Payment Policy | Telemedicine/Telephone Services for Commercial Products

EFFECTIVE DATE: 01|01|2021
POLICY LAST UPDATED: 01|19|2021

OVERVIEW

Telemedicine is a broad term used to describe an array of electronic communications between medical personnel and patients at different locations. It can also be referred to as telehealth. For purposes of this payment policy, "telemedicine services" shall mean healthcare services delivered by means of real time, two-way electronic audiovisual communications, which facilitate the assessment, diagnosis, treatment, and care management of a patient's health care while such patient is at an originating site and the health-care provider is at a distant site, consistent with applicable state and federal laws and regulations.

Telephone services are healthcare services delivered by way of audio only communication between a health-care provider at a distant site and the patient during a real-time or synchronous audio communication only.

While many healthcare services may be performed as telemedicine services, BCBSRI's has determined that the services outline in this policy are medically appropriate to either be provided via telemedicine or telephone only. This policy is intended to define BCBSRI payment policies and criteria for reimbursement for telemedicine and telephone only services.

This policy is applicable to Commercial Products. See related policies for telemedicine services for Medicare Advantage Plans.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Commercials Products

Telemedicine/Telephone services are covered when all the following criteria are met:

1. The patient is present at the time of service.
2. Services must be equivalent or similar to in-person services with a patient.
3. Services must be medically necessary and otherwise covered under the member's benefit booklet or Subscriber Agreement.
4. Services must be within the provider's scope of license.
5. The extent of any evaluation and management services (E&M) provided via telemedicine/Telephone technology is an appropriate substitute for a face-to-face encounter for the service that is being rendered.
6. A permanent record of telemedicine or telephone communications relevant to the ongoing medical care and follow-up of the patient must be maintained as part of the patient's medical record, following all medical record documentation and coding requirements.
7. **For telemedicine (real time, two-way electronic audiovisual communications) services only**. Services must comply with the non-public electronic communication requirements defined by CMS and/or as otherwise designated by the State of Rhode Island, which involves both audio and video components.
8. Only the provider rendering the services via telemedicine or telephone may submit for reimbursement for services.

9. Telemedicine/Telephone services (as outlined in this Policy) are limited to the following provider types:
    - Adult Intensive Services (AIS)
    - Applied Behavior Analysis (ABA)
    - Child and Family Intensive Services (CFIT)
    - Clinical nurse specialist
    - Clinical social worker
    - Emergency Medicine - ***Telemedicine services only***
    - Hospital Clinic visits
    - Intensive Outpatient Program (IOP)
    - International Board-Certified Lactation Consultant (RLC)
    - Licensed Behavior Analyst
    - Licensed Marriage and Family Therapist
    - Licensed Mental Health Counselor
    - Nurse Midwife
    - Nurse practitioner
    - Partial Hospitalization (PHP)
    - Physical/Occupational/Speech Therapist - ***Telemedicine services only***
    - Physician assistant
    - Physicians
    - Psychiatrist
    - Psychologist
    - Registered dietician
    - Urgent Care – ***Telemedicine services only***

Preventive Medicine Evaluation and Management Visits
BCBSRI will reimburse Preventive Medicine Evaluation and Management Visits encounters provided via telemedicine ONLY.

BCBSRI will allow the components of the Preventive Medicine E&M to be conducted on two (2) separate dates of service.

Claims submitted for reimbursement must meet the following guidelines:

1. The first portion/part of the patient encounter would be to perform the Preventive Medicine E&M portion of the exam that are clinically appropriate to be performed by telemedicine. The encounter must be documented by the appropriate procedure code for the Preventive E&M e.g. 99382, 99395 that the provider would report if the service was provided in the office. This portion/part of the encounter should be reported on the date of service the telemedicine service takes place. Claims must be filed with **Place of Service (POS) 02 and Modifier 95** (see coding grid) to indicate that this part of the service was rendered as a telemedicine 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 E&M e.g. digital rectal or breast exam, provide immunizations, etc. e.g. 90471. Only those services that are provided on the second date of service that are separate from the Preventive Medicine E&M exam should be billed/reported on the second date of service. The main procedure code for the Preventative E&M e.g. 99395 would NOT be reported on the second date of service as it was already reported on the initial date of service. Claims must be filed with **Place of Service 11** (Office) or another appropriate POS where the exam takes place.
3. For clarity purposes, the claim filed for the Preventive Medicine E&M with the appropriate CPT/HCPCS code **MUST** be submitted only **ONCE** on the initial date of service the telemedicine encounter occurs.

4. The provider must ensure they file **ALL** applicable CPT codes for health assessments and/or screenings that take place for each encounter. There is no change for reporting/coding of orders furnished by the provider for additional testing such as for laboratory tests, radiology etc.
5. There is no change in the reporting of Category I or Category II codes needed to meet HEDIS requirement and/or BCBSRI's quality program as the result of this policy.
6. The documentation in the members' medical record **MUST** reflect both encounters. The progress note for the face-to-face encounter **MUST** indicate/reference the date of the initial telemedicine encounter, and it should be tied to the initial encounter in the patient record/EMR for future review by BCBSRI.
7. BCBSRI will consider reimbursement for a separate sick E&M service e.g. 99212 on the date of service the face-to-face portion of the Preventive Medicine E&M takes place, if the patient raises a separate health concern which would not normally be addressed during a Preventative Medicine E&M (e.g. incidental complaints by the patient) for which **a separate encounter would normally be billed**. Documentation requirements for the separately identifiable sick E&M Service are expected to meet all typical documentation requirements for a separate encounter. The members standard cost share/benefit for a sick visit would apply to the separately identifiable and billed E&M visit.

