

NC COVID-19 RESPONSE AND VIRTUAL CARE

Overview of Blue Cross NC's Expansion of Telehealth Services

NC COVID-19 RESPONSE AND VIRTUAL CARE



Agenda

- + Overview of all Blue Cross NC measures
- + Overview of Blue Cross NC's expanded telehealth measures
 - Overview
 - Sample clinical scenarios
 - Logistics
 - Exclusions
- + Next steps



BLUE CROSS NC'S EXPANDED MEASURES

OVERVIEW

COVID-19 (Coronavirus)

4 Measures we're
taking to support
members and
clinicians

For the latest updates, please visit
[BlueCrossNC.com/Coronavirus-
Providers](http://BlueCrossNC.com/Coronavirus-Providers)



Expanded telehealth
measures



Refill medications early



No cost-sharing for
COVID-19 testing



No prior authorization for
members diagnosed with
COVID-19: Inclusive of
covered services that are
medically necessary
based on CDC guidelines.

MEMBER ELIGIBILITY

Overview

- + For the latest updates:
BlueCrossNC.com/Coronavirus-Providers
- + At a high level, all measures available to:
 - Fully insured (group and individual)
 - High-deductible health plan, Medicare Advantage (includes Experience Health)
 - State Health Plan, *except the drug benefit (administered through CVS)*



The screenshot shows a blue navigation bar with 'Insurance' and 'Community Investments' dropdown menus. Below the bar, a blue call-to-action box contains the text 'GET THE FULL DETAILS' and 'Find detailed guidance on the temporary measures we've taken to address COVID-19.' A white button labeled 'Visit here' is at the bottom of the box. A brown arrow points from the left side of the slide towards the 'Visit here' button.



BLUE CROSS NC'S EXPANDED TELEHEALTH MEASURES

Hey, Clinicians.



Video

OR



Phone

We will pay for it.

BlueCrossNC.com/Coronavirus-Providers



EXPANDED TELEHEALTH MEASURES

Overview

- + Visits to providers that previously required an in-person encounter can be **performed virtually** and will be **paid at parity** with office visits so long as they are medically necessary, meet criteria in the [updated Blue Cross NC Telehealth Corporate Reimbursement Policy](#) and **occur on or after March 6, 2020**.
- + *These measures will remain in effect for a **30-day period**, starting March 6, 2020, and then be reevaluated for extension.*

Interventions effective March 6, 2020	Policy vs. benefit change	Fully Insured	Self-Insured / ASO	SHP	HDHP	FEP	MA / ExH	IPP
		Group and Individual	Administrative Services Only	State Health Plan	High Deductible Health Plan	Federal Employee Program	Medicare Advantage & Experience Health	Inter-Plan Programs
Expansion of telehealth services	Reimbursement policy	✓	✓	✓	✓	✓ *	✓	✓
Expansion of telephonic services	Reimbursement policy	✓	✓	✓	✓	✓ *	✓	✓

*Please visit BlueCrossNC.com/Coronavirus-Providers and click on the telehealth update for more details on FEP coverage for telehealth.

EXPANDED TELEHEALTH MEASURES

What qualifies?

- + Includes virtual care encounters for patients that can replace in-person interactions across appropriate care settings, including outpatient clinics, hospitals and the emergency departments.
- + For providers or members who don't have access to secure video systems, **telephone (audio-only)** visits can be used for the virtual visit.
 - Please use **both** *Telehealth as Place of Service 02* **and** *CR (catastrophe/disaster-related)* modifier for audio-only visits.
- + For additional information concerning HIPAA flexibility for telehealth, you can find a link on our provider page at BlueCrossNC.com/Coronavirus-Providers.



EXPANDED TELEHEALTH MEASURES

Logistics

- + These measures will remain in effect for a **30-day period**, starting March 6, 2020, and then be reevaluated for extension.
 - Any additional extensions would also be in effect for a 30-day period and require reevaluation.

- + Please **do not** file telehealth claims with Blue Cross NC until March 21, 2020, and use telehealth as Place of Service (02).

- + If you believe an eligible telehealth claim has been improperly denied, please resubmit it after March 21, 2020.

EXPANDED TELEHEALTH MEASURES

Exclusions and other virtual care options

- + Includes all commercial and Medicare Advantage members except Federal Employee Health Plan. Includes Experience Health.
- + Some commercial members can access MDLIVE® or Teladoc as a virtual care benefit as noted on their Blue Cross NC member ID card.
- + For Federal Employee Program (FEP), please see detailed guidance on BlueCrossNC.com/Coronavirus-Providers

EXPANDED TELEHEALTH MEASURES

You can view a table with detailed guidance for these sample clinical scenarios here: <https://www.bluecrossnc.com/provider-news/covid-19-additional-details-about-relief-efforts>

1. Established patient with COVID-19 concerns
2. Established patient with COVID-19 concerns and no video option
3. New patient with COVID-19 concerns
4. New patient with COVID-19 concerns and no video option
5. Established patient scheduled for routine (non COVID-19 related) in-person outpatient visit to now be seen virtually
6. Established patient scheduled for routine (non COVID-19 related) in-person outpatient visit but patient or provider cannot use secure video function
7. New patient seen by provider to establish care
8. New patient seen by provider to establish care but patient or provider cannot use secure video function
9. Established patient seen by PCP for Medicare Annual Wellness Visit (AWV)
10. Established patient seen by PCP for preventive service/wellness visit
11. Patient in hospital with concern for COVID-19 seen by hospitalist
12. Patient in hospital with concern for COVID-19 seen by specialty consult
13. Patient to be seen by behavioral health provider virtually
14. Patient in emergency department with concern for COVID-19 seen by provider

SAMPLE CLINICAL SCENARIOS

1. Established patient with COVID-19 concerns

Scenario:

An established patient wants to be seen by provider via secure video function (i.e., PCP, urgent care or specialist) with symptoms concerning for COVID-19.

