

NYS AAP - Chapter 2



Brooklyn

Suffolk

Vassau

Update #3 from the NYS AAP - Chapter 2 & 3 Pediatric Council

Dear NYS AAP - Chapter 2 Member,

As we continue to deal with the effects of the National Health Emergency on our patients and our practices, it remains our goal to keep our members updated with information from the payers in our region.

CIGNA

CIGNA has updated their billing instructions for virtual visits and COVID-19 related services as of 04/09/20:

https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingB usinessWithCigna/medicalDbwcCOVID-19.html

It is important to read through all the sub-headings, but some relevant points are the following:

- Cost-sharing is WAIVED for ALL COVID-related services. It is ALSO waived for telephone calls on any subject (billed with HCPCS code G2012) but is NOT waived for other services not related to COVID (i.e., illness visits, either in person or via telehealth.)
- CIGNA WILL pay for ANY services performed virtually which would ordinarily be included in your fee schedule if performed in person. HOWEVER, codes which CANNOT be performed virtually (surgical codes, immunization administration) will be "closely monitored and audited."
- 3. This seems to imply that WELL VISITS can be performed virtually and billed as usual; you may bring the patients to the office for a quick drive-by for immunizations, labs, measurements, or delay the immunizations (less than ideal.)
- 4. The POS for ALL CIGNA-billed services should be 11, not 02. This does simplify billing for well visits when part is done virtually and part in person.

Anthem

Anthem has issued guidance for Medicaid plans in California which includes coverage for both sick and well visit codes, for both new and established patients, performed virtually. While this is specific to California, these are Anthem-managed plans, and there are reports that Anthem plans around the country have been paying for well visits by telehealth. In New York, the guidance from Anthem does NOT specifically mention well visits, but the attached letter from NYS DFS states that no cost sharing will apply to covered services provided via telehealth when the same services are covered if performed in person. See (and the referenced NYS DFS guidance):

https://providernews.empireblue.com/article/patient-cost-sharing-for-laboratory-tests-todiagnose-covid-19-provider-visits-to-diagnose-covid-19-and-all-telehealth-services

P4P & BlueCross

If you are contracted under a plan which provides annual Pay-for- Performance (P4P) bonuses, some BlueCross plans have been paying at least a portion of the amounts due earlier than the scheduled payment date. Contact the specific insurer and ask that monies due to you be paid immediately instead of being delayed.

Horizon BCBS (NJ)

Horizon BCBS (NJ) has released the following update to their telemedicine payment policy, which may impact those members who treat patients covered by Horizon: https://www.horizonblue.com/providers/policies-procedures/policies/reimbursement-policy-policies-guidelines/telemedicine-services/telemedicine-services-reimbursement-policy-temporary-addendum-horizon-bcbsnj-commercial-aso-plans_

Note the following points from this update: First, they state that the changes are temporary (initially for 90 days--leaves open the possibility of extension). Then if you look at the specific code lists, a few things stand out. 96160 and 96161 are covered (as existing coverage) but 96110 and 96127 are not covered at all. E/M visits are listed as "existing" while 99381-99395 are covered as "extended," which may mean that coverage can go away without a formal policy change. The same "extended" tag applies to all telephone services.

Please reach out to us with questions, comments or any information that you can add to share with Chapter members to help us all get through this difficult time (once again, you can read more about this request, as well as useful information from the National AAP, in the section below).

With our best wishes,

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Share Your Billing Guidance & Payment Issues

We are creating a spreadsheet listing specific coding and billing requirements by insurer for all the companies that cover children in NY State and adjacent to our borders. In addition, since many insurers are local, practices should consider constructing a spreadsheet of billing instructions for submitting telehealth claims, as many insurers have particular requirements for the claims.

PLEASE EMAIL US THE BILLING GUIDANCE YOU RECEIVE FROM INSURERS FOR TELEHEALTH AND COVID-19 RELATED ISSUES. We already have guidance from Emblem, United Health Care and Cigna.

In addition, please let us know if you are having payment issues, as we may be able to offer help.

Useful Info from the National AAP

There is a vast trove of useful information available from the National AAP. CEO Mark Del Monte shared information on many AAP initiatives in a recent email, available <u>here</u>.

The Payer Advocacy Advisory Committee, chaired by Sue Kressly of PA, is dedicated to helping pediatricians address all manner of issues with insurance companies and other payers, including Medicaid. PAAC recently posted the following resources available through the National AAP:

- Payment Advocacy for Telehealth: <u>https://downloads.aap.org/DOPA/Telehealth_2_rev.pdf</u>
- State Notices about Telehealth in responses to COVID-19: <u>https://downloads.aap.org/DOCCSA/State-Telehealth-Notices.pdf</u>
- FAQs for Medicaid and CHIP responses to COVID-19: https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf

