Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) is committed to supporting our behavioral health network providers in assuring continuity of care for members already engaged in mental health and substance use treatment, and to assuring access to care for those who need mental health and substance use treatment in the face of the COVID-19 public health emergency.

The guidance surrounding COVID-19 and delivery of medical and behavioral health services is evolving. Updates are posted on our dedicated websites at [HorizonBlue.com/providers](https://HorizonBlue.com/providers) and [HorizonNJHealth.com/providers](https://HorizonNJHealth.com/providers).

To help ensure the continuity of behavioral health services during the COVID-19 public health emergency, Horizon BCBSNJ:

- **Is eliminating member cost sharing for in-network services provided through telemedicine and telehealth.**
  
  Horizon BCBSNJ has waived all deductibles, copays and coinsurance for in-network behavioral health services delivered through telemedicine and telehealth for at least 90 days after the end of the public health emergency and State of Emergency declared by the Governor. This applies to all covered services.

- **Relaxed telemedicine and telehealth rules.**

- **Is reimbursing for behavioral health services provided through telemedicine and telehealth per the standards for telemedicine established by N.J.S.A. 45-1-61 et seq.**

  Consistent with the standards for telemedicine established by N.J.S.A. 45-1-61 et seq., Horizon BCBSNJ reimburses for behavioral health services delivered through telemedicine and telehealth.

Horizon BCBSNJ will evaluate the expansion of coverage that’s now in place for certain services once the public health emergency ends.

These changes apply to Horizon BCBSNJ’s fully insured members, including those covered through Medicaid, Medicare, Individual and Small Group policies. The State Health Benefits Program (SHBP) and the School Employees’ Health Benefits Program (SEHBP) have also agreed to waive cost-sharing for their members for these services.

Self-insured health plans are responsible for the specific plan designs they choose to offer to their employees, and we will continue to work with them to administer their plan designs as directed. Members enrolled in self insured or Administrative Services Only (ASO) health plans have this statement listed on the back of their member ID card: “Horizon BCBSNJ provides administrative services only and does not assume any financial risk for claims.”

For all members, member ID cards can be viewed on NaviNet®. Coverage can also be verified by calling Provider Services at 1-800-624-1110, weekdays, between 8 a.m. and 5 p.m., Eastern Time.
Horizon BCBSNJ will accept claims for telemedicine and telehealth services when modifiers 95 or GT are appended to CPT® or HCPCS codes that ordinarily describe face-to-face services, including but not limited to:

- Professional services related to diagnosis or treatment of COVID-19
- Routine care
- Therapy
- Mental health and substance use treatment

Horizon BCBSNJ will reimburse all behavioral health telemedicine and telehealth claims according to our updated telemedicine reimbursement policies:

- Horizon BCBSNJ Policy
- Horizon NJ Health Policy

Using Telemedicine and Telehealth

Services delivered through telemedicine and telehealth must meet the same service descriptions and service delivery requirements, including the length and number of clinical contact hours and documentation requirements, as those delivered in person.

Enabling Telemedicine and Telehealth

Horizon BCBSNJ will follow guidance issued by the Centers for Medicare & Medicaid Services (CMS), and Executive Orders issued by our federal and state governments related to relaxed standards for technology-assisted behavioral health treatment during the COVID-19 public health emergency.

The U.S. Health and Human Services Department has waived the enforcement of certain components of the Health Insurance Portability and Accountability Act (HIPAA), allowing for the use of technology that is not HIPAA-compliant (phone only, FaceTime, Skype, etc.), to meet the needs of members seeking physical and behavioral health services. CMS also provides answers to frequently asked questions.

CMS issued guidance that was effective March 6, 2020, related to behavioral health telemedicine and telehealth service delivery. The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) also made announcements concerning the delivery of care.
Reimbursing for Telemedicine and Telehealth

As previously announced, Horizon BCBSNJ will accept claims for telemedicine and telehealth services including but not limited to:

- Professional services related to diagnosis or treatment of COVID-19
- Routine care
- Therapy
- Mental health and substance use treatment

In accordance with the Division of Medical Assistance and Health Services (DMAHS) guidelines, please submit all claims for telemedicine and telehealth services as if the service was provided in the office setting. Please do not submit the telehealth modifiers for audio-only telemedicine services.

