

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



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 the following items: "Insurance" with a dropdown arrow, and "Community Investments" with a dropdown arrow. Below the navigation bar, there is a blue call to action box. The text inside the box reads: "GET THE FULL DETAILS", "Find detailed guidance on the temporary measures we've taken to address COVID-19.", and a white button with the text "Visit here". A brown arrow points from the text "Visit here" in the call to action box to the URL in the list item above.



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

Visit BlueCrossNC.com/Coronavirus-Providers. You can view a table with detailed guidance for these sample clinical scenarios

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.



BLUE CROSS NC'S ADDITIONAL MEMBER AND PROVIDER MEASURES

NO OUT-OF-POCKET EXPENSE FOR COVID-19 TEST AND NO PRIOR AUTHORIZATION FOR TESTING



Overview and segments

- + We will cover medically necessary diagnostic tests for COVID-19 that are consistent with CDC guidance at no cost share to members, effective March 6, 2020.
- + We will also not require prior authorization for COVID-19 diagnostic testing.

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
No prior authorization for COVID-19 testing	Benefit change	✓	Varies	✓	✓	✓	✓	Varies
Cover the member cost share of COVID-19 testing	Benefit change	✓	Varies	✓	✓	✓	✓	Varies

NO COST SHARING FOR COVID-19 TEST AND NO PRIOR AUTHORIZATION FOR TESTING



Details

- + Providers must order the test and consult with the lab to determine appropriate sample collection and shipping protocols, where appropriate.
- + If the provider system has test processing capability for COVID-19, ask them to email COandl@bcbsnc.com to tell us. We would like to collect current procedures and instructions to share with our members.
- + If the provider system will be using their own testing capability for COVID-19, tell them to hold claims until after April 1, 2020.
- + CMS will release the following codes for use after April 1, 2020:
 - For non-CDC lab testing, use HCPCS code U0002. This allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).
 - The AMA released the CPT code 87635, to be used by providers to bill for severe acute respiratory syndrome coronavirus 2 (SARS-2-CoV-2) (Coronavirus disease [COVID-19]).

MEMBERS WITH A SUSPECTED OR CONFIRMED COVID-19 DIAGNOSIS



Overview and segments

- + We will waive prior authorization requirements for diagnostic tests and covered services that are medically necessary services, consistent with CDC guidance, for members with a suspected or confirmed COVID-19 diagnosis, effective March 6, 2020.
- + Providers do not need a prior authorization to deliver medically necessary services for members with a suspected or confirmed COVID-19 diagnosis.

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
Waive prior authorization for medical necessary services for COVID-19 diagnosis	Benefit change	✓	Varies	✓	✓	✓	✓	Varies

MEMBERS WITH A SUSPECTED OR CONFIRMED COVID-19 DIAGNOSIS



Coding guidance

- + CDC has released a COVID-19 ICD-10 diagnosis code U07.1 that is effective April 1, 2020.
- + In the interim, we will follow CDC/ICD-10-CM guidance on how to bill for services for members with COVID-19.

DEEP DIVE: MEMBER AND PROVIDER SUPPORT MEASURES



CDC/ICD-10-CM guidance

Patient condition due to COVID-19	What codes to use in the primary and secondary fields
Pneumonia	<ul style="list-style-type: none"> • J12.89 Other viral pneumonia; AND • B97.29, Other coronavirus as the cause of diseases classified elsewhere
Acute Bronchitis	<ul style="list-style-type: none"> • J20.8, Acute bronchitis due to other specified organisms; AND • B97.29, Other coronavirus as the cause of diseases classified elsewhere.
Bronchitis not otherwise specified (NOS)	<ul style="list-style-type: none"> • J40, Bronchitis, not specified as acute or chronic; AND • B97.29, Other coronavirus as the cause of diseases classified elsewhere.
Lower Respiratory Infection or Acute Respiratory Infection not otherwise specified (NOS)	<ul style="list-style-type: none"> • J22, Unspecified acute lower respiratory infection; AND • B97.29, Other coronavirus as the cause of diseases classified elsewhere.
Respiratory Infection, not otherwise specified (NOS)	<ul style="list-style-type: none"> • J98.8, Other specified respiratory disorders; AND • B97.29, Other coronavirus as the cause of diseases classified elsewhere
Acute respiratory distress syndrome (ARDS)	<ul style="list-style-type: none"> • J80, Acute respiratory distress syndrome; AND • B97.29, Other coronavirus as the cause of diseases classified elsewhere.
Possible exposure but ruled out for COVID-19 (concern about exposure but ruled out after evaluation)	<ul style="list-style-type: none"> • Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.
Actual exposure to someone confirmed to have COVID-19	<ul style="list-style-type: none"> • Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.



REFILL MEDICATIONS EARLY

Overview and segments

- + We have waived early medication refill limits on all prescriptions, effective March 6, 2020. Member cost-sharing will apply as usual.
- + Blue Cross NC will allow payment of 60-day supplies should a member request two refills at once.
- + We encourage a 90-day supply of maintenance medications. Physicians can order via mail order or at a retail pharmacy.

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
Refill medications early	Policy	✓	Varies	✓	✓	✓	✓	Varies



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