



Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Frequently Asked Questions from March 20, 2020 Webinar

Below are answers to the most frequently asked questions during our webinar. Please see below, review the slide deck from the webinar and read the information posted on our [coronavirus provider site](#). These resources should answer most, if not all, of the questions that we received.

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General

Are these measures for all insurance or just Blue Cross NC?

These measures apply to Blue Cross NC.

FEP recently sent out updated policies. What are they and how to they apply to what you're doing?

Our update to telehealth includes details on Federal Employee Program members. Because the situation is changing so rapidly, you should also visit the FEP website for the latest guidance and details for this segment: <https://www.fepblue.org/coronavirus>

Will Blue Cross NC reimburse for in-home visits during this time? If so, are there any provider types they will not consider eligible to provide in-home visits?

Yes. The use of this would depend on the contract of the provider.

When you say you will re-evaluate in 30 days, do you mean business days or consecutive days?

We will re-evaluate these measures on April 6, 2020.

Telehealth

Are all specialties included in the telehealth expansion?

All specialties are included. Any contracted provider that typically sees patients in person for services which can be provided virtually through telehealth is allowed per our Reimbursement Policy.

What level/type of providers are included in the telehealth expansion?

[Review this page for a list of providers](#) who can bill telehealth visits.

At a high level, PharmDs are recognized as providers. Non-credentialed providers providing services under a contracted provider can bill under that contracted provider. Much like today, residents cannot bill independently today for services. If they provide telehealth services, they should be provided under a supervising / attending contacted provider.

How do I code for telehealth? Is there a difference in how we code for secure video vs. audio only?

Use face-to-face CPT or HCPCS codes plus Place of Service (02). Use the CR modifier if it's an audio-only encounter. Get more details, including specific clinical scenarios on our [coronavirus provider webpage](#).

Is coding different from provider to provider?

No. Follow the same guidance above. You also can get more details, including specific clinical scenarios on our [coronavirus provider webpage](#).

How are copays/coinsurance/deductibles being handled for telehealth?

At this time copays/coinsurance/deductibles are handled the same for telehealth as per the member's benefits. On March 18, 2020, the Families First Coronavirus Response Act ("the Act") was signed into law. Under this act member cost share would be waived for visits, including telehealth visits, for COVID-19 testing and/or screening. Please visit our [providers news story](#) for details.

Do you have recommendations for HIPAA-compliant telehealth platforms?

The HHS Office for Civil Rights recently released an [guidance on HIPAA regulations related to telehealth during the COVID-19 pandemic](#). We do not make recommendations about telehealth platforms, but we do encourage complying with HIPAA to the best of the provider's ability.

Are the telehealth measures just for COVID-19-related visits?

The telehealth measures apply to all visits, regardless of if it's related to COVID-19 or not. Visit our [coronavirus provider webpage](#) for more details on what is included.

How do I know what member segments are eligible for telehealth?

This applies to Blue Cross NC Commercial, NC State Health Plan and Medicare Advantage Members. Information about FEP can be found at <https://www.fepblue.org/coronavirus>.

Do the calls/videos need to be recorded?

No.

Does it matter if the point of service for the telehealth visit is in the office or in the provider's home?

No.

Does a patient have to sign anything to receive telehealth services?

No.

Can we as providers make the personal choice to waive the copay and/or coinsurance and accept only what Blue Cross NC pays for telehealth?

Provider contracts require that the providers collect copay and/or coinsurance for telehealth visits based on the patient's benefit plan for now. On March 18, 2020, the Families First Coronavirus Response Act ("the Act") was signed into law. Under this act member cost share would be waived for visits, including telehealth visits, for COVID-19 testing and/or screening. Please visit our [coronavirus provider webpage](#) to view details.

Are there limitations on frequency or a waiting period between telehealth visits for a particular patient?

No.

Are facilities that are providing the video visits able to bill or is this only for professional billing?

Facilities can bill for telehealth services using revenue code 0780 along with the applicable procedure code.

How do opioids/controlled substances work with the expanded telehealth measures?

As of March 16, 2020, and continuing for as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable Federal and State laws.

Provided the practitioner satisfies the above requirements, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy.

Important note: If the prescribing practitioner has previously conducted an in-person medical evaluation of the patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with applicable Federal and State laws.

Refilling medications

Does the "refill medications early" measure apply for opioids/controlled substances?

Yes, the early refill measure applies to all medications. Some pharmacies may wait on controlled substances based on professional discretion. Some quantity limits (in regard to dosage limits) still apply.

Would a new handwritten prescription be required each month for opioids/controlled substances?

State and federal regulations still apply. In the State of North Carolina, CII medications require a new handwritten prescription each month. However, in an emergency, a pharmacist may dispense a CII upon receiving an oral authorization of a prescribing practitioner provided that the quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period. CIII, IV, & V medications do not require a new handwritten prescription each month. These prescriptions may be refilled five times.