

Mississippi Policy Updates

Mississippi Division of Medicaid (DOM)

The Mississippi Division of Medicaid has added new procedure codes that can be used by providers and laboratories to bill for certain Coronavirus Disease 2019 (COVID-19) diagnostic to increase the testing and tracking of new cases.

The Healthcare Common Procedure Coding System (HCPCS) codes U0001 and U0002 were developed by the Centers for Medicare and Medicaid Services (CMS), and DOM is in the process of entering them into its claims processing system. They should be available for billing later this week, and they will apply to dates of service on or after Feb. 4, 2020. Providers will be notified once the codes are available in the system.

The HCPCS code U0001 is specifically used for CDC testing laboratories to test patients for SARS-CoV-2. HCPCS code U0002 allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). The published fees for the two codes will be:

U0001 = \$32.33

U0002 = \$46.20

These fees do not include cutbacks, assessment fees, etc. Payment is not guaranteed. For more information on the coverage or the evaluation and testing of COVID-19, find the following resources online:

[Medicaid and CHIP Coverage and Payment Related to COVID 19](#)
[CDC Guidance on Evaluating and Testing Persons for COVID-19](#)

Medicaid Updated Telehealth Regulations

In response to the coronavirus outbreak, the Mississippi Division of Medicaid (DOM) will expand its coverage of telehealth services throughout the state in alignment with Governor Tate Reeves' recommendations on leveraging telemedicine to care for patients while limiting unnecessary travel, clinic visits and possible exposure.

Effective immediately through April 30, 2020, DOM's Emergency Telehealth Policy will allow additional use of telehealth services to combat the spread of Coronavirus Disease 2019 (COVID-19). Details of enhanced services include the following:

- A beneficiary may access telehealth services from his or her home.
- A beneficiary may use his or her personal cellular device, computer, tablet, or other web camera-enabled device to seek and receive medical care with a qualified distant-site provider.
- The requirement for a telepresenter to be present with the beneficiary is waived when the beneficiary receives telehealth services in the home.
- Any provider that is eligible to bill DOM for services is now allowed to serve as a distant site provider, including Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).
- Any limitation on the use of audio-only telephonic consultations is waived.

These enhanced telehealth options will be available in fee-for-service Medicaid, Medicaid managed care, and the Children's Health Insurance Program.

The agency also is seeking federal approval for an 1135 Medicaid waiver to give the program a wider range of flexibilities during the emergency. If approved, the 1135 waiver would give DOM the discretion, when necessary and proper, to relax prior authorization requirements, eliminate Preadmission Screening and Annual Resident Review (PASRR) reviews at nursing homes, suspend revalidations for current providers, and expedite new provider enrollment.

Other requested Section 1135 flexibilities include allowing care to be provided in alternative settings, revising rules for critical access hospitals, and relaxing telehealth security requirements so that providers can use readily available platforms like Facetime and Skype to facilitate telehealth visits with patients.

Additional information on policies, coding, and reimbursement related to the COVID-19 outbreak will continue to be added to a resource page on the agency's website at <https://medicaid.ms.gov/coronavirus-updates/>.

Providers are asked to direct their questions to 800-884-3222.

Blue Cross Blue Shield of Mississippi

In response to the COVID-19 pandemic, Blue Cross & Blue Shield of Mississippi is ensuring expanded access to care, to include enhanced telemedicine coverage. This is important given the nature of the COVID-19 outbreak and the Centers for Disease Control and MS State Department of Health direction to self-isolate, not use the emergency room and call your primary care provider.

Effective March 16, 2020, the [BCBSMS COVID-19 Pandemic Telemedicine Policy](#) allows Healthcare Providers to provide medically necessary services that can be appropriately delivered via audio and/or visual consultation. The BCBSMS COVID-19 Pandemic policy is effective March 16, 2020 through April 30, 2020, and will be reassessed as needed.

