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## Temporary COVID-19 Telemedicine/Telephone-only Services Payment Policy- Effective 03/18/20

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### Policy Statement

In accordance with State of Rhode Island “Fourth Supplemental Emergency Declaration – Expanding Access to Telemedicine Services”, Executive Order 20-06 issued on March 18, 2020 along with the State of Rhode Island Office of Health Insurance Commissioner (“OHIC”) guidance Bulletin 2020-01, entitled “Emergency Telemedicine Measures to Address and Stop the Spread of COVID-19” issued on March 20, 2020, Neighborhood is temporarily expanding access to telemedicine services as outlined in this policy.

### 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.

This policy is separate and distinct from Neighborhood’s traditional Telemedicine Services Payment Policy, which will remain in effect during the timeframe this policy is in effect.

This policy applies to medical services provided via telemedicine during the COVID-19 pandemic. For information on behavioral health services provided via telemedicine/telephone-only please contact [OPTUM Behavioral Health](#).

This policy is effective for dates of service on or after March 18, 2020. For dates of service prior to March 18, 2020, please refer to the Neighborhood policies that were in effect for prior dates of service.

It is expected that this policy will be in effect until Monday, April 17, 2020 as outlined in OHIC’s Bulletin, unless Executive Order 20-06 is renewed, modified or terminated by a subsequent Executive Order resulting in a longer or shorter full force and effective period



### Reimbursement Requirements

Neighborhood reserves the right to audit medical records as well as administrative records related to adherence to all the requirements of this policy, e.g. to verify the nature of the services provided, the medical necessity and clinical appropriateness to provide such service via telemedicine and/or telephone as well the appropriateness of the level of evaluation and management coding.

Documentation requirements for a telemedicine/telephone-only service are the same as those required for any face-to-face encounter, with the addition of the following:

- A statement that the service was provided using telemedicine or telephone consult;
- The location of the patient;
- The location of the provider; and
- The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.

Telemedicine/telephone-only services are covered when all of the following criteria are met:

- The appointment must be initiated by the patient.
- 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 telemedicine/telephone-only communication(s) must be documented/maintained as part of the patient's medical record.

Neighborhood will reimburse telemedicine/telephone encounters at 100% of the in-office allowable for any clinically appropriate, medically necessary covered health service.

### Coverage Inclusions

In an effort to support social distancing efforts by reducing the need for in-person treatment, during the timeframe this policy is in effect, Neighborhood will temporarily allow for all clinically appropriate, medically necessary covered health services to be provided through telemedicine/telephone-only for any health conditions when billed by the following provider types:



- Primary care physicians
- All Medical Specialists - defined as any MD, DO, NP and PA
- Optometrists
- Doctors of Podiatric Medicine (DPM's)
- Lactation Consultants
- Chiropractors
- Physical, Occupational, and Speech Therapists
- Diabetes Educators
- Nutritionists
- Midwives
- Urgent Care Centers
- Retail Based Clinics

Following state and federal guidelines, Neighborhood will temporarily waive the requirement, referenced in the traditional Telemedicine Payment Policy, that the virtual encounter be performed on a HIPAA compliant secure electronic communication platform. Services may be provided via the following non-HIPAA compliant secure electronic communication applications that allow for video chats:

- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video
- Skype

### Coverage Exclusions

- Services rendered through email, text, fax, or patient portal.
- 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.
- Any telemedicine/telehealth or telephonic encounter conducted by office staff, RNs, LPNs, etc.
- Services that are not clinically appropriate to be billed through telemedicine/telephone such as, a chiropractor may not bill for manual manipulation services and a physical therapist may not bill for manual therapy services via telemedicine/telephone.
- Telemedicine/telehealth services provided through public facing video communication applications.

### 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/telephone-only.

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

### Member Responsibility Cost Share Waiver

Neighborhood will waive member cost share for Commercial plans for telephonic triage calls, during the time-period of heightened concerns related to COVID-19. Providers should NOT collect cost share from a member in accordance with this policy for the below services when performed through telemedicine (billed with modifier “CR”):

- **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

For all other telemedicine/telephone-only services member cost share would apply as it would for a face-to-face encounter.

### 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
03/18/20	Policy Effective