



Rhode Island Office of the Health Insurance Commissioner & Medicaid Program Guidance for Preventive Care Visits During the COVID-19 State of Emergency

May 7, 2020

Background

The Executive Office of Health and Human Services (EOHHS) and the Office of the Health Insurance Commissioner (OHIC) issue this guidance to supplement and further clarify previous guidance, *COVID-19 TeleHealth Delivery Policy and Procedure Guidance for RI Medicaid*¹ and *Rhode Island Office of the Health Insurance Commissioner & Medicaid Program Instructions During the COVID-19 State of Emergency*.² These guidance documents were issued to support implementation of Governor Raimondo's March 18, 2020 Executive Order *Fourth Supplemental Emergency Declaration—Expanding Access to Telemedicine Services*.³ The purpose of this guidance is to provide further direction on the delivery of and payment for preventive medicine Evaluation and Management (E&M) services to ensure that providers are able to continue to provide medically necessary and clinically appropriate care while social distancing measures and recommendations are in effect.

Policy

EOHHS and OHIC are directing all Managed Care Organizations (MCOs) and all Commercial Health Insurers ("Carriers") to adopt the following principles in their telemedicine policies for preventive care to allow for the components of the preventive medicine E&M to be conducted on two (2) separate dates of service for pediatric and adult patients. On May 5, the RI Department of Health (RIDOH) issued guidance to providers on evaluating the level of care in ambulatory care settings, including patient prioritization and infection prevention.⁴ The following policy changes shall be temporary and effectuated in alignment with Governor Raimondo's directives on social distancing policies.

¹ Medicaid Temporary Telehealth Guidance: http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/1115Waiver/COVID_2020/COVID-19%20Memo%20for%20RI%20Medicaid%20Telehealth_04242020vF.pdf

² OHIC Temporary Telemedicine Instructions: <http://www.ohic.ri.gov/documents/2020/March/COVID/OHIC%20Bulletin%202020-01%20-%20Adopted%20-%20with%20supporting%20documents.pdf>

³ Executive Order: <https://governor.ri.gov/documents/orders/Executive-Order-20-06.pdf>

⁴ RIDOH Guidance for Ambulatory Care Settings for Infection Prevention with COVID-19, May 5, 2020: <https://health.ri.gov/publications/guidance/covid-19-ambulatory-care-guidance.pdf>



1. The first portion/part of the patient encounter would be to perform the preventive medicine E&M components of the exam that are clinically appropriate to be performed by telemedicine or telephone only. The appropriate E&M procedure code, including any necessary place of service modifier, should be used to reimburse providers for this component of the visit.
2. The second portion/part of the patient encounter is intended to perform/meet the face-to-face visit components/physical requirements of the preventive medicine exam (e.g. immunizations, vital signs, vision screening, hearing screening). Only those services that are provided on that second date of service that are separate from the preventive medicine E&M exam should be billed/reported on the second date of service using the appropriate procedure codes.
3. MCOs and Carriers should include specific billing and coding requirements in their temporary wellness visit policies, as well as any documentation requirements (e.g., place of service modifiers).
4. It is expected that if preventive medicine E&M visits are conducted on two different dates, that MCOs and Carriers will reimburse at an amount no less than the amount they currently reimburse for the in-person preventive medicine E&M service as would be conducted in a single visit.
5. If additional health concerns that are typically not addressed during a preventive visit are raised during the second, in-person portion of the visit, the provider may bill the appropriate sick E&M procedure code, including any necessary place of service modifier, for which a separate encounter would typically be billed.
6. **For Pediatric Patients only:**
 - a. For children age 24 months and under and those over 24 months in need of vaccination, the American Academy of Pediatrics⁵ (AAP) recommends continuation of in-person well child visits to ensure critical immunizations and screenings are administered at the appropriate age.
 - b. For children over 24 months of age (or for children under 24 months of age who are unable to be seen in person), well child visits may be conducted using telehealth modalities, consistent with the aforementioned temporary telemedicine policies issued by EOHHS and OHIC. The remaining elements of the well child visit should be completed in person as soon as community circumstances allow.

The above guidance presents minimum standards for wellness visits that must be adhered to; however, MCOs and Carriers may adopt policies that exceed these minimum standards.

MCOs may submit a request to EOHHS and Carriers may submit a request to OHIC to fulfill the purpose of this guidance using an alternative implementation approach.

⁵ AAP Telehealth Guidance: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-on-providing-pediatric-ambulatory-services-via-telehealth-during-covid-19/>



It is important to note that in the Governor’s “Reopening Rhode Island” strategic plan, released on April 27, 2020, the Raimondo administration describes three phases for gradually relaxing social distancing measures, using a data-driven approach to transition between phases. Phase 1 of Reopening Rhode Island, which is initiated following 14 days of either downward trend in COVID-19 cases or stable or declining hospitalizations, calls for primary care and community health providers to remain open. While this could happen as soon as May 11, 2020, EOHHS and OHIC recognize that circumstances relating to the pandemic will continue to evolve and the need to relax or restore social distancing policies will change over time. It is expected that this guidance will be followed during times when social distancing measures and recommendations are in effect to prevent risk of exposure and community transmission.

Medicaid Fee-for-Service Coding

When billing Medicaid fee-for-service for services rendered under this policy, providers are instructed to use the appropriate procedure code for the initial visit performed over telehealth (e.g., 99381), using place of service ‘02’. Please refer to the *COVID-19 TeleHealth Delivery Policy and Procedure Guidance for RI Medicaid* for the full list of procedure codes that are reimbursable in this manner.

When the second portion of the encounter is completed in person, providers should bill for only the services that are rendered on that date of service, using the appropriate procedure code (e.g., 90471 vaccination code).

If additional health concerns that are typically not addressed during a preventive visit are raised and addressed during the second, in-person portion of the visit, the provider may bill the appropriate sick E&M procedure code, for which a separate encounter would typically be billed (e.g., 99212).