Specific guidelines are noted below:

- Telemedicine, in this Policy, is appropriate for visits for either low complexity, routine or ongoing evaluation and management for established patients, as well as addressing new and established patient needs related to COVID-19 symptoms.
- Member cost-sharing (co-pays, deductibles, etc) and benefit levels will apply according to the Blue Cross and Blue Shield Member's Health and Wellness Benefit Plan. BCBSMS will waive the co-pay for all Network Provider covered telemedicine visits for fully-insured Members.
- For routine evaluation and management of established patients, Healthcare Providers (MDs, DOs and professional Allied Providers, such as Nurse Practitioners) may bill for established patient evaluation and management codes up to a Level 3 (CPT codes 99211, 99212 and 99213) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. Please note, however, providers should only bill for telephonic visits when the

provider speaks directly to the patient. Providers should not bill BBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.

- To address new patient needs relative to COVID-19 symptoms, Healthcare Providers (MDs, DOs and professional Allied Providers, such as Nurse Practitioners) may bill for new patient evaluation and management codes up to a Level 2 (CPT codes 99201 and 99202) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill BCBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.
- Behavioral Health Providers (Psychiatrists, Psychologists, Licensed Professional Counselors, and Licensed Certified Social Workers) may bill for established patient visits and evaluation and management codes as follows with a place of service 02 (Telehealth): -CPT codes 99211, 99212 and 99213 – CPT code 90832
- All services must be medically necessary and documented as part of the Member's permanent health record, to include the amount of time spent with the patient. Patient must give consent to be treated virtually and/or telephonically and appropriately documented in the medical record prior to initiation of telemedicine.
- This policy only applies to medically necessary visits that are patient-initiated or are replacing a previously scheduled visit.

Mississippi Board of Medical Licensure (MSBML)

The Mississippi Board of Medical Licensure created recent policy changes that are in effect during the Governor's State of Emergency:

1. Providers are highly encouraged to utilize telemedicine whenever possible for treating patients to avoid unnecessary clinic visits and possible exposure
2. The Mississippi Board of Medical Licensure shall allow non-Mississippi licensed physicians to provide telemedicine within Mississippi
3. Urine drug screens are not required for controlled substances, but use of the MPMP is still enforced.

[View all changes](#)

Mississippi Board of Nursing (MSBN)

The Mississippi State Board of Nursing created recent policy changes that are in effect during the Governor's State of Emergency:

1. APRNs are highly encouraged to utilize telemedicine whenever possible for treating patients to avoid unnecessary clinic visits and possible exposure
2. Non-Mississippi licensed APRNs with an unrestricted out of state licensure are allowed to provide telemedicine within Mississippi

3. Point of service drug testing is not required for controlled substances, but use of the MPMP is still enforced.

[View all changes](#)

Mississippi State Department of Health (MSDH)

Prior approval from MSDH for submission of samples to the Mississippi Public Health Laboratory is no longer required.

TESTING SITES: The MS State Department of Health has posted [a list of testing sites](#) on its website.

Alabama Policy Updates

Alabama Division of Medicaid (DOM)

The extension of telemedicine services through the Alabama Division of Medicaid is effective March 16, 2020. This extension allows clinicians to provide medically necessary services that can be appropriately delivered via telecommunication services including telephone consultations. The extension also allows some behavioral health services to be appropriately delivered via telecommunication services including telephone consultations. These actions will be effective for one month, expiring on dates of service April 16, 2020. It will be reevaluated for a continuance as needed.

This is applicable for recipients who wish to receive their care remotely and limit their exposure to the virus. It can also serve as an initial screening for recipients who may need to be tested for COVID-19. For guidance on coronavirus testing, please refer to the Centers for Disease Control & Prevention, Alabama Department of Public Health, and Alabama Department of Mental Health websites.

[Learn More](#)

Blue Cross and Blue Shield of Alabama

As we continue to monitor the outbreak of the new coronavirus (COVID-19) in Alabama, we are expanding telehealth to ease access to appropriate medical services for your patients who are Blue Cross and Blue Shield of Alabama members.

What does the expansion include?

The expansion of telehealth services is effective March 16, 2020, and allows clinicians to provide medically necessary services that can be appropriately delivered via telephone consultation. These actions will be effective for one month, expiring on April 16, 2020. It will be reevaluated for a continuance as needed.

