

Questions for the presenters	BCBS VT	MVP	Department of Financial Regulation
<p>Where to find codes and who to contact with questions.</p>	<p>If you are referring to telemedicine or telephone, please visit our Provider Policies page under provider Payment Policies. You utilize standard coding and if the services are in attachment 1 of the applicable policy and you meet the requirements of the policy, the service is eligible.</p> <p>You can contact your provider relations consultant directly with any questions. If you are not sure who that is, please contact provider relations providerrelations@bcbsvt.com and you will be directed to your consultant.</p>	<p>Refer to Provider and Payment Policies: https://www.mvphealthcare.com/providers/reference-library/provider-resource-manual If contracted, also refer to Fee Schedule pages in contract for codes or contact Rep. https://www.mvphealthcare.com/wp-content/uploads/download-manager-files/professional-relations-territory-listing-vermont-region.pdf</p>	
<p>Can I provide telehealth services to my Vermont clients while I take short-term trips out of the state?</p>	<p>Providers that have <u>temporarily relocated</u> outside their original service area and continue to service <u>patients from the original service area</u> for up to <u>six months</u> within a 12-month period. These claims are filed to the provider's original Par/Host Plan."</p>	<p>Pandemic related waivers for State licensure in effect for Vermont members until 6/30/23. After that, provider needs to be licensed in the State where the member is seated at the time of the service, and is subject to regulations of the State where they are.</p>	
<p>I am curious about developments with telehealth and clients travel out of state.</p>	<p>This is dependent on the state law where the patient is traveling. I would recommend checking with the professional licensing board in that state regarding their stance on providing temporary care in their state to a patient traveling through.</p>	<p>After 6/30/23, provider would need to be licensed in the State where the member is seated at the time of the service.</p>	
<p>I have patients who are immunocompromised and benefit from not having to leave their homes: I have other patients who are incredibly anxious and benefit from working from the safety of their homes. What is your respective insurance company's position on these patients' place of service and my rate of reimbursement?</p>	<p><u>Blue Cross VT has ALWAYS had a permanent Telemedicine Payment Policy, even pre-COVID. It is NOT going away, even with the end of the public health emergency on May 11, 2023. The telemedicine policy is located on our provider policies page: https://www.bluecrossvt.org/providers/provider-policies-under-Provider-Payment-Policies-Telemedicine-CPP-03. If the requirements of the policy are met and the service (CPT/HCPCS) being provided is in Attachment 1, the service is eligible to be provided by telehealth. In addition, the reimbursement for telemedicine services is the same rate as face to face visit - no reductions. However, please note, member liabilities for the service may vary.</u></p>	<p>No change to current coverage of or reimbursement for telehealth services Subject to Payment Policies: https://www.mvphealthcare.com/providers/reference-library/provider-resource-manual</p>	

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Any changes to Audio only coverage for psychotherapy telehealth sessions payment/ coverage/ coding requirements with the COVID emergency ending?	There are not Changes to our Telephone Only Payment policy as a result of the Public Health Emergency ending.	No change to current coverage of or reimbursement for Audio Only. Services must be billed with the 99 place of service code and modifier -V3 in the first position. See Audio Only Payment Policy: https://www.mvphealthcare.com/providers/reference-library/provider-resource-manual	
If a client in Vermont lives where the wifi connection is poor can Facetime be an option or a telephone call?	We have allowances for Audio Only services (we refer to as Telephone Only). If the requirements of the policy are met and the service being provided is in Attachment 1, The service is eligible to be provided by telephone. Right now, the Telephone Only Payment Policy is in effect until December 31, 2023. However, the policy will be reviewed in December 2023 and could be extended. We will post a notice to the "Recent News" area of our provider website in December providing an update.	Facetime is currently an acceptable platform. Audio Only services must be billed with the 99 place of service code and modifier -V3 in the first position. See Audio Only Payment Policy: https://www.mvphealthcare.com/providers/reference-library/provider-resource-manual	
Is a telemed visit considered audio only if the client does not have video capability?	Yes	When video is not used, the service is considered Audio Only and is subject to the Audio Only Payment Policy.	
