



BlueCross BlueShield of Vermont

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TEMPORARY/EMERGENCY POLICY: PREVENTIVE MEDICINE BY TELEMEDICINE Corporate Payment Policy Effective March 20, 2020

File Name: BCBSVT Corporate Payment Policy 26 (Temporary/Emergency): Preventive Medicine by Telemedicine

Policy No.: CPP_26

Last Review: March 2020

Next Review: 60 days after implementation

Effective Date: March 20, 2020

Document Precedence

The Blue Cross and Blue Shield of Vermont (“BCBSVT”) Payment Policy Manual was developed to provide guidance for providers regarding BCBSVT payment practices and facilitates the systematic application of BCBSVT member contracts and employer benefit documents, provider contracts, BCBSVT corporate medical policies, and Plan’s claim editing logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
- 2) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
- 3) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and corporate medical policy, the corporate medical policy takes precedence.
- 4) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the Plan’s claim editing solution, the Plan’s claim editing solution shall take precedence.

Payment Policy

Description

This payment policy is implemented in the context of the coronavirus pandemic and in an effort to improve social distancing.

BCBSVT’s Corporate Payment Policy on Telemedicine continues to apply for the services identified in that policy and rendered via HIPAA-compliant audio/ video means. This policy supplements that existing policy, on a temporary/emergency basis.



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Policy

On a temporary/emergency basis, BCBSVT will pay for established patient preventive medicine visits,

- For children ages 2 and over and for adults,
- When rendered via HIPAA-compliant audio/video telemedicine means, and
- When the visit is between a provider and a patient (or parent of a patient under the age of 12)

The Provider is responsible for:

- Obtaining verbal or written consent from the patient or the patient's adult representative for the use of telemedicine to conduct the visit
- Documenting this consent in the patient's medical record
- Advising the patient that the visit is a routine health supervision or well-child check, and that it will be billed to BCBSVT
- Billing the telemedicine visit with a -95 modifier and place of service (02) (for CPT® codes) or -GT modifier (for HCPCS codes) so that the use of telemedicine services may be identified
- Documenting the preventive visit / screening in accordance with standard requirements including the following:
 - Documentation that the patient has been informed this is considered an office visit
 - Age and gender appropriate history
 - Comprehensive history and pertinent physical exam findings
 - A description of the status of chronic, stable problems that are not "significant enough to require additional work" per CPT® guidelines
 - Past medical history, allergies, medications, social history as applicable
 - Notes regarding age appropriate counseling/ guidance /risk-factor reduction, screening labs, and tests
 - Notes concerning management of minor problems and if additional work-up needs to occur
 - Ordering of labs /diagnostic procedures
 - Orders for Vaccine / Immunization administration appropriate for age and risk factors
 - Documentation of developmental screening or other health/behavior screening
 - Documentation of any vital signs obtained remotely
 - Any documentation of photographs or other emailed or otherwise obtained information
 - Diagnosis, plan, and medical decision making
- Using telemedicine only for visits that fall within the standard of care and that can be reasonably and safely handled via telemedicine
- Billing only E/M codes for services that are appropriate for synchronous telemedicine health supervision visits

Not Eligible for Payment

Any services delivered pursuant to the terms of this temporary policy should be appropriate for delivery through telemedicine. Services not appropriate for delivery via telemedicine may not be reimbursed.



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Eligible Services

Please see the coding table provided as Attachment 1 to this policy.

Benefit Determination Guidance

Payment for preventive services delivered via telemedicine is determined by the member's benefits. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Eligible services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible. Member cost sharing under this policy will be the same cost sharing that would apply had the services been delivered in-person.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Inter Plan Programs (IPP): In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (BCBSVT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment it is important to verify the member's benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

Provider Billing Guidelines and Documentation

See the Policy section, above.

National Drug Code(s)

Health Care Procedure Coding System (HCPCS) codes related to chemotherapy drugs, drugs administered other than oral method, and enteral/parenteral formulas may be subject to National Drug Code (NDC) processing and pricing. The use of NDC on medical claims helps facilitate more accurate payment and better management of drug costs based on what was dispensed and may be required for



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payment. For more information on BCBSVT requirements for billing of NDC please refer to the provider portal at <http://www.bcbsvt.com/provider-home> for the latest news and communications.

Eligible Providers

This policy applies to all providers/facilities contracted with the Plan's Network (participating/in-network) and any non-participating/out-of-network providers/facilities.

Audit Information:

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the payment policy. If an audit identifies instances of non-compliance with this payment policy, BCBSVT reserves the right to recoup all non-compliant payments.

Related Policies/References:

BCBSVT Corporate Payment Policy 03 – Telemedicine

BCBSVT Corporate Payment Policy 24 (Temporary/Emergency) – Telephone-only Services

BCBSVT Corporate Payment Policy 25 (Temporary/Emergency) – Telephone Triage

Reference: American Medical Association. (2020). *CPT®: Current Procedural Terminology (Professional)*. Chicago IL: American Medical Association.

Policy Implementation/Update Information

This policy is implemented on an emergency/temporary basis effective March 20, 2020. The policy will be reviewed on or before May 15, 2020.



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Approved by

Date Approved: _____ **03/20/2020** _____

Josh Plavin MD, MPH

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Dawn Schneiderman

Dawn Schneiderman, Vice President, Chief Operating Officer



Attachment 1: Coding Table

The following will be considered as Medically Necessary when applicable criteria have been met.

Code	Description	Instructions
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services.” Visit limits may apply for nutritional counseling services. Please see the benefit materials for additional information.



<p>97803</p>	<p>Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</p>	<p>Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services.” Visit limits may apply for nutritional counseling services. Please see the benefit materials for additional information.</p>
<p>97804</p>	<p>Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes</p>	<p>Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services.” Visit limits may apply for nutritional counseling services. Please see the benefit materials for additional information.</p>
<p>99392</p>	<p>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)</p>	<p>Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”</p>
<p>99393</p>	<p>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)</p>	<p>Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”</p>



<p>99394</p>	<p>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)</p>	<p>Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”</p>
<p>99395</p>	<p>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; 18-39 years</p>	<p>Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”</p>
<p>99396</p>	<p>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; 40-64 years</p>	<p>Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”</p>
<p>99397</p>	<p>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</p>	<p>Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”</p>



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99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”



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S9443	Lactation classes, nonphysician provider, per session	Step 1: Visit http://www.bcbsvt.com/preventive Step 2: Click the link to see “the recommended guidelines for preventive care services”
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