SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.37 TELEMEDICINE/TELEHEALTH

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.bcbsla.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.bcbsla.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

TELEMEDICINE/TELEHEALTH

Coverage is subject to the terms, conditions and limitations of an individual member contract and policy criteria listed below. For the purposes of this policy, the terms telemedicine and telehealth are used interchangeably.

Description

Blue Cross considers telehealth services as the healthcare delivery, diagnosis, consultation, treatment and transfer of medical data using interactive telecommunication technology that enables the network provider and the member at two locations separated by distance to interact via synchronous (real-time) audio or audiovisual telecommunication systems. Telehealth does not include the use of text-only telephone communication, facsimile machine, email, mobile applications and/or any other non-secure electronic communication. Please Note: Synchronous text communication may be acceptable for patients with disabilities.

Telehealth is used to support healthcare when the provider and patient are physically separated. Typically, the patient communicates with the provider via an interactive means that is sufficient to establish the necessary link to the provider who is working at a different location from the patient. This section documents Blue Cross' position on services defined as telehealth and identifies when these services may be eligible for reimbursement.

If you have questions or feedback about Blue Cross' telehealth policies, please contact our Provider Relations Department at provider.relations@bcbsla.com.

Definitions

- Asynchronous Telehealth Services – The transmission of a patient's pre-recorded medical information from an originating site to the provider at a distant site without the patient being present.
- Direct to Consumer (DTC) Telehealth Services – Telehealth services delivered directly between the network provider and patient in their home environment (e.g., residence, work place, personal space, etc.).
- Hybrid Telehealth Encounter – Telehealth service encounter in which a patient is seen both virtually and in-person for the same episode of care. Example scenarios and how to bill for hybrid visits are further defined in this policy.
- Synchronous Telehealth Services – The interaction between patient and provider in different locations in real time, by means of two-way video and audio transmission, usually through an established patient portal.
- Telehealth Services – A mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, self-management of patients, and caregiver support at a distance from healthcare providers approved by us to render telehealth services. Telehealth services give providers the ability to render services when provider and patient are in separate locations.

Policy

Reimbursement for telehealth services may be available when provided through BlueCare (Blue Cross' telehealth platform) or when provided by a network provider utilizing their own telehealth platform, however, the billing rules may be different for each scenario, as discussed in the Coding and Billing section below.

Blue Cross adheres to the rules and regulations outlined by the Louisiana Board of Medical Examiners; specifically, Title 46, Section 7513 regarding telehealth prohibitions. More information is available online - go to www.lsbme.la.gov, choose the "Rules" menu option, then click on "Physicians." Provider types performing telehealth services must ensure the delivery of telehealth is within their respective scope and guidance of their relevant licensing and/or certifying boards.

The appropriate place of service is based on where the member is located when the service is performed except when performing DTC telehealth services (place of service 10 should be used for DTC). For example, if the member is in the inpatient hospital setting when the telehealth service is performed, place of service 21 should be billed. To ensure the appropriate benefits and reimbursement apply, do not bill place of service 02 to Blue Cross for telehealth services. Blue Cross does not consider place of service 02 valid for claims submission. Claims billed with place of service 02 may reject.

1. Reimbursement for telehealth services is limited to services involving the use of interactive audio-video electronic media for the purpose of diagnosis, consultation or treatment, and for those codes as listed in these guidelines.

2. Professional services rendered via an interactive telecommunication system are only eligible for reimbursement to the provider rendering the telehealth services. A provider rendering in-person services at the presentation/origination site should report the appropriate code for the in-person services.

- Telehealth services rendered by provider types not authorized by Blue Cross are not eligible for reimbursement. Blue Cross supports the reimbursement of telehealth delivery in the ambulatory and non-ambulatory settings for the following provider types:

    - Physicians (MD/DO)
    - Midlevel providers (PA/APRN/Midwife)
    - Chiropractors
    - Podiatrists
    - Medical Psychologist
    - Social Worker
    - Psychologist
    - Counselor (LPC)
    - Dietitian/Nutritionist (RD)
    - Occupational Therapist
    - Speech and Language Therapist
    - Physical Therapist

    Telehealth services (codes, POS and modifiers) are further defined in this policy based on scope of practice, acceptable modes of delivery (ex. audio only) and place of service and modifiers.

