

# SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

## of the Professional Provider Office Manual

### 5.37 TELEMEDICINE/TELEHEALTH

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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](http://www.BCBSLA.com/ilinkblue)), our online self-service provider tool. Additional provider resources are available on our Provider page at [www.BCBSLA.com/providers](http://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.

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## 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 defines 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 two-way video and audio transmission simultaneously. Telehealth does not include the use of audio-only telephone, facsimile machine or email. However, during the novel coronavirus (COVID-19) national emergency, there are temporary telehealth provisions for audio-only telephone service encounters. Providers can access these and other temporary telehealth provisions online at our COVID-19 Provider Resources page ([www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), then click link at top of page).

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](mailto: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.).
- 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](http://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. Typically, the "office" setting place of service 11 is used for DTC telehealth.

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.
3. Telehealth services rendered by provider types not authorized by Blue Cross are not eligible for reimbursement. Listed below are some of the provider types excluded from reimbursement of telehealth services (this is not an all inclusive list):
  - Certified Nurse Assistants
  - Licensed Perfusionists
  - Licensed Radiology Technicians
  - Licensed Clinical Laboratory Scientists

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. Encounters supported by technology that is not HIPAA-compliant are not eligible for reimbursement.

4. Telehealth service exclusions include telephone\* conversations, email messages or instant messages between provider and patient, and any services not suitable for the setting in which the services are provided. **Please Note:** For exceptions to this, refer to the asynchronous telehealth services section of these guidelines.
5. 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 audio-only\* or text-only telephone communication, facsimile, email, mobile applications and/or any other non-secure electronic communication.
  - Online medical evaluations occurring more than once within seven days for the same episode of care, and rendered by the same provider.
  - Telehealth that occurs the same day as a face-to-face visit, when performed by the same provider and for the same condition.
  - 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.
  - 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.
6. 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.
7. 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
8. The attending provider must be licensed to practice in the state where the member is located.

\*For exceptions to audio-only telephone encounter exclusions, refer to the temporary telehealth provisions on our COVID-19 Provider Resources page.

9. 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.
10. Use the most specific diagnosis codes(s) when filing the claim.
11. Prescribing controlled substances during a telehealth encounter is prohibited unless they have had an in-person examination of patient prior to a telehealth encounter. Provider must also ensure the prescribing of controlled substances through telehealth is within the respective scope and guidance of their relevant licensing and/or certifying boards as well as Blue Cross policy on medications (e.g., opioids policy).
12. Reimbursement for telehealth services are based on each performing provider's agreed-upon Allowable Charge and the member's applicable benefits.

### 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 outside of the home environment. 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 in real-time.

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.

<b>Evaluation and Management (E&amp;M):</b>				
99202	99203*	99204*	99205*	99211
99212	99213*	99214*	99215*	99495
99496				
<b>Dietary and Medical Nutritional Therapy:</b>				
97802	97803	97804	G0270	G0271
<b>Behavioral Health:</b>				
90785	90791	90792	90832	90833
90834	90836	90837	90838	90839
90840	90845	90846	90847	96150
96151	96152	96153	96154	96160
96161	G0444	G0446		
<b>Alcohol Misuse and Counseling:</b>				
G0442	G0443			

<b>Smoking Cessation and Tobacco Counseling:</b>		
99406	99407	G0436
<b>Sexually Transmitted Infection (STI) &amp; High Intensity Behavioral Counseling (HIBC) Screening and Prevention Counseling:</b>		
G0445		
<b>Obesity:</b>		
G0447		
<b>Diabetes Mellitus (DM) Self-Management Training:</b>		
G0108	G0109	
<b>Asynchronous Telehealth</b>		
G2010		

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.

\*These telehealth codes may only be used when the patient presents using expanded assessment capabilities (including such things as remote patient monitoring to assess vital signs, oscillation and/or visualize the patient). The provider must document use of enhanced delivery methods to satisfy advanced coding/level of visit via telehealth.

### 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 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.

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.