
Temporary Telemedicine Services Provided Via Telephone Only

Policy Statement

In the event that the State of Rhode Island declares a state of emergency due to a pandemic health concern such as COVID-19 or if Neighborhood Health Plan of Rhode Island (Neighborhood) elects to enact this policy outside of a declared state of emergency, Neighborhood will temporarily allow for telemedicine services to be provided by telephone only.

This policy is separate and distinct from Neighborhood's traditional Telemedicine Services Payment Policy. For telemedicine services for which a video component and a compliant secure electronic communication is used, e.g., traditional telemedicine services, please refer to Neighborhood's Telemedicine/Telehealth Services Policy, which will remain in effect during the timeframe this policy is in effect. There is no waiver of member cost share related to non-telephone only telemedicine/telehealth services

Scope

This policy applies to all lines of business, Medicaid excluding Extended Family Planning (EFP), Commercial, and INTEGRITY.

This policy applies to Neighborhood participating providers only.

Reimbursement Requirements

As with traditional telemedicine services, all Neighborhood's standard reimbursement rules related to telemedicine services will apply to all services referenced in this policy.

Neighborhood reserves the right to audit medical records related to adherence to all the requirements of this policy e.g. to verify the nature of the phone call etc.

Telemedicine services (provided via telephone only) are covered when all of the following criteria are met:

- The patient is present/participates at the time of service.
- Services must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction.
- Services must be medically necessary and otherwise covered under the member's benefit plan.
- Services must be within the provider's scope of license.
- A permanent record of the telephonic communication(s) must be documented/maintained as part of the patient's medical record.



Telemedicine services provided via telephone only during a state of emergency or implementation of this policy by Neighborhood are limited to the following provider types:

- Member’s Primary care physician

Coverage Exclusions:

- Services rendered through email, text or by fax.
- Telemedicine that occurs the same day as a face-to-face visit, when performed by the same provider and for the same condition.
- Patient communications incidental to E&M services, including, but not limited to reporting of test results or provision of educational materials.
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within 90 days of the date services are provided to members.

Telemedicine is not considered a distinct benefit and is covered as a place of service. Place of Service (POS) 02 must be on the claim to indicate that the service was delivered via telemedicine.

Claims must include modifier “CR”, defined as: Catastrophe/Disaster Related

Member Responsibility

Neighborhood will waive all member cost share for Commercial plans for telephone only telemedicine/telehealth services as outlined in this policy, during the time period of heightened concerns related to COVID-19. Primary care providers should NOT collect cost share from a member in accordance with this policy.

Coding

The following codes are covered for telemedicine services when filed with modifier “CR” and place of service **02** and the telemedicine criteria set forth in this policy are met:

CPT Code	Description
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's

	needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family
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Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

Neighborhood reserves the right to amend or rescind this temporary policy.

Document History

Date	Action
03/09/20	Policy Effective