All provider types performing telehealth services must ensure the delivery of telehealth is within their respective scope and guidance of their relevant licensing and/or certifying boards. Telehealth services that are not within the scope of the provider's license or fail to meet any standard of care compared to an in-person visit are not eligible for reimbursement. Providers must follow the Health and Human Services Office of Civil Rights (OCR) recommendations regarding security and HIPAA compliant telehealth platforms.

3. The following are examples of services that are not eligible for reimbursement as telehealth services:
   - Non-direct patient services (e.g., coordination of care rendered before or after patient interaction).
   - Services rendered by text-only telephone communication, facsimile, email, mobile applications and/or any other non-secure electronic communication. Please Note: Synchronous text communication may be acceptable for patients with disabilities.
   - In many cases, telehealth is not separately billable during the same episode of care that an in-person service is provided.
   - Triage to assess the appropriate place of service and/or appropriate provider type.
   - Any services that are not eligible for separate reimbursement when rendered to the patient in-person. Examples include routine medication refills, routine follow up calls solely for the delivery of test results, or incidental to a recent patient encounter.
   - Patient communications incidental to E&M, counseling or medical services covered by the member's policy.
   - Presentation/origination site facility fee.
   - Services/codes that are not specifically listed in this section.
4. CPT documentation requirements state that the extent of any E&M services provided over the telehealth technology includes problem-focused history and straightforward medical decision-making, as defined by the current version of the CPT manual.
5. The telehealth encounter must be fully documented (including all supporting diagnosis codes) in the patient's medical record, just as if the patient were seen in person.
   - For new patients, the provider must establish a medical history.
   - For existing patients, the provider must maintain and update the member's medical history.
   - If the attending provider is not the patient's primary care provider (PCP), the patient's medical records should be made available to the patient's PCP.
   - The encounter satisfies the elements of the patient-provider relationship, as determined by the relevant healthcare regulatory board of the state where the patient is physically located.
   - The provider must document any deviation from standard of care delivered in an in-person encounter along with actions taken to fulfill gaps resulting from virtual delivery.

6. The attending provider must be licensed to practice in the state where the member is located.
7. The attending provider must be able to prescribe medication, as applicable, or have staff on hand that can prescribe medication in the state where the member is located.
8. Use the most specific diagnosis codes(s) when filing the claim.
9. Prescribing controlled substances during a telehealth encounter is prohibited unless the patient has had one in-person visit in the last year; the prescription is for a legitimate medical purpose; conforms with standards of care; and is permitted by state and federal laws and regulations as well as Blue Cross policy on medication prescribing (e.g., opioids policy).
10. Reimbursement for telehealth services are based on each performing provider's agreed-upon Allowable Charge and the member's applicable benefits.
11. Providers must obtain verbal or written consent to treat from patients. It is acceptable to use an electronic confirmation noted in the patient medical record for each billing cycle.

Direct to Consumer (DTC) Telehealth Coding and Billing

Reimbursement for telehealth services may be available when provided by a Blue Cross provider utilizing their own telehealth platform/technology. These DTC telehealth coding and billing guidelines do not apply to physician telehealth consultation/services rendered in a facility setting. Authorizations are required for some services per the member's benefits. Use iLinkBlue to verify member benefits to determine if services require an authorization or that the member has telehealth benefits.

Those providers providing DTC telehealth services utilizing their own telehealth platform/technology, the CPT/HCPCS codes listed in this section must include Modifier GT or 95 (whichever is appropriate) to indicate a telehealth encounter was performed using real-time audiovisual technology. For audio-only telehealth services, CPT/HCPCS codes must include Modifier 93. Use place of service 10 for all DTC telehealth services.

The following codes are included in the program and are reimbursable only if they are services within the scope of an individual provider's license.