Recommendation:

Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes 99211-99215 plus **Place of Service (02)**.

SAMPLE CLINICAL SCENARIOS

2. Established patient with COVID-19 concerns and no video option

Scenario:

An established patient wants to be seen by provider (i.e., PCP, urgent care or specialist) with symptoms concerning for COVID-19, but patient or provider cannot use secure video function.

Use this scenario only when patient or provider cannot use secure video function. Secure video visit is always preferable to an audio-only visit. In this case, an audio visit can be used.

Recommendation:

Use standard evaluation and management CPT ® or HCPCS guidelines, including coding based on time. Codes 99211-99215 plus **Place of Service (02) and CR modifier for audio-only encounter.**



SAMPLE CLINICAL SCENARIOS

3. New patient with COVID-19 concerns

Scenario:

A new patient needs to be seen by provider (i.e., PCP, urgent care or specialist) with symptoms concerning for COVID-19 via secure video function.

Recommendation:

Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes 99201-99205 plus **Place of Service (02)**. Please submit claims on or after March 21, 2020.

SAMPLE CLINICAL SCENARIOS

4. Established patient without COVID-19 concerns

Scenario:

Established patient was scheduled for an in-person outpatient visit but will now be seen for a virtual visit (non-COVID-19 case).

May be especially useful for patients who are high risk for serious illness per [CDC guidance](#) and consistent with strategy for social distancing.

Recommendation:

Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes 99211-99215 plus **Place of Service (02)**.

SAMPLE CLINICAL SCENARIOS

5. Established patient with no COVID-19 concerns and no video option

Scenario:

Established patient was scheduled for an in-person outpatient visit but will now be seen for a virtual visit (non-COVID-19 case). Patient or provider **cannot use secure video function.**

Use this scenario only when patient or provider cannot use secure video function. Secure video visit is always preferable to an audio-only visit. In this case, an audio visit can be used.

Recommendation:

Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes 99211-99215 plus **Place of Service (02) and CR modifier for audio only encounter.**

SAMPLE CLINICAL SCENARIOS

6. Behavioral health patient

Scenario:

Patient to be seen by behavioral health provider via secure video function. Patient is practicing social distancing and reluctant to come into clinic.

Recommendation:

Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes may include but are not limited to 90791-90792, 90832-90842, 90845, 90853, 90863, 99210-15 plus **Place of Service (02)**.



INPATIENT AND ED SCENARIOS

SCENARIO	RECOMMENDATION
<p>Patient in hospital confirmed or suspected COVID-19 infection but now stable. Hospitalist sees patient virtually to minimize contact.</p>	<p>Use standard evaluation and management CPT ® or HCPCS guidelines, including coding based on time. Code for appropriate level of hospital inpatient or observation care, plus Place of Service (02).</p>
<p>Patient in hospital confirmed or suspected COVID-19 infection sees specialty consult through virtual visit.</p>	<p>Use standard evaluation and management CPT ® or HCPCS guidelines, including coding based on time. Codes 99251-99255 or G0406-G0408, plus Place of Service (02). For Medicare Advantage must use G0406-G0408.</p>

EXPANDED TELEHEALTH MEASURES



Additional details

- + Telephonic-only services CPT® 99441-3 and 98966-8 remain noncovered for Commercial and Blue Medicare products.
- + Please do not file telehealth claims with Blue Cross NC until March 21, 2020, and use **Telehealth as Place of Service (02)**. For audio-only encounters, please also append modifier – CR.
- + If you believe an eligible telehealth claim has been improperly denied, please resubmit it after March 21, 2020.



NEXT STEPS



NEXT STEPS

- Home
- Explore NC
- Company Culture ▾
- Health Insurance ▾
- Community Investments ▾
- Wellness ▾
- Archives

1. VIRTUAL CARE

Switch to Virtual ASAP: We will pay for virtual visits at parity including visits through **secure video or by phone**. On March 6th, we announced we were making telehealth easier for our members and clinicians to use. And, we meant it.

You can even use telehealth options in the hospital and ED. Behavioral health too. Click for a [detailed guide on clinical scenarios and how to file claims here](#).

2. NO BARRIERS

There are no barriers to COVID-19 testing. That means there is no prior authorization and no member cost-sharing for COVID-19 testing.

3. REFILL PATIENT MEDS EARLY

GET THE FULL DETAILS

Find detailed guidance on the temporary measures we've taken to address COVID-19.

[Visit here](#)

Latest information available at: BlueCrossNC.com/Coronavirus-Providers.

- + We will post the slides on this page.
- + Remember to sign up for E-briefs.
- + Join us for weekly "Virtual Rounds" with Dr. Janet McCauley and Dr. Larry Wu, every Monday from 1-2 p.m. [Sign up in our registration form.](#)



THANK YOU