- For professional claims billed on the CMS-1500, please submit with the appropriate HCPCS or CPT codes, modifiers 95 or GT and place of service (POS) 02 or 11.
- For facility claims billed on the UB04, please submit with the appropriate revenue code, HCPCS or CPT codes and modifiers 95 or GT.

View a full list of existing and extended codes for COVID-19. Health care professionals, facilities and ancillary providers should ensure a high-level of accuracy and compliance with the most current and appropriate coding practices, rules and guidelines.

Regardless of the coding paradigm, Horizon BCBSNJ will pay up to the allowed amount, and in-network providers may not collect member cost share that would otherwise be collectible. This change applies to fully insured members as well as members enrolled in the State Health Benefits Program (SHBP) and the School Employees’ Health Benefits Program (SEHBP). Self-insured health plans are responsible for the specific plan designs they choose to offer to their employees, and we will continue to work with them to administer their plan designs as directed.

When a Horizon BCBSNJ member has out-of-network benefits, and the member chooses to get care from out-of-network health care professionals, telemedicine and telephone visits are available, but the member is responsible for any difference between the plan allowance and the billed amount.

Subject to change.
Medication Management

Early in the COVID-19 public health emergency, Horizon BCBSNJ activated certain exceptions to help ensure members had access to care. At present, Horizon Pharmacy plans are operating without disruption, so these exceptions are not necessary.

If needed, Horizon BCBSNJ can once again activate the exceptions, which include:

- An early refill program, which enables members to get early refills for maintenance medications (consistent with the member’s benefit plan) and/or encourages members to use the 90-day mail order benefit
- Formulary flexibility to address medication shortages or access issues, which includes waiving additional charges stemming from obtaining a non-Preferred medication due to shortages or access issues

Applied Behavior Analysis (ABA)

As we address the behavioral health needs of our members, we are adhering to all of the federal and state guidance provided for the use of telemedicine and telehealth to support members for ABA during the COVID-19 public health emergency. ABA services delivered through telemedicine are recognized as reimbursable under Horizon BCBSNJ’s commercial and Medicaid plans for at least 90 days after the end of the public health emergency and State of Emergency declared by the Governor in Executive Order 103 of 2020.

- ABA providers must use their clinical judgement about the appropriateness and effectiveness of using telemedicine or telehealth to deliver ABA services during this public health emergency.
- Current ABA service authorizations will continue and include telemedicine and telehealth delivery of services.
- This guidance applies to all ABA CPT and HCPCS codes.

These accommodations and others announced by Horizon BCBSNJ may be extended depending on the duration of the COVID-19 public health emergency as declared by government authorities. If you have questions, please email the Horizon Behavioral Health Network Relations Team at BHNetworkRelations@HorizonBlue.com.

Business Continuity Planning

All licensed New Jersey substance use and mental health treatment programs should follow guidance from the NJ Department of Human Services related to mental health and substance use treatment during the COVID-19 public health emergency.

All programs are expected to have continuity or a contingency plan in place to ensure that essential services, including medication management, are continued during the public health emergency. Please be sure that the referrals and resources you provide to your patients are open and accepting new patients.

Any program closure should be reported to the Horizon Behavioral Health Network Relations Team at BHNetworkRelations@HorizonBlue.com. Please include your contingency plans for managing continuity of services for Horizon BCBSNJ members active in treatment at the time of closing.

Subject to change.
Other Resources

Horizon CareOnline (telemedicine):
Many of our commercial market members have access to Horizon CareOnline, Horizon BCBSNJ’s telemedicine platform. Eligible members can use the Horizon Blue app or sign in to the secure member web portal at HorizonBlue.com to access urgent medical care, 24/7, and behavioral health care by appointment from 7 a.m. to 11 p.m., Eastern Time, through video, or chat.