Category	Code
Office & Outpatient Visits (E&M)	99201-99205, 99211-99215
Wellness & Preventive E&M	99381-99387, 99391-99397
Behavioral Health	90785, 90791-90792, 90832-90834, 90836-90840, 90845-90847, 96156, 96158, 96160-96161
Applied Behavioral Analysis (ABA)	97151*, 97152*, 97153*, 97154*, 97155*, 97156*, 97157*, 97158*
Physical Therapy, Occupational Therapy and Speech Therapy	92507, 92521, 92522, 92523-92524, 92526, 92610, 96105, 97110*, 97112*, 97116*, 97161*, 97162*, 97164*, 97165*, 97166*, 97168*, 97530*, 97535*
Preventive Medicine Counseling	99401-99404
Transitional Care Management	99495, 99496
Diabetes Management	G0108-G0109
Dietary & Nutritional Therapy	97802-97804, G0270-G0271
Obesity Counseling	G0447
Alcohol & Substance Abuse Screening	99408, 99409, G0442, G0443
Smoking Cessation & Tobacco Counseling	99406-99407
Sexually Transmitted Infections & High-intensity Behavioral Counseling	G0445

Codes listed above with an asterisk (*) may be billed as audiovisual telehealth services only. All other listed codes can be billed as audiovisual or audio-only telehealth services. DTC telehealth claims billed with codes that are not specifically listed above are not eligible for reimbursement as telehealth services and may not be billed to the member.

Audio-only Telehealth

Audio-only telehealth visits can only be used if both of the following criteria is met and fully documented by the provider in the patient's medical record:

- Member is unable to connect via audio-video transmission due to lack of access to adequate technology (e.g., Wi-Fi, smart device, etc.); AND
- Provider can achieve the same quality of care as an audio-video telehealth visit.

Asynchronous Telehealth – Remote Evaluation of Pre-recorded Patient Information

Reimbursement for asynchronous telehealth services is only available for established patients, through a face-to-face examination (either in person or via virtual care). Store forward or asynchronous telehealth services between an established patient and their provider may take place when an established patient sends pre-recorded video or images to a provider via platforms compliant with OCR recommendations regarding HIPAA compliant communication at the provider's request, or when the data is transferred between two Providers on the patient's behalf.

Asynchronous telehealth services must be filed with HCPCS code G2010 and meet the following criteria, and may be filed with Modifier GT or 95:

1. Must not be part of a bundled payment option.
2. The service does not originate from a related E&M service provided within the previous seven days.
3. The service does not lead to an E&M service or procedure within the next 24 hours or soonest available appointment.

Asynchronous telehealth service can be provided as a follow up within 24 hours. Follow up is acceptable when administered via HIPAA-compliant communication.

Hybrid Telehealth

Hybrid telehealth visits include both a telehealth visit and an in-person visit to complete the entire episode of care. The visits may occur on the same day or within a few days period. This includes the following scenarios:

1. A telehealth encounter that converts to an in-person E&M visit.
    - The telehealth encounter is finished with an in-person visit (e.g., hospital, doctor's office) to complete the examination, medical decision making or treatment plan. In this scenario, the telehealth encounter does NOT meet the criteria as a stand-alone patient encounter and must convert to in-person encounter.
    - Bill using the most appropriate CPT E&M code that describes all the visits as a single encounter.

- Bill the encounter as taking place in the in-person setting. Use the appropriate place of service for the in-person visit.
- Do NOT bill with Modifier GT or 95.

2. A telehealth encounter with an additional non-E&M in-person service.
   - After the telehealth visit is completed, the patient visits the provider's office or other setting to obtain a non-E&M service or test (e.g., EKG, labs, X-ray, etc.). In this scenario, the provider bills for the telehealth visit and the in-person portion.
   - Bill the telehealth encounter using the most appropriate CPT E&M code.
   - Bill the telehealth encounter with Modifier GT or 95.
   - Bill the non-E&M services or tests with the appropriate CPT code(s) and place of service code.