April 13, 2020

Vincent Nelson, MD, MBA, FASA
Vice President, Medical Affairs and Interim Chief Medical Officer
Blue Cross Blue Shield Association
225 N. Michigan Avenue
Chicago, IL 60601

RE: Temporary Expansion of Telemedicine Services during COVID-19

Dear Dr. Nelson,

On behalf of the undersigned organizations, which represent physicians across the country, we are writing regarding a need for expanded access to telemedicine services for the duration of the COVID-19 pandemic. We believe that the Blue Cross Blue Shield Association (BCBSA) should provide recommended guidance to its members companies and licensees to harmonize the disparate requirements physicians are facing.

In order to effectively flatten the curve of COVID-19 diagnosis, the Centers for Disease Control (CDC) is recommending face-to-face interaction be severely limited. Additionally, the delayed symptoms associated with COVID-19 could lead to spreading of the disease if either a patient or physician unknowingly is a carrier of the virus. Telemedicine plays a crucial role in flattening the curve. We strongly support coverage and payment for telemedicine services provided by board-certified physicians. It is important that patient access to care – when provided by telemedicine – is of high quality, contributes to care coordination, meets state licensure and other legal requirements, maintains patient choice and transparency, and protects patient privacy. At this time many insurers are adopting temporary policies that expand their normal telemedicine coverage policies, but the policies are inconsistent and are creating a significant burden on practices. We are asking for BCBSA to provide recommended guidance to its member companies and licensees that enables physicians to deliver telemedicine across all platforms that is consistent with Centers for Medicare and Medicaid (CMS) guidance, reimburses in parity with in-office rates, and follows CMS coding guidance for claims to reduce variations in coding requirements.

Platform Requirements for Telemedicine Delivery

We encourage Blues plans to recognize the value of the physician-patient relationship and expand access to and coverage for telemedicine encounters. We are concerned that platform requirements and third-party vendors' requirements by an insurer delay or deny patients access to their own physicians through telemedicine services. In this time of national crisis and uncertainty, allowing patients the trust and confidence of continuing care with their physician, whenever possible, is critical. This flexibility for the duration of the pandemic provides access to telemedicine that is consistent with the CMS, which is allowing physicians to diagnose and treat patients through the physicians' platform of choice while utilizing office-based evaluation and management (E/M) codes 99201-99215.

Reimbursement for Telemedicine Services

Reimbursement levels for telemedicine encounters vary across payers, with some insurers shifting physicians to a different fee schedule or reimbursing at a percentage of the standard fee schedule. Under different circumstances this change in reimbursement structure could be justified. However, we ask you to encourage BCBSA member plans to maintain reimbursement levels that are in parity with in-office fee schedules. We also ask that member plans maintain parity for 'audio only' visits, as many patients do not have video-capable devices and/or adequate internet or cellular coverage to conduct a visit by any means other than on their land

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lines. The unanticipated and sudden transition to telemedicine for a significant portion of care delivery during the COVID-19 pandemic removes the efficiencies that could potentially be realized through telemedicine. Delivery of physician services still requires significant coordination by clinical staff to manage pre- and post-visit care as well as other staff costs related to the verification of patient benefits, scheduling, and claims submission. CMS recognizes that these costs will continue to be incurred by physician practices, and as a result, has agreed to pay in-parity with in-office rates and we encourage your members to follow the CMS lead.

Coding for Telemedicine Encounters

Finally, insurers are adopting guidelines on how physicians should notify insurers that a telemedicine encounter occurred. We recognize that some insurers have system limitations and have adopted specific coding guidelines to work within their platform. However, our physicians are encountering significant variation in place of service (POS) and modifier requirements. To harmonize insurer requirements, we recommend that BCBSA encourages Blues plans to adopt CMS coding guidance, which now allows utilization of POS 11 and modifier 95 to report telemedicine encounters that would have been delivered in-office for the duration of the COVID-19 pandemic.

In addition to the POS and modifier requirement, we also recommend insurers recognize the change in E/M guidance CMS has adopted which will now allow reporting of 99201 through 99215 based on time or acuity for the telemedicine encounters. The time-based requirement is consistent with changes to these codes that will be implemented in 2021 and decreases the ambiguity physicians may face in determining the acuity level associated with an encounter.

