

Blue Cross & Blue Shield of Mississippi
Novel Coronavirus (COVID-19) Pandemic Telemedicine Policy
Effective March 16, 2020
Revised June 25, 2020

Notice concerning the COVID-19 Telemedicine Policy:

Since the implementation of the Policy, which is effective March 16, 2020, Providers have submitted claims for office visit codes not included in the Policy. These claims are subject to being denied. To ensure the best experience for the Blue Cross & Blue Shield of Mississippi Member and the Provider, certain of these claims will be processed for benefits (with no Member cost share) based on the allowable for the most closely related code included in the Policy. This does not apply to claims for e-mail or text visits which will be denied. Providers who submitted claims for services not included in the Policy other than office visits will be contacted directly concerning their claims.

This Policy notice is not applicable to FEP, BlueCard, or State Health Plan claims. See below for these lines of business.

Policy:

In response to the COVID-19 pandemic, Blue Cross & Blue Shield of Mississippi (BCBSMS) is ensuring expanded access to care, to include enhanced telemedicine coverage. This is important given the nature of the COVID-19 outbreak and the Centers for Disease Control (CDC) and Mississippi State Department of Health (MSDH) direction to self-isolate, not use the emergency room and call your primary care provider.

Effective March 16, 2020, the BCBSMS COVID-19 Pandemic Telemedicine Policy (Policy) allows Healthcare Providers (as defined below) to provide medically necessary services that can be appropriately delivered via audio and/or visual consultation. The BCBSMS COVID-19 Pandemic Telemedicine Policy is effective March 16, 2020 for BCBSMS fully-insured and self-insured members, and will be reassessed as needed.

BCBSMS is extending this Policy through December 31, 2020 to provide BCBSMS fully-insured and self-insured members access to medically necessary telemedicine services rendered by a Network Provider. Member cost sharing and benefit levels will apply according to the Blue Cross and Blue Shield Member's Health and Wellness Benefit Plan for any telemedicine services rendered by a Network Provider under this Policy beginning July 1, 2020.

Specific guidelines are noted below:

- Telemedicine, in this Policy, is appropriate for visits for either low complexity, routine or ongoing evaluation and management for new and established patients, as well as addressing new and established patient needs related to COVID-19 symptoms.
- Member cost-sharing (co-pays, deductibles, etc) and benefit levels will apply according to the Blue Cross and Blue Shield Member's Health and Wellness Benefit Plan. BCBSMS will waive cost-sharing for all Network Provider covered telemedicine visits for BCBSMS fully-insured and BCBSMS self-insured Members. Please click [here](#) for telehealth information for Federal Employee Program Members. Please click [here](#) for telehealth information for Mississippi State and School Employees' Health Insurance Plan Participants.
- For routine evaluation and management of established patients, Healthcare Providers (MDs, DOs and Professional Allied Providers, such as Nurse Practitioners) may bill for established patient evaluation and management codes up to a Level 3 (CPT codes 99211, 99212 and 99213) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill BCBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.
- To address new patient needs, Healthcare Providers (MDs, DOs and Professional Allied Providers, such as Nurse Practitioners) may bill for new patient evaluation and management codes up to a Level 3 (CPT codes 99201 99202 and 99203) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill BCBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.
- For Members enrolled in the Be Tobacco Free Program, Be Tobacco Free Network Providers may bill for covered Be Tobacco Free evaluation and

management codes (99406 and 99407) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. Please note, however, Be Tobacco Free Network Providers should only bill for telephonic visits when the provider speaks directly to the patient. Be Tobacco Free Network Providers should not bill BCBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.

- Board Certified Behavioral Analysts may bill for Applied Behavioral Analyst therapy visits for new and established patients as follows with a place of service 02 (Telehealth):
 - CPT codes 97153, 97155, 97156 and 97157
- Behavioral Health Providers (Psychiatrists, Psychologists, Licensed Professional Counselors, Licensed Certified Social Workers, and Board Certified Behavioral Analysts) may bill for new and established patient visits and evaluation and management codes as follows with a place of service 02 (Telehealth):
 - CPT codes 99201, 99202, 99203, 99211, 99212 and 99213
 - CPT codes 90791 and 90792
 - CPT codes 90832, 90833, 90834, 90836, and 90837
 - CPT codes 90846, 90847 and 90853
- Physical and Occupational Therapists may bill for established patients with a pre-existing therapy treatment plan as follows with a place of service 02 (Telehealth):
 - CPT codes 97110 and 97530
- All services must be medically necessary and documented as part of the Member's permanent medical record, to include the amount of time spent with the patient. Patient must give consent to be treated virtually and/or telephonically and appropriately documented in the medical record prior to initiation of telemedicine.
- This Policy only applies to medically necessary visits that are patient-initiated or are replacing a previously scheduled visit.

The BCBSMS COVID-19 Pandemic Telemedicine Policy is effective March 16, 2020 through December 31, 2020 for BCBSMS fully-insured and self-insured members, and will be reassessed as needed.

Federal Employee Program (FEP)

Telehealth Benefits

FEP Telehealth Benefits - Teladoc

FEP has contracted with Teladoc to administer the FEP telehealth services benefit. Teladoc is also responsible for their own telehealth network. The telehealth benefit is specific to Teladoc and their contracted providers; i.e., Members currently have no copay when using a Teladoc provider and telehealth benefits are currently available for minor acute conditions, behavioral/mental health, dermatology care and nutritional counseling.

From March 10, 2020 and until further notice, due to the COVID-19 outbreak, member cost share will be waived for ALL telehealth services received through the Teladoc network.

FEP Telehealth Benefits – non Teladoc

Non Teladoc telehealth benefits will be allowed to treat patients remotely for appropriate covered services (i.e., office visits) when billed with the appropriate place of service and modifier (place of service 02; acceptable modifiers include 95 GT, GQ, G0, CR and CS). In these cases, the non-telehealth benefits will apply; i.e., the regular office visit copays will be charged to the Member for the remote virtual visit (depending on which option (Standard or Basic) the Member is enrolled in, whether the provider is a Primary Care Provider or Specialty Care Provider, and what the provider's Network contracted status is). However, if the claim is related to testing or treatment for COVID-19, member cost share is waived and that is true regardless of the provider's contracted status. Note: cost share is waived regardless of whether or not the COVID-19 testing results in a positive or negative outcome.

FEP will also cover the following telehealth-specific procedure codes. For these procedure codes, the non-telehealth benefits also will apply; i.e., regular benefits will apply (depending on which option (Standard or Basic) the Member is enrolled in, whether the provider is a Primary Care Provider or Specialty Care Provider, and what the provider's Network contracted status is).

99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or

	guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified

	by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
G0406	Follow-Up Inpatient Telehealth Consultation, Limited, Physicians Typically Spend 15 Minutes Communicating with the Patient via Telehealth
G0407	Follow-Up Inpatient Telehealth Consultation, Intermediate, Physicians Typically Spend 25 Minutes Communicating with the Patient via Telehealth
G0408	Follow-Up Inpatient Telehealth Consultation, Complex, Physicians Typically Spend 35 Minutes or More Communicating with the Patient via Telehealth
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via Telehealth
G0426	Initial inpatient Telehealth Consultation, typically 50 minutes communicating with the patient via telehealth
G0427	Initial inpatient Telehealth Consultation, typically 70 minutes or more communicating with the patient via Telehealth
G0508	Telehealth consultation, critical care, initial , physicians typically spend 60 minutes communicating with the patient and providers via telehealth
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

G2061	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes
G2062	Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes
G2063	Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes
Q3014	Telehealth Originating Site Facility Fee

Blue Cross & Blue Shield of Mississippi
Novel Coronavirus (COVID-19) Pandemic Telemedicine Policy
for the
Mississippi State and School Employees' Health Insurance Plan

In response to the COVID-19 pandemic, the Mississippi State and School Employees' Health Insurance Plan (State Health Plan) is ensuring expanded access to care, to include enhanced telemedicine coverage. This is important given the nature of the COVID-19 outbreak and the Centers for Disease Control (CDC) and Mississippi State Department of Health (MSDH) direction to self-isolate, not use the emergency room and call your primary care provider.

The current State Health Plan Telemedicine Benefits remain in effect (such as telemedicine services provided by AmWell); however such services will be covered with no cost-sharing (the deductible, coinsurance, copay are waived).

In addition to the current State Health Plan Telemedicine Benefits, the State Health Plan will cover the Telemedicine Services as set forth below:

Effective March 16, 2020, the Blue Cross & Blue Shield of Mississippi COVID-19 Pandemic Telemedicine Policy for the State Health Plan (Policy) allows Healthcare Providers (as defined below) to provide medically necessary services that can be appropriately delivered via audio and/or visual consultation. The Policy is effective March 16, 2020 through June 30, 2020, and will be reassessed as needed. Specific guidelines are noted below:

- Telemedicine, in this Policy, is appropriate for visits for either low complexity, routine or ongoing evaluation and management for new and established patients, as well as addressing new and established patient needs related to COVID-19 symptoms.
- Participant cost-sharing will be waived for such services provided by an Advanced Health Systems (AHS) Network Provider or a BlueCard® Program Network Provider. No telemedicine benefits are available when rendered by a non-AHS Network Provider or a non-network BlueCard® Program Provider.
- For routine evaluation and management of established patients, Healthcare Providers (MDs, DOs and Professional Allied Providers, such as Nurse Practitioners) may bill for established patient evaluation and management codes up to a Level 3 (CPT codes 99211, 99212 and 99213) with a place of service 02

(Telehealth), regardless if provided telephonically or using visual equipment. Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.

- To address new patient needs, Healthcare Providers (MDs, DOs and Professional Allied Providers, such as Nurse Practitioners) may bill for new patient evaluation and management codes up to a Level 3 (CPT codes 99201 99202 and 99203) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.
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 - CPT codes 90791 and 90792
 - CPT codes 90832, 90833, 90834, 90836, and 90837
 - CPT codes 90846, 90847 and 90853
- Physical and Occupational Therapists may bill for established patients with a pre-existing therapy treatment plan as follows with a place of service 02 (Telehealth):
 - CPT codes 97110 and 97530
- All services must be medically necessary and documented as part of the Participant's permanent medical record, to include the amount of time spent with the patient. Patient must give consent to be treated virtually and/or telephonically and appropriately documented in the medical record prior to initiation of telemedicine.

- This Policy only applies to medically necessary visits that are patient-initiated or are replacing a previously scheduled visit.

The Policy is effective March 16, 2020 through June 30, 2020, and will be reassessed as needed.