



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

Questions from Massachusetts Medical Society and Massachusetts Health and Hospital Association to Blue Cross Blue Shield with regard to COVID-19 Coverage and Reimbursement policies

Updated as of April 13, 2020

Seeking clarification on exactly what services will have patient cost sharing waived. Our understanding is that it is waived for all testing for coronavirus regardless of where the testing happens (i.e. physician office, urgent care center, drive through lab, hospital ED). Is that correct?

Waiving member cost share for COVID-19 services: we are removing all member cost share (copayments, co-insurance, and deductibles) for telephone (telephonic) call in place of an office visit, and a virtual/video appointment (telehealth) services for COVID-19 and non-COVID-19-related services. **This is in place for the duration of the state of emergency.**

For in-person doctor, urgent care and emergency room visits related to the testing, counseling, vaccination, and treatment of COVID-19, we are removing all member cost share. This is in place for the duration of the state of emergency. No **inpatient** cost share will be waived.

UPDATE 4/7/20 – Inpatient Cost Share – we are waiving all member cost share (copayments, deductible, co-insurance) for medically necessary inpatient acute hospital services when the claim includes a diagnosis of COVID-19. This will apply to in- and out-of-network services received at an acute care hospital. It does not include care received at chronic care and long-term acute care hospitals, psychiatric facilities, rehabilitation hospitals, skilled nursing facilities and substance use disorder facilities. This policy will be retroactive to March 6th and will be in effect for the duration of the Massachusetts COVID-19 public health emergency. It applies to BCBSMA members in Commercial HMO/POS and PPO (fully insured accounts), FEP, Indemnity, Medex and Medicare Advantage. Self-insured accounts may

choose not to offer waived cost share for employees. When the claim processes and providers receive their Provider Detail Advisory, they will know whether the member has a cost share to collect. This policy was posted to the non-secure side of Provider Central on March 7th for your reference. We've included it below for quick reference as well.

1. Is patient cost sharing (deductible, copay, co-insurance) being waived for all in person treatment for coronavirus regardless of the setting? **See above.** Or, are only copayments being waived for in person treatment? **COVID-19 only all member cost share/see above.**
2. All patient cost sharing is waived for treatment via telehealth for coronavirus. Telehealth Including phone evaluations. Is that correct? **Yes, See above.**
3. Telehealth visits for all other diagnoses unrelated to coronavirus will still have the usual patient cost sharing? **No, see above.** How is that being communicated to members? **Members have received this same notice.**
4. Will all telehealth visits, regardless of the diagnosis, be paid at the same rate as an in-person visit would have been reimbursed? Including the cost share amount (copay).

Coverage and site of service expansion

Effective for dates of service retroactive to March 16, 2020, all local providers may deliver all medically necessary covered services (COVID-19 AND non-COVID-19 related) via any modality. This includes telehealth, telephonic (audio) or in-person to all Blue Cross Blue Shield of Massachusetts members. We will reimburse at the same rate as an in-person visit, for all provider specialties, including ancillary. **This is in place for the duration of the state of emergency.**

5. Will there be coverage for PT, OT, nutrition and similar services delivered via telehealth? **Yes, for the duration of the state of the emergency see above.** For hospital-based services, these are billed under the hospital NPI

as facility fees with no professional component. Assuming they are covered, how will they be reimbursed since facility fees are prohibited? **Yes, hospitals can bill for TH and telephone visits as follows:**

- **Telehealth** codes can be billed by hospitals on a UB04 hospital claim form for the professional component of care using the appropriate telehealth modifier (GT, 95, G0 or GQ).
- **Telephone** visit codes can also be billed on a UB, and no modifiers are needed for these visits.
- The telehealth and telephonic codes have been added to our hospital outpatient fee schedule.
- Please refer to the most recent Telemedicine Payment Policy document below for the list of billable telehealth and telephonic codes and modifier information.

6. Will the plans all be developing consistent coding and billing policies for telehealth services? Including use of modifiers and place of service codes? How will telephonic consults be coded? **All coding guidelines are outlined in the 3/24/20 provider notice—see full notice below for details.**
7. The governor is reducing restrictions around providing telehealth across state lines. How will this be reimbursed? **For Out of State providers, the local Blue plan that the provider is contracted with will have their own payment policy in regards to telehealth services. Please consult that local plan. BCBSMA will reimburse telehealth covered claims that are received through BlueCard inter-plan processing.**
8. When do the plans expect to have guidance on telehealth coding billing and coverage clarifications, and will it be the same coding/rules for all plans? **All TH coding and billing guidelines were outlined in our 3/24/20 provider notice — see full notice below for details.**

9. How will plans be addressing health plan credentialing? Will there be an expedited process to support the emergency licensing regulations put in place by the state?