Online Support/Self-Help:
We encourage the use of moderated online support groups, self-help groups and chats to help our members.

Answers to Frequently Asked Questions

Q1. How can I get the latest information from Horizon BCBSNJ?
A1. All updates and news related to the COVID-19 public health emergency are posted on our websites at HorizonBlue.com/providers and HorizonNJHealth.com/providers.

Q2. Do I collect copays for behavioral health telemedicine and telehealth services?
A2. Horizon BCBSNJ has waived member out-of-pocket costs, including deductibles, copays and coinsurance, for all in-network telemedicine and telehealth services, including behavioral health services delivered by in-network providers. Horizon BCBSNJ will continue to waive member cost sharing for in-network telemedicine and telehealth visits for at least 90 days after the end of the public health emergency and State of Emergency declared by the Governor. This applies to all covered services.

When a Horizon BCBSNJ member has out-of-network benefits, and the member chooses to get care from out-of-network health care professionals, telemedicine and telephone visits are available, but the member is responsible for any difference between the plan allowance and the billed amount.

Practices, providers and facilities should append Modifier CS to procedure codes to indicate that a member’s in-network cost share (copay, deductible or coinsurance) was not collected for services performed during the COVID-19 public health emergency. Modifier CS does not impact claim processing.

These changes apply to Horizon BCBSNJ’s fully insured members, including those covered through Medicaid, Medicare, Individual and Small Group policies. The State Health Benefits Program (SHBP) and the School Employees’ Health Benefits Program (SEHBP) have also agreed to waive cost-sharing for their members for these services.
Q3. **Will Horizon BCBSNJ cover telemedicine and telehealth services to ensure access to care while reducing the opportunities for disease transmission?**

A3. Network and non-network providers may perform services through **telemedicine and telehealth** platforms. Horizon BCBSNJ will cover the cost of office visits performed through **telemedicine and telehealth** at the benefit level under your patients’ plans.

In addition, Horizon BCBSNJ announced some changes to help its members when care is received from in-network doctors.

- For all fully insured, SHBP/SEHP, Medicaid and Medicare members, Horizon BCBSNJ has relaxed its telemedicine and telehealth rules to **so that members can get covered services by phone, chat and video, including common video platforms such as FaceTime and Skype, from in-network and out-of-network health care professionals.** Horizon BCBSNJ will also waive member out-of-pocket costs for covered services, including routine care, therapy or mental health care when provided by an in-network health care professional through **telemedicine and telehealth**.

- Self-insured health plans are responsible for the specific plan designs and may not cover telephone visits.

Cost sharing is waived for in-network telemedicine services for at least 90 days after the end of the public health emergency and State of Emergency declared by the Governor in Executive Order 103 of 2020. Horizon BCBSNJ will evaluate the expansion of coverage that’s now in place for certain services once the public health emergency ends.

When a Horizon BCBSNJ member has out-of-network benefits, and the member chooses to get care from out-of-network health care professionals, telemedicine and telephone visits are available, but the member is responsible for any difference between the plan allowance and the billed amount.

Q4. **What services can I provide through telemedicine and telehealth?**

A4. To help you provide care to your patients, all services that can be performed through **telemedicine and telehealth** platforms are eligible regardless of whether the service is for medical care or behavioral care. Please consult Horizon BCBSNJ’s telemedicine services guidelines:

- Horizon BCBSNJ Policy
- Horizon NJ Health Policy

Furthermore, Horizon BCBSNJ is relaxing **telemedicine and telehealth** rules to allow phone-only visits with providers. Members will incur no out-of-pocket costs for **telemedicine and telehealth** visits, including telephone care, when delivered by an in-network health professional. This change applies to covered services including routine care, therapy or mental health care. This is effective immediately for at least 90 days after the end of the public health emergency and State of Emergency declared by the Governor. This applies to all covered services.

*Subject to change.*
Q5. **How do I submit claims for telemedicine and telehealth?**

A5. Consistent with previous announcements, Horizon BCBSNJ will continue to accept claims for telemedicine and telehealth services billed including but not limited to:

- Routine care
- Therapy
- Mental health and substance use treatment

In accordance with the **Division of Medical Assistance and Health Services (DMAHS) guidelines**, please submit all claims for telemedicine and telehealth services as if the service was provided in the office setting. Please do not submit the telehealth modifiers for audio-only telemedicine services.

