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

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.

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

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