In MA, the process enacted by the Board Of Reg In Medicine (BORIM) is the establishment of an 'emergency' MA licensure category. Per the BORIM, all physicians licensed under this provision may provide services in-person in MA or across state lines into MA using telemedicine where appropriate; emergency MA licenses issued will remain valid during the state of emergency. BCBSMA will follow applicable MA state licensure guidance and is developing a process to expedite limited credentialing and enrollment of clinicians providing disaster declaration-related services. We will share that process with you as soon as it is finalized.

Update 4/8/20 – PHE Expedited Cred/Enrollment Process LIVE - We went live with our Public Health Emergency credentialing and enrollment process as of 4/7/20. All of the information around this expedited, time limited process, including the short Public Health Emergency (PHE) Application form, can be found at the top of the 'News & Updates' list on the COVID landing page (no logon needed). The article is attached below as well for quick reference.

Update 4/8/20 - Pause on Audits and Claims Reviews - This article also informs the provider network that audits and claims reviews will be on hold for the next 60 days, or for the duration of the state of emergency (whichever comes first). The article is attached below as well for quick reference.

10. Self-funded plans – we understand that the DOI bulletin expects plans to encourage employers to opt into the same provisions set forth for fully funded plans. Is there any way that the plans can provide a list of employer groups who are doing this or somehow share with providers? How should providers handle these situations since they often have no idea of the payer arrangement? This is what is posted on the DPH website – appears to

contradict in terms of self-funded coverage; we have only seen guidance from DOI:

TELEHEALTH: The Department of Public Health has issued guidance that requires all commercial insurers, self-insured plans, and the Group Insurance Commission are required to cover medically necessary telehealth services related to COVID-19 testing and treatment. Insurers must do this without requiring cost-sharing of any kind – such as co-pays and coinsurance – for testing and treatment. [PRESS RELEASE](#) | [ORDER](#)

Further, The DPH Commissioner was on a call on Tuesday and noted COVID-19 covered services include all clinically appropriate medically necessary covered services – so should we assume all services have cost sharing waived – is that correct? **Yes, as outlined above and in our provider notice of 3/24/20 attached below, and for the duration of the state of emergency.**

11. For patients who technically don't qualify for homebound but need services, are plans (including Medicare Advantage) waiving regulations on who qualifies for homebound services? **In light of the current situation relative to the COVID-19 pandemic, BCBSMA is waiving medical necessity review for home care during the state of emergency. We ask that you do still notify BCBSMA of members receiving home care services.**
12. In addition to the above questions, the questions/issues we sent in letter to the DOI need answers including waiving filing deadlines, appeal timelines, prior auth restrictions, health plan credentialing etc. **Please send these questions to Lisa Gorman for tracking and reporting back answers.**
13. Will plans be waiving prior authorization requirements for non-emergent, medically necessary ambulance transport so that hospitals can quickly get patients transferred to post-acute services or home? **We are considering this and will let you know if we make any decisions in this regard.**
14. We understand that plans have waived prior auth requirements for admission to SNF, Rehab, and for home health care. Does this include LTAC facilities as well?

During the COVID-19 declared Massachusetts state of emergency and to facilitate inpatient capacity across the health delivery system, Blue Cross Blue Shield of Massachusetts has moved to a notification-only requirement for all inpatient levels of care (including acute, **long-term acute (LTAC)**, acute and subacute rehabilitation (rehab) and Skilled Nursing Facility (SNF) admissions). As such, medical necessity reviews will not be performed for inpatient levels of care at this time and through June 23, 2020. Timely notification by facilities will help us facilitate optimal care coordination, mobilize additional services to support transition-of-care and discharge planning, and ensure claims processing.

15. How will plans reimburse for the specimen collection and triage at COVID-19 drive through testing sites along with billing instructions for this. **We are working on guidelines for these unique service sites and will share with you as soon as they are finalized.**

16. Will the provider's home be considered an acceptable location for the provision of telehealth services? MassHealth has confirmed that "distant site" is defined as "wherever the provider is located at the time of the call" and "Home" is allowable. We need clarification from the commercial plans. **Yes, home is considered an acceptable location for both telehealth and telephone visits by BCBSMA providers.**

Thank you.

BCBSMA Supporting Documents (for quick reference/now available on non-secure side of Provider Central): [COVID-19 Information for our clinical partners](#)

1. [Provider News Alert](#) (updated as of 3/14/20)
2. [BCBSMA Lab and Pathology Payment Policy](#)
3. [BCBSMA Telehealth Payment Policy \(Medical\)](#) – UPDATED 4/7/20

4. [BCBSMA Telehealth Payment Policy \(Behavioral Health\)](#) – UPDATED 4/7/20
5. [BCBSMA Member Costs Waived for Inpatient COVID-19 Services](#) - NEW
6. [BCBSMA Expedited Cred Process: Provider Audits on Hold](#) - NEW