
Temporary Telemedicine/Telephone-only Preventive Medicine Services during COVID-19 Pandemic

Policy Statement

In accordance with guidance issued by the Office of the Health Insurance Commissioner (OHIC) and the Executive Office for Health and Human Services (EOHHS) Medicaid Program on May 7, 2020 as a supplement to the 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 preventive telemedicine services as outlined in this policy.

Scope

This policy applies to all lines of business, Medicaid, Commercial, and INTEGRITY.

This policy applies to Neighborhood participating providers only.

It is expected that this policy will remain in effect until July 26, 2020 in accordance with the June 26, 2020 extension of Executive Order 20-31 issued on May 5, 2020 unless this Executive Order is 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

Neighborhood will reimburse Preventive Medicine Evaluation and Management visits provided via telemedicine/telephone-only at 100% of the in-office allowable amount.



Coverage Inclusions

- Adult Annual Preventive Exams
- Pediatric Preventive Exams (Well Child Exams)
 - For children age 24 months and under and those over 24 months in need of vaccination, the American Academy of Pediatrics (AAP) recommends continuation of in-person well child visits to ensure critical immunizations and screenings are administered at an appropriate age.
 - For children over 24 months of age (or children under 24 months of age who are unable to be seen in person), well child visits may be conducted using telemedicine/telephone only modalities consistent with this policy. The remaining elements of the visit should be completed in person as soon as community circumstances allow.
- Annual Wellness Visit (AWV) for INTEGRITY members

Coverage Exclusions

- This policy is not applicable to the "Welcome to Medicare" physical examination HCPCS code G0402; Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment as that visit must be a face-to-face visit.

Claim Submission

- The first portion/part of the patient encounter would be to perform the preventive medicine evaluation and management (E&M) or AWV components of the exam that are clinically appropriate to be performed by telemedicine or telephone only. The appropriate E&M procedure code that would be used if the service was provided in the office (ie 99381-99385) should be submitted on the claim. This portion of the encounter should be reported/documented on the date of service the telemedicine/telephone only service occurs. Claim must be submitted with place of service (POS) 02 (Telehealth).
- The second portion/part of the patient encounter is intended to perform/meet the face-to-face visit components/physical requirements of the preventive medicine exam (e.g. immunizations, vital signs, vision screening, hearing screening). Only those services that



are provided on that second date of service that are separate from the preventive medicine E&M exam should be billed/reported on the second date of service using the appropriate procedure codes. The procedure code for the Preventive E&M or AWW should NOT be billed/reported on the second date. Claim must be submitted with place of service 11 (office) or other appropriate POS where the visit takes place.

- If additional health concerns that are typically not addressed during a preventive visit are raised during the second, in-person portion of the visit, the provider may bill the appropriate sick E&M procedure code for which a separate encounter would typically be billed. Documentation requirements for the separately identifiable sick E&M Service are expected to meet all typical documentation requirements for a separate encounter. For Commercial members, standard cost share for a sick visit would apply to the separately identifiable and billed E&M visit.
- The claim filed for the Preventive Medicine E&M or AWW with the appropriate CPT/HCPCS code **MUST** be submitted only **ONCE**, on the initial date of service the telemedicine/telehealth or telephone encounter occurs.
- The provider must ensure they report/document ALL applicable CPT codes for health assessments and/or screenings that take place for each encounter. There is no change for reporting/coding of orders furnished by the provider for additional testing such as for laboratory tests, radiology etc.
- The documentation in the members' medical record **MUST** reflect both encounters. The progress note for the face-to-face encounter **MUST** indicate/reference the date of the initial telemedicine/telehealth or telephone only encounter, and it should be tied to the initial encounter in the patient record/EMR

For Medicaid and INTEGRITY the second visit should be directly billed to Executive Office of Health and Human Services (EOHHS) for reimbursement by Medicaid Fee For Service (FFS). Please refer to the [EOHHS guidance](#) for additional information.

Member Responsibility/Cost Share

No member cost sharing is applied for any preventive service

Coding

This policy applies to the below codes when billed via telemedicine/telephone-only as outlined in this temporary policy:

CPT Code	Description
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older

99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18- 39 years
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40- 64 years
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit

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
07/13/20	Updated: Policy effective date extended in accordance with extension of the Executive order issued on June 26, 2020.
03/18/20	Policy Effective