Are the CPT code 90837 and 90847 service rates for (02) telehealth the same as (11) in person?	Both of these services 90837 and 90847 are eligible when provided by telemedicine when requirements of the payment policy are met. The reimbursement regardless of place of service(02, 10 or 11) are the same.	No change to current reimbursement. Subject to Payment Policies: https://www.mvphealthcare.com/providers/reference-library/provider-resource-manual	
What barriers are there for out-of-state but in-network providers to bill BCBS and MVP for telehealth services for Vermonters who are in-state?	If you are out of state, but contracted with your local Blue Plan, you are eligible to provide telemedicine to Blue Cross VT members if you meet VT licensing requirements or whatever your local plan requires for licensing. Benefits will follow the Blue Cross VT telemedicine policy (see D3 for details) Your claims will be submitted to your local Blue Plan (assuming that is where you are located when the service is rendered) and process through BlueCard like any other service.	MVP's service area is NY and VT, no out of state plans. Direct contracting for providers in NY, VT and virtual only. Outside of MVP's service area: Medical providers can be considered in network for many MVP plans through the provider's contract with CIGNA. MHSUD providers can be considered in network for many MVP plans through the provider's contract with Evernorth.	
I'd like information on why one insurance company requires an NPI and the other NPI 2. Thanks!	For Blue Cross VT it relates to our Association requirements and system processing. If you have more questions, please contact your provider relations consultant directly. If you are not sure who that is, please contact provider relations providerrelations@bcbsvt.com and you will be directed to your consultant.	MVP accepts and uses both. Type I NPI for an individual provider is required and used to process claims; Type II group NPI is linked to payment information.	
Does telemental health have different billing codes?	No, services rendered by telehealth utilize the same CPT codes, however, place of service and modifiers are required. See D3 above for location of our telemedicine payment policy.	MHSA CPT codes are the same for in person and telehealth. Refer to Payment Policies for other billing guidelines on modifiers and place of service. https://www.mvphealthcare.com/providers/reference-library/provider-resource-manual	

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Are services reimbursable if provided by a Certified Addictions Apprentice Professional (AAP), or does the provider need to have their LADC?	Blue Cross VT does not recognize Certified Addictions Apprentice Professionals.	LADC licensure would be required.	
Will coverage change for out of state BCBS or MVP plans effective May 2023? Where should we refer patients if this is the case? Would we be reimbursed for the sessions if we saw them in person?	<p>Blue Cross VT has no way to determine how each Blue Plan may change policies related to the end of the Public Health Emergency. You will want to verify a members benefits for the services prior to rendering them.</p> <p>If members have questions, encourage them to contact their Blue Plan directly. Their customer service number is located on the back of their ID card.</p> <p>Again, this is a benefit and eligibility question that will need to be answer by the members Blue Plan directly. It will depend on the benefits they have available for face to face visits.</p>	<p>Pandemic related waivers for State licensure in effect for Vermont members until 6/30/23. After that, provider needs to be licensed in the State where the member is seated at the time of the service, and is subject to regulations of the State where they are. MVP service area is NY and VT; direct contracting for providers in NY, VT and virtual only.</p> <p>Outside of MVP's service area: Medical providers can be considered in network for many MVP plans through the provider's contract with CIGNA. MHSUD providers can be considered in network for many MVP plans through the provider's contract with Evernorth.</p>	
I do telehealth only and at times, after the clients (I do couples psychotherapy) leave, I compose and send a therapeutic letter to them. Therapeutic letters have been experienced as shortening therapy and leading to better outcomes. Can I bill for this service, and if so what code? Would I use 99454 in addition to 90847	Blue Cross VT does not provide any reimbursement for these services, they are not billable.	Not billable	
Can you explain why you reimburse less for 90847 than for 90837?	Our fee schedules are established utilizing many sources. If you have a concern with the reimbursement you can request a reimbursement review during our next cycle. Please contact your provider relations consultant. If you are not sure who that is, please contact provider relations providerrelations@bcbsvt.com and you will be directed to your consultant.		
