

Blue Cross & Blue Shield of Mississippi
Novel Coronavirus (COVID-19) Pandemic
Telemedicine Policy
Effective March 16, 2020

In response to the COVID-19 pandemic, Blue Cross & Blue Shield of Mississippi (BCBSMS) is ensuring expanded access to care, to include enhanced telemedicine coverage. This is important given the nature of the COVID-19 outbreak and the Centers for Disease Control (CDC) and Mississippi State Department of Health (MSDH) direction to self-isolate, not use the emergency room and call your primary care provider.

Effective March 16, 2020, the BCBSMS COVID-19 Pandemic Telemedicine Policy allows Healthcare Providers (as defined below) to provide medically necessary services that can be appropriately delivered via audio and/or visual consultation. The BCBSMS COVID-19 Pandemic Telemedicine Policy is effective March 16, 2020 through April 30, 2020, and will be reassessed as needed.

Specific guidelines are noted below:

- Telemedicine, in this Policy, is appropriate for visits for either low complexity, routine or ongoing evaluation and management for new and established patients, as well as addressing new and established patient needs related to COVID-19 symptoms.
- Member cost-sharing (co-pays, deductibles, etc) and benefit levels will apply according to the Blue Cross and Blue Shield Member's Health and Wellness Benefit Plan. BCBSMS will waive the co-pay for all Network Provider covered telemedicine visits for fully-insured Members.
- For routine evaluation and management of established patients, Healthcare Providers (MDs, DOs and Professional Allied Providers, such as Nurse Practitioners) may bill for established patient evaluation and management codes up to a Level 3 (CPT codes 99211, 99212 and 99213) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill BCBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.

- To address new patient needs, Healthcare Providers (MDs, DOs and Professional Allied Providers, such as Nurse Practitioners) may bill for new patient evaluation and management codes up to a Level 3 (CPT codes 99201 99202 and 99203) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill BCBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.
- Board Certified Behavioral Analysts may bill for Applied Behavioral Analyst therapy visits for new and established patients as follows with a place of service 02 (Telehealth):
 - CPT codes 97153, 97155, 97156 and 97157
- Behavioral Health Providers (Psychiatrists, Psychologists, Licensed Professional Counselors, Licensed Certified Social Workers, and Board Certified Behavioral Analysts) may bill for new and established patient visits and evaluation and management codes as follows with a place of service 02 (Telehealth):
 - CPT codes 99201, 99202, 99203, 99211, 99212 and 99213
 - CPT codes 90791 and 90792
 - CPT codes 90832, 90833, 90834, 90836, and 90837
- All services must be medically necessary and documented as part of the Member's permanent medical record, to include the amount of time spent with the patient. Patient must give consent to be treated virtually and/or telephonically and appropriately documented in the medical record prior to initiation of telemedicine.
- This Policy only applies to medically necessary visits that are patient-initiated or are replacing a previously scheduled visit.

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