

COVID-19 Information for our Health Care Provider Partners

To: Participating Physicians
Date: December 11, 2020
Subject: Reinstating Reimbursement for Preventive Health Visits for Children and Adults via Telehealth During the Public Health Emergency

Excellus BlueCross BlueShield is steadfast in its commitment to ensuring continuity of care for our members during the COVID-19 public health emergency. Due to the recent surge in COVID-19 cases in the communities that we serve, we will reinstate reimbursement for preventive health visits for children and adults conducted via telehealth when an in-person visit is not advisable, and postponement is not feasible. This assistance contingency is effective immediately; we will provide advance notice to you prior to discontinuance of this contingency.

We want to stress that **this is an option, not a requirement, and we strongly encourage in-person visits whenever possible**, consistent with recent recommendations from the Centers for Medicare & Medicaid Services and the American Academy of Pediatrics.

This update applies to all lines of business, but it's important to note that New York state regulations prohibit the submission of claims for members with coverage under Medicaid managed care (MMC) products, including the Health and Recovery Plan (HMOBlue Option, Blue Choice Option, Premier Option, Blue Option Plus and Premier Option Plus) until the entire service is completed.

Important Reminders

- Reimbursement for preventive health visits via telehealth for children, women and all adults will be at the same rate as if the service was performed in-person.
- A follow-up in-person visit must be conducted **within 90 days** of the telehealth visit to complete the physical exam, immunizations and/or screenings. The follow-up in-person visit must be billed with the same code used for the preventive medicine telehealth visit and with the applicable place of service, but at "0" charge, which will indicate that the service was completed. Separate charges may also be submitted, along with coding for immunizations, if applicable.

(Continued on the next page)

- The appropriate modifier (GT, GQ or 95) must be included on all claims for preventive health services provided via telehealth, as appropriate.
- For all lines of business except MMC, bill the telehealth preventive visit using the applicable telehealth modifier and the usual and customary charge and bill the follow-up in-person visit without the telehealth modifier and with \$0 charge.
- For MMC preventive visits,
 - Bill a \$0 charge for the telehealth visit with the applicable telehealth modifier and bill the follow-up in-person visit without the telehealth modifier and include the usual and customary charge
 - OR**
 - Don't submit any bill for the telehealth visit and bill the follow-up in-person visit at the usual and customary charge
- All key elements of the preventive medicine service which may be conducted via telehealth must be documented in the medical record. Documentation should also identify which key elements of the service were not performed and that the patient or their parent(s) were advised that they will need to complete the visit in-person as soon as practically feasible.
- We will conduct audits to ensure that any preventive health visit conducted via telehealth was completed with timely in-person follow-up and billed correctly.