It would be great if you can address why BCBS is monitoring the amount of time spent with a client. When I got the recent letter, I felt punished for seeing clients for 55-60 minutes. I can't imagine how I can do my trauma work, specifically EMDR in less than that amount of time and be effective.	We partner with Change Healthcare Solutions, LLC for a Coding Advisor Program. Change Healthcare reviews the use of high-level service codes (e.g., 99205-99215, etc.) for all provider types and identified cases where providers are billing high-level codes with significantly greater frequency than other providers. Change Healthcare outreaches to provider who are outliers and provided education on coding. This is simply an advisor program and there are no penalties. If you have questions or what to discuss the program further, please contact Change Healthcare at the number the provided on your letter.		
Are psychotherapists considered to be a PCP with the V3 modifier?	No psychotherapists are not considered PCP's. The use of the modifier -V3 relates to the requirements of our Telephone Only payment policy. Modifier -V3 is to be used by PCP in certain situations and Mental Health and Substance Use Disorder providers.	Not applicable to MVP - modifier V3 should be used for all Audio Only services regardless of provider type	

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What services fall under V4?	Any service/provider type not defined in the modifier -V3 category.		
Is MHSUD- mental health substance abuse clinicians?-- aka does CPT codes for psychotherapy for masters level mental health clinicians captured under V3? will Psychotherapy audio only calls (due to wifi / service barriers) be at 100 % the in - person rate? or is that being captured under V4 at the lesser rate?	Any mental health or substance use disorder provider falls under the -V3 modifier. Yes, reimbursement is at 100%, the same as if provided by face to face.	Not applicable to MVP - modifier V3 should be used for all Audio Only services regardless of provider type	
Please clarify: BCBS policies established outside of VT may not be paid to provider for telehealth?	Each Blue Plan determines the eligibility of telemedicine coverage for their members, so it will vary by Blue Plan. You will want to make sure you verify eligibility before providing services.	Not for MVP	
Can you use a V3 modifier if you are a psychotherapist that doesn't specialize in substance use disorder?	Yes. The -V3 is for any mental health or substance use disorder providers.	For MVP, modifier -V3 should be used for all Audio Only services regardless of provider type	
BCBS - Crisis audio only services billed under 90839 was recouped at the end of 2022 and I understand this is intended to be reversed. Is this still the intention?	If this was a question about a UVM Health Network member, prefix 'UNS' covered by BCBS of South Carolina, each Blue Plan determines their own benefits for services. You will need to discuss with BCSSC.		
Are these BCBS telehealth paperwork requirements: 1. Client needs to give verbal approval for telehealth at every appointment. And have this documented. 2. Document where client is located for each appointment.	Please review the telemedicine payment policy for full details. The policy is located on our policies page, under provider payment policies, telemedicine.		
What does BCBS look for to determine if client is eligible to receive telehealth?	We cannot speak to other Blue Plans, we can only provide guidance on benefits for Blue Cross VT members. If the requirements of our telemedicine policy are met and the service provided is in attachment 1, the service will be eligible.		
Does BCBS require a provider meet with telehealth clients in person? If so, how regularly?	As long as the telemedicine service is eligible by telemedicine, no in person visits are required.		
Will 02 place of service code still remain for telemedicine and 99 place of service for audio only. There has been some mention of place of service 10 for when clients are "in home" receiving telemedicine services.	Telemedicine places of service 02 or 10 Telephone place of service 99 No changes to these.	POS 02 and 10 are telehealth rendered with both audio and video. POS 99 is for Audio Only services.	
How will interstate licensing compacts impact the location of the provider, especially with MHSUD?	It will not impact Blue Cross VT policies as our Association has very clear rules of who we can contract with.	Pandemic related waivers for State licensure in effect for Vermont members until 6/30/23. After that, provider needs to be licensed in the State where the member is seated at the time of the service, and is subject to regulations of the State where they are. MVP service area is NY and VT; direct contracting for providers in NY, VT and virtual only. Outside of MVP's service area: Medical providers can be considered in network for many MVP plans through the provider's contract with CIGNA. MHSUD providers can be considered in network for many MVP plans through the provider's contract with Evernorth.	

