

Dear Members of the House Health Care Committee,

During your discussion of audio-only telehealth and Blue Cross's OON telehealth policy last week you asked for follow up on several questions. Below are our answers to date:

1. Audio-Only Telehealth

Can we cite the research/study/evidence that MHSUD is higher value for audio-only?

Here is some information on audio-only health care, the first one is particularly interesting and succinctly addresses health equity which was of concern to the Committee. The following two are focused on audio-only and mental health care.

[Rethinking the Impact of Audio-Only Visits on Health Equity](#): The RAND Blog, December 2021

[Use of telemedicine for opioid use disorder treatment – Perceptions and experiences of opioid use disorder clinicians](#) Drug and Alcohol Dependence Volume 228, November 2021

[Provider Perceptions of Virtual Care During the Coronavirus Disease 2019 Pandemic](#) Medical Care, July 2021

Can a primary care provider who provides audio-only MHSUD services be paid at 100% of the in-person rate?

No, the Blue Cross audio-only payment policy only applies to services delivered by MHSUD providers.

Why are we requiring the 93 modifier in addition to V3 or V4 for audio-only CPT codes?

Blue Cross is not requiring the 93 modifier for billing, but as this is a new code, we expect some providers might use it and we wanted to make sure that they did not put the 93 modifier in the first position. We are currently updating the policy and will clarify that the 93 modifier is optional and should not be in the first position.

2. OON Telehealth Policy Change

How many members were impacted by the OON Telehealth policy change in September 2021? Did Blue Cross communicate the change, and what is our plan of action for addressing our members' concerns?

We are working to pull the data on the members impacted by our OON telehealth policy change in September, if we can identify these claims in our system. Because the member pays for the service up front to the out-of-network provider, and then seeks a refund later, these claims are often inconsistent and difficult to track. The policy rollback in September was not communicated specifically to members, although our customer service teams worked to address concerns with some who called. If we can identify the impacted members, we will make a plan to mitigate the impact. We believe the numbers are small but cannot yet verify with any data.

While this situation is unfortunate, Blue Cross has also been juggling the constant demands and unending changes wrought by the pandemic, with many of the same workforce struggles seen across the health care sector. We are doing our utmost to ensure our members receive the highest quality services and will work to do better in the future.

I will provide additional information when it is available,
Sara

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