- For professional claims billed on the CMS-1500, please submit with the appropriate HCPCS or CPT codes, modifiers 95 or GT and place of service (POS) 02 or 11.
- For facility claims billed on the UB04, please submit with the appropriate revenue code, HCPCS or CPT codes and modifiers 95 or GT.

View a full list of existing and extended codes for COVID-19.

Practices, providers and facilities should append Modifier CS to procedure codes to indicate that a member’s cost share (i.e., copay, deductible or coinsurance) was not collected for services performed during the COVID-19 public health emergency. Modifier CS does not impact claim processing.

This applies to Horizon BCBSNJ and Horizon NJ Health plans.

Q6. **Do I need to use a certain platform or service to provide telemedicine and telehealth? What do I do if I don’t have telemedicine or telehealth capabilities in my practice?**

A6. During the public health emergency, the U.S. Health and Human Services Department has waived HIPAA enforcement of platforms to enable providers to use any reasonable means of communication to work with their patients. However, we encourage the use of secure technology whenever possible.

Q7. **Have documentation requirements changed?**

A7. No. Providers must document all behavioral health services delivered through telemedicine and telehealth in the same manner that they would if the patient was in-person.
Q8. What if my patients don’t have access to the internet or phone, or really need to be monitored in person?

A8. Behavioral health providers may still see individuals in person if medically/clinically necessary. Providers should consult local rules to ensure compliance with social distancing guidelines for staff and patients.

Q9. Are intensive outpatient and/or partial hospitalization programs eligible to provide services via virtual telemedicine and telehealth?

A9. All services that can be performed through telemedicine and telehealth platforms are eligible during this public health emergency and State of Emergency. There may be some instances where the member’s clinical needs and technological capacity suggest that the member may need to be seen in person rather than via telemedicine or telehealth. Please consult Horizon BCBSNJ’s telemedicine services guidelines to determine which services may be performed through telemedicine and telehealth:

- Horizon BCBSNJ Policy
- Horizon NJ Health Policy

Q10. Can ABA services be provided via virtual telemedicine and telehealth?

A10. ABA services delivered through telemedicine and telehealth are recognized as reimbursable under Horizon BCBSNJ’s commercial and Medicaid plans for at least 90 days after the end of the public health emergency and State of Emergency declared by the Governor in Executive Order 103 of 2020.

- ABA providers must use their clinical judgement about the appropriateness and effectiveness of using telemedicine and telehealth to deliver ABA services during this period of national crisis.
- Treatment should be provided using a telemedicine and telehealth platform that is synchronous in nature.
- Providers have the best knowledge of each individual member’s clinical issues and needs and should approach treatment of each member accordingly.
- Current ABA service authorizations will continue and include telemedicine and telehealth delivery of services.
- This guidance applies to all ABA CPT and HCPCS codes.

Subject to change.
Q11. Can out-of-network providers be reimbursed for telemedicine and telehealth services?

A11. Yes, out-of-network providers can be reimbursed for telemedicine and telehealth according to the member’s plan.

Horizon BCBSNJ Commercial Health Plans only

Q12. How do I know whether a member is enrolled in a fully insured plan or an Administrative Services Only (ASO), or self-insured, account?

A12. Members enrolled in an ASO, or self-insured, account have the following message on the back of their member ID care: “Horizon BCBSNJ provides administrative services only and does not assume any financial risk for claims.”

For all members, member ID cards can be viewed on NaviNet. Coverage can also be verified by calling Provider Services at 1-800-624-1110, weekdays, between 8 a.m. and 5 p.m., Eastern Time.

Horizon BCBSNJ may review and audit claims to ensure that services are delivered according to generally accepted guidelines and billed according to CMS standards. Horizon BCBSNJ will pursue appropriate recourse if suspicious or abusive billing practices are identified.