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Does snow bird rule apply only domestically or does this apply internationally as well?	At this time, there are no geographical limits to the snow bird rule. However, some considerations to keep in mind would be limitations on prescribing controlled substances, claims filing issues, malpractice insurance coverage, and inability to access EMRs.		
Why is VT reimbursement so much lower than in nearby states? When will this be reevaluated?	Our fee schedules are established utilizing many sources. If you have a concern with the reimbursement you can request a reimbursement review during our next cycle. Please contact your provider relations consultant. If you are not sure who that is, please contact provider relations providerrelations@bcbsvt.com and you will be directed to your consultant.	If this is for MVP, please contact Lori Bombardier via email lbombardier@mvphealthcare.com	
MVP has made the change to reimburse 90846 and 90847 the same amount as 90837 which has impacted our ability to do more briefer family and couples therapy, can BCBS do the same now?	Our fee schedules are established utilizing many sources. If you have a concern with the reimbursement you can request a reimbursement review during our next cycle. Please contact your provider relations consultant. If you are not sure who that is, please contact provider relations providerrelations@bcbsvt.com and you will be directed to your consultant.		
Are rates available via the reference library for mental health providers who aren't yet contracted?	Our reimbursement rates are propriety. If you are eligible to contract with us, you can sign a confidentiality statement and be provided with our fee schedule.	No provider reimbursement is not published. Rates are confidential and proprietary. Contact Lori Bombardier via email at lbombardier@mvphealthcare.com	
How do we know what is a blue card vs something else?	Here's a resource that should help: https://www.highmarkblueshield.com/pdf_file/hbs-faqs-bluecard.pdf ,		
What is the current status of audio-only payment structure?	Modifier -V3 - 100% of allowance (if you are a mental health and/or substance use provider, you will use the -V3) Modifier -V4 - 75% of allowance	Audio Only services must be billed with the 99 place of service code and modifier -V3 in the first position. See Audio Only Payment Policy: https://www.mvphealthcare.com/providers/reference-library/provider-resource-manual	https://dfr.vermont.gov/reg-bul-ord/audio-only-telephone-services-order
Will insurance payers require "certification" for providing telehealth services, or is this based on state and professional regulation only?	Blue Cross VT relies on professional regulation in regard to licensure.	Contractually, providers must have liability insurance that covers telehealth services and meet all applicable State and professional regulations	
What if the patient uses video on their laptop and audio on their phone? Is this still billed as telehealth?	As long as services are delivered using live interactive audio and video over a secure connection that complies with the requirements of HIPAA.	Telemedicine services with audio and video should be billed with POS 02 or 10 and modifier 95 Audio only services should be billed with POS 99 and modifier -V3 No change to current reimbursement. Payment Policies: https://www.mvphealthcare.com/providers/reference-library/provider-resource-manual	
Would LOVE info on becoming in network and reimbursement rates for MVP as well.		Please contact Lori Bombardier via email lbombardier@mvphealthcare.com	

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<p>I wanted to clarify working in another state but having a VT client. I will be relocating to Florida this summer and will maintain licenses in both FL and VT. I understand that licensure alone does not allow one to provide telehealth services to folks in VT. Is there any way to continue work with a client in this situation, I will need to refer them to another provider?</p>	<p>If you are relocating, your contract with Blue Cross Vermont will be terminated. However, if you contract with the FL Blue Plan and the member has BlueCard benefits, you will be eligible to continue care and submit claims for that member to the FL Blue Plan.</p>	<p>Pandemic related waivers for State licensure in effect for Vermont members until 6/30/23. After that, provider needs to be licensed in the State where the member is seated at the time of the service, and is subject to regulations of the State where they are. MVP service area is NY and VT; direct contracting for providers in NY, VT and virtual only.</p> <p>Outside of MVP's service area: Medical providers can be considered in network for many MVP plans through the provider's contract with CIGNA. MHSUD providers can be considered in network for many MVP plans through the provider's contract with Evernorth.</p>	