**Payment Policy |** Telemedicine/Telephone Services for Medicare Advantage Plans During COVID-19 Public Health Emergency (PHE)

**EFFECTIVE DATE:** 04|01|2022
**POLICY LAST UPDATED:** 08|03|2022

## OVERVIEW

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable members and members with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

This temporary policy documents the coding guidelines as set forth by Centers for Medicare & Medicaid Services (CMS) during the timeframe in which the Public Health Emergency (PHE) is in effect and additional supplemental information related to Medicare Advantage Plans.
**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

Blue Cross & Blue Shield of Rhode Island follows CMS guidelines regarding the coverage of Telemedicine/Telehealth services during the period in which the PHE is in effect.

The provider may use a telephone or an interactive audio and video telecommunications system that permits real-time communication between the provider and the patient at home. Providers who can furnish and get payment for covered telehealth services include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.

Please refer to the coding section for the list of services/codes that are covered and reimbursable when filed with place of service 02 or place of service 10, and modifier FQ or modifier 95.

***Consistent with BCBSRI's 2021 Medicare Advantage benefit plans, cost share will not apply for selected codes/services (see coding grid) provided by primary care physicians and advance practice providers (PCP's) and the behavioral health provider specialties noted below:***

***Primary Care Provider specialties as credentialed by BCBSRI:***

- *Nurse practitioner*
- *Physician assistant*
- *Physicians*

***Behavioral Health Providers:***

- *Child and adolescent psychiatry*
- *Clinical nurse specialist*
- *Clinical social worker*
- *Geriatric psychiatry*
- *Psychiatrist*
- *Psychiatry/neurology*
- *Psychologist*

***For all other providers e.g. specialist providers, the applicable cost share will apply based on the benefit.***

**Rural Health Centers (RHC) and Federally Qualified Health Centers (FQHC)**
In accordance with CMS guidelines, during the COVID-19 PHE, RHCs and FQHCs can furnish any telehealth service that is included on the list of Medicare telehealth services listed in the coding sections of this policy. Telehealth services generally require use of interactive real-time audio and video technology. However, during the PHE, some services can be furnished using audio technology only.

**Note:**
BCBSRI reserves the right to implement and revoke this section of the policy without the contractual sixty-day (60) notification for a change in policy that is normally required under BCBSRI contracts with its providers. Notice of any update or withdrawal of this section of the policy will be communicated to BCBSRI providers via a notice on BCBSRI's provider website/portal under Alerts and Updates.

## COVERAGE

Benefits may vary between groups and contracts. Please refer to the Evidence of Coverage for applicable benefits/coverage.

## REIMBURSEMENT

BCBSRI will reimburse telemedicine or telephone only services/encounters at 100% of the in-office allowable amount for any clinically appropriate, medically necessary covered health service.

Services performed by Advanced Practitioners will be reimbursed at a reduced proportion of the physician fee schedule as is the practice for in-office services.

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## BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that members can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

**Expansion of telehealth with 1135 waiver**
Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

## CODING

The codes in the grid below are covered as telemedicine and/or telephone services when filed as noted below AND the telemedicine criteria set forth in this policy are met. The appearance of a code on the attached grid does not guarantee separate reimbursement for the code. Please reference BCBSRI's Non-Reimbursable Health Service Codes Policy.

**To ensure correct claims processing:**
Claims for **telemedicine services** must be filed with one Place of Service (POS) code and Modifier 95:

- **Place of Service (POS) 02:** The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. **OR**
- **Place of Service (POS) 10:** The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.
- **Modifier 95:** Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Claims for **telephone only** services must be filed with either Place of Service (POS) code below.

- **Place of Service (POS) 02:** The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. **OR**
- **Place of Service (POS) 10:** The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.
- **Modifier FQ:** Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio Telecommunications System (Providers may bill with Modifier FQ, but doing so is not mandatory)

**Note:** Any claim filed with a CPT code NOT listed on the attached grid with place of service 02 or 10, and Modifier 95 or FQ, will deny as invalid place of service as a provider liability.

For Telephone/Telemedicine codes covered for Medicare Advantage Plans see below:
2021/2022 Telehealth Services for Medicare PHE version

## RELATED POLICIES

Non-Reimbursable Health Service Codes
Telemedicine/Telephone services for Medicare Advantage Plans - Effective 2021
TEMPORARY Cost Share Waiver for Treatment of Confirmed Cases of COVID-19 During the COVID-19 Crisis
TEMPORARY COVID-19 Diagnostic Testing
TEMPORARY Encounter for Determination of Need for COVID-19 Diagnostic Testing

TEMPORARY Telemedicine/Telehealth and Telephone Services During the COVID-19 Crisis – Effective 3/5/2020 – 3/17/2020
TEMPORARY Timely Filing Limit Extension Policy – Additional 180 Days During the COVID-19 Crisis

**PUBLISHED**
Provider Update, October 2022
Provider Update, August 2021
Provider Update, December 2020

**REFERENCES:**
https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
https://www.medicare.gov/medicare-coronavirushttps://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes