



# BlueCross BlueShield of Vermont

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## **TEMPORARY/EMERGENCY POLICY: PREVENTIVE MEDICINE BY TELEMEDICINE Corporate Payment Policy**

**Effective March 13, 2020; Updated April 28, 2020**

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

**Policy No.:** CPP\_26

**Last Review:** April 2020

**Next Review:** May 31, 2020

**Effective Date:** March 13, 2020

### **Description**

This payment policy is implemented in the context of the coronavirus pandemic and in an effort to improve social distancing. BCBSVT's separate Corporate Payment Policy 03 (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.

### **Policy**

In general, preventive medicine visits should be conducted in person, especially for children under the age of 2. On a temporary/emergency basis, however, BCBSVT will pay for preventive services delivered via telemedicine under the following circumstances:

- The first portion or part of the patient encounter, performed via telemedicine, focuses on components of the exam that are clinically appropriate for remote delivery.
  - The claim for this part of the encounter should report the appropriate procedure code for the preventive service (e.g., 99382, 99395) that the provider would have reported if the service had been provided in the office.
  - The date of service reported should be the date the telemedicine service occurred.
  - Claims must be filed with place of service 02 (telemedicine).
  - When possible, the telemedicine component should be rendered via HIPAA-compliant audio/video telemedicine means.
- The second portion or part of the patient encounter is strongly recommended as the standard of care for all patients, but especially for children under 2 years of age. This portion of the encounter should focus on components of the exam that must be performed face-to-face (e.g., breast exam, immunizations, etc.).
  - The claim for this part of the encounter should report the appropriate procedure code(s) for the service(s) provided during the face-to-face visit (e.g., the administration code for a vaccination). The E/M code for the preventive service should NOT be billed



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again unless there are no codes that represent the services provided during the second portion or part of the encounter. If the E/M code is the only appropriate code to use, the provider must report that E/M code on the claim with a charge of \$0.00. If the provider submits through a vendor or clearinghouse that cannot accept a zero-dollar amount, a charge of \$0.01 may be used.

- The date of service reported should be the date the in-person services occurred.
- Claims must be filed with place of service 11 (office) or the appropriate place of service based on the location of the exam.
- BCBSVT will consider reimbursement for a separate sick E/M service (e.g., 99212) on the date of service of the face-to-face portion of the encounter if the member raises a separate health concern that would not normally be addressed during the preventive visit and for which a separate encounter would normally be billed. Documentation requirements for the separately identifiable sick E/M service apply. The member's standard cost share/benefit for a sick visit would apply to the separately identifiable and billed E/M visit.
- For both encounters, the provider must ensure to report all applicable Category II CPT® codes, as well as any applicable CPT® codes for health assessments and/or screenings that occur.
- The member's medical record MUST reflect both encounters. The progress note for the face-to-face component of the encounter MUST reference the date of the initial telemedicine encounter.
- The visit(s) should be 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 initial portion of 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 portion of the 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



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- 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 services that fall within the standard of care and that can be reasonably and safely handled via telemedicine
- For the portion of the service delivered 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 via telemedicine pursuant to the terms of this temporary policy should be clinically appropriate for remote delivery. Services not appropriate for delivery via telemedicine may not be reimbursed.

## 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



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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 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.

### Document Precedence

The 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.

### Related Policies/References:



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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 13, 2020.

The policy was updated on April 28, 2020 (to allow preventive services via telemedicine, for all ages, subject to certain requirements; added code 99391 and new patient preventive codes 99381-99387).

The policy will be reviewed on or before May 31, 2020.



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Approved by

Date Approved: \_\_\_\_\_ 05/01/2020 \_\_\_\_\_

Handwritten signature of Joshua Plavin, MD, MPH.

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Joshua Plavin, MD, MPH, MBA, Vice President & Chief Medical Officer

Handwritten signature of Dawn Schneiderman.

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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.

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



<b>97803</b>	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 1 minutes	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> 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>
<b>97804</b>	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> 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>
<b>99381</b>	Initial comprehensive preventive medicine evaluation 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, new patient; infant (age younger than 1 year)	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> 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>
<b>99382</b>	Initial comprehensive preventive medicine evaluation 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, new patient; early childhood (age 1 through 4 years)	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> 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><b>99383</b></p>	<p>Initial comprehensive preventive medicine evaluation 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, new patient; late childhood (age 5 through 11 years)</p>	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> 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><b>99384</b></p>	<p>Initial comprehensive preventive medicine evaluation 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, new patient; adolescent (age 12 through 17 years)</p>	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> 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><b>99385</b></p>	<p>Initial comprehensive preventive medicine evaluation 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, new patient; 18-39 years</p>	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> 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><b>99386</b></p>	<p>Initial comprehensive preventive medicine evaluation 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, new patient; 40-64 years</p>	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> 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><b>99387</b></p>	<p>Initial comprehensive preventive medicine evaluation 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, new patient; 65 years and older</p>	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> 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><b>99391</b></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; infant (age younger than 1 year)</p>	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> 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><b>99392</b></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><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
<p><b>99393</b></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><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>



<p><b>99394</b></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><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
<p><b>99395</b></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><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
<p><b>99396</b></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><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
<p><b>99397</b></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><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a> <b>Step 2:</b> 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	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	<p><b>Step 1:</b> Visit <a href="http://www.bcbsvt.com/preventive">http://www.bcbsvt.com/preventive</a></p> <p><b>Step 2:</b> Click the link to see “the recommended guidelines for preventive care services”</p>



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