies and procedures, and coding and billing requirements continue to remain in place for telemedicine/telehealth and telephone services that are not specifically superseded by this policy. For example, the Non-Reimbursable Health Service Codes policy remains in effect in conjunction with this temporary policy. The Non-Reimbursable Health Service Codes policy outlines CPT and HCPCS codes for services that are covered, but not separately reimbursed (i.e. 99441-99443, 99446-99449). Please refer to the Non-Reimbursable Health Service Codes policy for a full list of services that are not separately reimbursed.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

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During the timeframe this policy is in effect, BCBSRI will implement several actions to ensure members have appropriate access to care.

The following measures are in place only during the timeframe this policy is in effect:

1. BCBSRI will temporarily allow for all clinically appropriate, medically necessary covered health services to be provided through telemedicine/telephone for all/any health conditions 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. (For example, a Chiropractor may not bill for manual manipulation services via telemedicine/telephone or a Physical Therapist may not bill for manual therapy services.) This includes all behavioral health outpatient facility-based services including but not limited to early intervention, home and community based services, applied behavioral analysis, medication assisted treatment services, crisis intervention services, partial hospital programs, and intensive outpatient programs. This is not applicable to inpatient and residential treatment services.
2. BCBSRI will reimburse telemedicine/telehealth or telephone only encounters at 100% of the in-office allowable amount for any clinically appropriate, medically necessary covered health service. **NOTE:** Services performed by Midlevel 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, Mid-Level Practitioners.
3. BCBSRI will temporarily waive cost-share (e.g. co-pays and/or deductibles and co-insurance) for services provided by any provider type listed in this policy that would typically be performed in the office setting and that are clinically appropriate and reasonable to provide via telemedicine/telephone. **NOTE:** Please refer to the Coverage section below for details related to BCBSRI's waiver of subscriber cost share for telemedicine/telehealth or telephone encounters during the timeframe this policy is in effect.
4. BCBSRI will allow the following **provider types** to file for clinically appropriate and medically necessary services using telemedicine/telehealth or telephone only services.

Medical Professional Provider Types

- Primary care physicians and Midlevel primary care providers
- All Medical Specialists - defined as any MD, DO, NP and PA
- Optometrists
- Doctors of Podiatric Medicine (DPM's)
- Chiropractors (DC)
- Lactation Consultants
- Physical, Occupational and Speech Therapists
- Diabetes Educators
- Nutritionists
- Midwives
- Urgent Care Centers
- Retail Based Clinics

Behavioral Health Professional Providers

- 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)
 - Licensed Clinical Dependency Professionals that provide services at a BCBSRI participating behavioral health facility (not allowed for BC for Medicare)
 - Licensed Behavior Analyst (not allowed for BC for Medicare)
5. Following state and federal guidelines, BCBSRI will temporarily waive the requirement, referenced in the Telemedicine/Telehealth Services policy, that the virtual encounter be performed on a HIPAA compliant secure electronic communication platform. Services may be provided via the following non-HIPAA compliant secure electronic communication applications that allow for video chats:
- Apple FaceTime
 - Facebook Messenger video chat
 - Google Hangouts video
 - Skype

Providers are expected to comply with all federal guidance issued by the U.S. Department of Health & Human Services Office of Civil Rights relating to Telehealth and HIPAA during the COVID-19 nationwide public health emergency (See e.g. <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>).

Telemedicine services provided in accordance with this policy 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 suitable to provide via telemedicine and/or telephone, or clinically appropriate and 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 telemedicine or telephone encounter must be documented/maintained as part of the patient's medical record.
6. Only the provider rendering services may submit for reimbursement for telemedicine/telephone services.

The following services are excluded from reimbursement:

- Services rendered through email, text or by fax.
- Telemedicine/telephone calls that occur 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.
- Telemedicine/telehealth services provided through the following public facing video communication applications (Note: This is not an all-inclusive list):
 - Facebook Live
 - Twitch
 - TikTok
- Any telemedicine/telehealth or telephonic encounter conducted by office staff, RNs, LPNs, etc.
- Any proactive outreach to members who are not in active care by the provider for an acute or chronic condition that requires the intervention of the provider to limit or eliminate the exacerbation of a condition.

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. Special focus will be placed on a review to determine that a claim is not billed at a higher level evaluation and management code/service when a lower level code/service is warranted. BCBSRI specifically requires documentation of the time spent with that patient in all documentation.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable Telemedicine/Telehealth 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 telemedicine/telehealth or telephone services as outlined in this policy, during the time period this policy is in effect. Providers should NOT collect cost share from a member in accordance with this policy.

Please note that BCBSRI self-insured/administrative services only accounts may elect to opt out of this policy and continue to apply subscriber cost share those subscribers covered under their benefit plan. BCBSRI will take all reasonable steps to inform and maintain a listing of those self-insured accounts that opt out of this policy. A listing of such self-insured accounts will be maintained on BCBSRI.com.

CODING

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To ensure correct claims processing, claims filed in accordance with this policy must adhere to the coding instructions found below. All providers must file the appropriate CPT codes for the telemedicine/telehealth or telephone encounter as they would for a traditional face-to-face visit.

Claims may be filed with any code/service that BCBSRI allows a provider type to perform in the office, provided the service represented by that code is clinically appropriate and reasonable to perform via telemedicine/telehealth or telephone.

The following Modifier is required in combination with services rendered:

Modifier CR: Catastrophe/Disaster Related

The following Place of Service indicator is required for all telemedicine/telehealth or telephone services:

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

RELATED POLICIES

Mid-Level Practitioners

Telemedicine/Telehealth Services

COVID-19 Temporary Telemedicine/Telehealth Services Provided Via Telephone Only – Effective 3/5/20 – 3/17/20

PUBLISHED

BCBSRI's website under Alerts and Update

An FAQ document is available on BCBSRI.com

REFERENCES

Not Applicable

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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.