Conclusion

We recognize that the COVID-19 pandemic is creating a significant change in the delivery of healthcare services. When this pandemic subsides, we request an opportunity to engage with BCBSA to understand how we can work together to identify how telemedicine could improve the delivery of patient care. We look forward to additional opportunities to work together on this issue and to provide feedback that may help guide policy development. Please contact David Brewster, Associate Director of Practice Advocacy, American Academy of Dermatology Association, at dbrewster@aad.org or (202) 609-6334 if you have any questions or if we can provide additional information. Thank you for your attention to our concerns.

Sincerely,

American Academy of Dermatology Association

American Academy of Neurology

American Academy of Physical Medicine and Rehabilitation

American Association of Child and Adolescent Psychiatry

American Association of Oral and Maxillofacial Surgeons

American Association of Orthopaedic Surgeons

American College of Obstetricians and Gynecologists

American College of Physicians

American College of Rheumatology

American Gastroenterological Association

American Osteopathic Association

American Osteopathic College of Dermatology

American Osteopathic Information Association

American Podiatric Medical Association, Inc.

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American Psychiatric Association

American Society for Dermatologic Surgery Association

American Society of Anesthesiologists

American Society of Mohs Surgery

American Society of Plastic Surgeons

American Society of Retina Specialists

American Urological Association

American Academy of Ophthalmology

Association for Clinical Oncology

Arizona Medical Society

Connecticut State Medical Society

Idaho Medical Association

Illinois State Medical Society

MedChi, The Maryland State Medical Society

Medical Society of DC

Medical Society of the State of New York

Missouri State Medical Association

North Dakota Medical Association

Oklahoma State Medical Association

Pennsylvania Medical Society

South Dakota State Medical Association

Arizona Dermatology and Dermatologic Surgery Society

Arkansas Dermatological Society

California Society of Dermatology & Dermatologic Surgery

Colorado Dermatologic Society

Connecticut Society of Dermatology and Dermatologic Surgery

DC Dermatological Society

Delaware Academy of Dermatology

Dermatological Society of New Jersey

Florida Podiatric Medical Association

Georgia Podiatric Medical Association

Georgia Society of Dermatology and Dermatologic Surgery

Idaho Dermatological Society

Illinois Dermatological Society

Illinois Podiatric Medical Association

Indiana Academy of Dermatology

Iowa Dermatological Society

Iowa Osteopathic Medical Association

Iowa Podiatric Medical Society

Kentucky Podiatric Medical Association

Maine Dermatological Society

Maryland Dermatologic Society

Maryland Podiatric Medical Association

Massachusetts Academy of Dermatology

Michigan Dermatological Society

Michigan Thoracic Society

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Minnesota Dermatological Society

Minnesota Podiatric Medical Association

Mississippi Dermatology Association

Missouri Dermatological Society

Montana Academy of Dermatology

Nebraska Dermatology Society

New Hampshire Society for Dermatology

New Mexico Dermatological Society

New York Occupational and Environmental Medical Association

New York State Academy of Family Physicians

New York State Neurological Society

New York State Ophthalmological Society

New York State Society of Dermatology and Dermatologic Surgery

New York State Society of Otolaryngology-Head and Neck Surgery

North Carolina Dermatology Association

Ohio Dermatological Association

Ohio Foot and Ankle Medical Association

Oregon Dermatology Society

Oregon Podiatric Medical Association

Pennsylvania Academy of Dermatology and Dermatologic Surgery

Pennsylvania Psychiatric Society

Rhode Island Dermatology Society

Robert H. Ivy Pennsylvania Plastic Surgery Society

South Carolina Academy of Dermatology and Dermatologic Surgery

South Dakota Dermatology Society

Tennessee Dermatology Society

Tennessee Podiatric Medical Association

Tennessee Radiological Society

Texas Dermatological Society

Texas Podiatric Medical Association

Vermont Dermatological Society

Virginia Dermatology Society

Washington State Dermatology Association

Washington State Podiatric Medical Association

Wisconsin Podiatric Medical Association

Wyoming Academy of Dermatology

Bucks County Medical Society

Chicago Dermatological Society

Erie County Medical Society

Ingham County Medical Society

Lancaster City & County Medical Society

Lehigh County Medical Society

Montgomery County Medical Society