This is applicable for patients who wish to receive their care remotely and limit their exposure. It can also serve as an initial screening for patients who may need to be tested for the coronavirus. For guidance on coronavirus testing, please refer to the Centers for Disease Control & Prevention and the Alabama Department of Public Health websites.

Member cost-sharing (copayments, deductibles, etc.) will apply according to the member's contract benefits. This applies to all Blue Cross and Blue Shield of Alabama members including Blue Advantage®.

What types of providers can perform telehealth?

This applies to physicians and their extenders who currently receive Blue Cross reimbursement on the Preferred Medical Doctor (PMD), Physician Extender, Select and Select Extender fee schedules. Urgent care is also included; however, at this time, we are not including other provider types.

How does this affect behavioral health?

Behavioral health providers are included in this policy expansion. Some of these providers already perform telemedicine services. Under this policy, all behavioral health providers will be able to perform services telephonically. This policy expansion will expire on April 16, 2020, but be reevaluated for continuance as needed.

For more information about behavioral health phone consultations, see our telemedicine operational policy. For behavioral health billing and coding guidelines specific to this telehealth expansion, refer to the New Directions Behavioral Health telehealth expansion memo (link will be posted here when available).

New Directions will communicate additional telehealth services information to providers. To support providers who may have patients experiencing distress or anxiety, New Directions is offering a crisis hotline for the public at 1-833-848-1764.

What services can be performed?

Telehealth is appropriate for consultations and visits for either low complexity, routine or ongoing evaluation and management. This would include acute illnesses or chronic disease management that, based on the provider's medical judgment, can be managed over the phone.

What codes apply?

Providers should bill established-patient evaluation and management codes up to a level 3 (CPT codes 99211, 99212 and 99213). Standard documentation applies and additional billing guidelines will be posted on ProviderAccess. Claims should be filed with place of service 02 (telehealth). A modifier is not required.

Providers should only bill for telephonic consultations when the provider speaks directly with the patient. Providers should not bill Blue Cross for services when, for example, a nurse speaks to the patient, even if the provider was consulted.

National Policy Updates

Centers for Disease Control and Prevention (CDC)

CDC Infection Control Guidance: This updated guidance from the CDC provides updated PPE recommendations for the care of patients with known or suspected COVID-19. (Detailed information available on the [CDC site](#).)

- Facemasks are an acceptable alternative to N95 respirators when respirators are unavailable in healthcare settings. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols.
- When an adequate supply of respirators is available in a healthcare facility, facilities should return to use of respirators per their respiratory protection program.
- Continue to use eye protection, gown, and gloves.
- If there is a shortage of gowns, they should be prioritized for aerosol-generating procedures, high contact patient care activities, and activities where splashes and sprays may occur.
- Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures.

Centers for Medicare and Medicaid Services (CMS)

Medicare will pay doctors and hospitals for a broad range of telehealth services on a temporary basis, effective March 6. The program will pay for office and hospital telehealth visits and include a wide range of providers including nurse practitioners, clinical psychologists and social workers. Telehealth visits will be reimbursed for the same amount as in-person visits.

New Guidance

CMS issued a Section 1135 waiver to allow CAHs and rural (non-CAH) swing-bed hospitals to move patients from their acute care beds to swing beds for extended care services without a 72-hour prior hospitalization. This clarification will help utilization review processes in rural hospitals to better maximize use of patient care beds.

[Toolkit](#)

CMS recently published a telehealth toolkit to assist providers in the new telehealth policies and diagnostic billing codes.

Note: The expanded waiver does not apply to Rural Health Clinics (RHC) or Federally Qualified Health Centers (FQHC) to bill for Medicare telehealth visits or e-visits. CMS does not have statutory authority to issue a waiver for these purposes. See the Congressional Action section below for more information.

Department of Health and Human Services (HHS)

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

[Read More](#)

Congressional Action

The US Senate just released its version of the Phase 3 COVID-19 Stimulus Package, which includes language to make RHCs and FQHCs distance site providers for telehealth. We are working to ensure that all needed language is included. This bill is expected to come up for vote in the coming week. In our last conversation with them, all Mississippi delegates are in favor of including these entities as distance site providers for telehealth.