NOTE: BCBSRI reserves the right to audit medical records as well as administrative records related to adherence to all the requirements of this policy, e.g. to verify the nature of the services provided, the medical necessity and clinical appropriateness to provide such service via telemedicine and/or telephone as well the appropriateness of the level of evaluation and management coding. Documentation must contain the details of the provider-patient encounter.

Excluded Provider Types
BCBSRI has determined that it is not medically appropriate or reasonable for the following provider types to provide any Telephone and/or Telemedicine services:

- Acupuncture
- Ambulance service
- Ambulatory surgical facility
- Audiologist
- Certified registered nurse first assist
- Chiropractors
- Durable medical equipment supplier
- Dental specialties
- General hospital
- Home infusion
- Laboratory
- Pathology
- Pharmacy
- Public health/welfare agency/immunization providers
- Psychiatric hospital
- Skilled nursing facility
- Radiologists
- Renal/Dialysis facility
- Retail based clinic
- Rehabilitation hospital

The following services are excluded from reimbursement:

- Services rendered by non-public electronic communication (that are not allowed for telephone only as outlined in this Policy) e.g. telemedicine provided through the following public facing video communication applications (Note: This is not an all-inclusive list):

    - o Facebook Live
    - o Twitch
    - o TikTok
- The technical and overhead component of the facility fee associated with telemedicine/telephone services. Note: These costs are included in the maximum allowable benefit paid to the professional provider for professional telemedicine/telephone services and are not separately billed or reimbursed.
- Any services rendered over the telephone (audio-only) that are not specially allowed under this Policy.
- Any services rendered by email or by fax or other means not identified in this Policy.
- Telemedicine/Telephone services that occurs the same day as a face-to-face visit, when performed by the same provider and for the same condition.
- Services that consist of triage solely when a separately identifiable evaluation and management service doesn't occur to assess the appropriate place of service and/or appropriate provider type for a patient to seek and/or receive services.
- Patient communications incidental to E&M services, including, but not limited to: reporting of test results (including COVID-19), or provision of educational materials or contacting a patient in follow-up to a prior in-office, telephone or telemedicine visit for a "check in" where a separately identifiable evaluation and management service does not take place.
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.
- Any telemedicine or telephonic encounter conducted by office staff, RNs, LPNs, etc.
- Any proactive outreach to members who are not in active care by the provider for an acute or chronic condition that requires the intervention of the provider to limit or eliminate the exacerbation of a condition.

NOTE: BCBSRI reserves the right to audit medical records as well as administrative records related to adherence to all the of this policy, e.g. to verify the nature of the services provided, the medical necessity and clinical appropriateness to provide such service via telemedicine and/or telephone as well the appropriateness of the level of evaluation and management coding. Documentation must contain the details of the provider-patient encounter. Special focus will be placed on a review to determine that a claim is not billed at a higher-level Evaluation & Management code/service when a lower level code/service is warranted. For Evaluation & Management services which are coded based on time only, BCBSRI specifically requires the time spent during the visit be clearly documented in the medical record to substantiate the E & M code billed for that service.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, or Subscriber Agreement for applicable telemedicine/telephone services benefits/coverage.

Please note cost share can vary depending on whether the service is obtained from BCBSRI's designated web-based telemedicine service provider or a BCBSRI or BlueCard network provider.

If a BCBSRI member is receiving services from a provider outside of BCBSRI's network e.g. a BlueCard network provider in another state, the codes and service limitations in this policy do not apply.

REIMBURSEMENT

BCBSRI will reimburse telemedicine or telephone only services/encounters at 100% of the in-office allowable amount for any clinically appropriate, medically necessary covered health service.

Services performed by Advanced Practitioners will be reimbursed at a reduced proportion of the physician fee schedule as is the practice for in-office services.

BCBSRI Cost Share Waiver for In-Network Primary Care (including Advance Practice) and Behavioral Health Providers (Limited to MD's and Clinical Nurse Specialists)

The following codes: **99211 and 99212** are covered with no member cost share, when filed when filed by a BCBSRI or BlueCard participating provider with **place of service 02** and the telemedicine criteria set forth in this policy are met. As a result, providers should NOT collect cost share for these codes/services.

BCBSRI will waive member cost share (e.g. co-pays and/or deductibles and co-insurance) for BCBSRI members for telemedicine and/or telephone only services. *This waiver of cost share does not apply to BlueCard HOST members/those members of other Blue Cross Blue Shield Plans nationally and BCBSRI employer groups who have opted out of cost share waiver or services by out of network providers.*

Note: Any claim not filed with the code/modifier combination listed above will apply a cost share as BCBSRI will NOT be able to identify it as a telemedicine/telephone service that should waive cost share.

BACKGROUND

Formally defined, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, smart phones, wireless tools, and other forms of audio-visual telecommunications technology.

Starting out over 40 years ago with demonstrations of hospitals extending care to patients in remote areas, the use of telemedicine has spread rapidly and is now becoming integrated into the ongoing operations of hospitals, specialty departments, home health agencies, private physician offices, as well as consumers' homes and workplaces.

Telemedicine is not a separate medical specialty. Telemedicine can be provided by an array of physicians and other medical personnel including many different specialists. It is used as a tool to provide better access to patients where a physician may not be available due to such reasons as distance, wait for an appointment, or lack of geographic specialty access.

In 2016, the Rhode Island General Assembly enacted the Telemedicine Coverage Act, requiring health insurers to cover telemedicine services in all plans with effective dates of January 1, 2018 or later. Reference **§ 27-81-1 Title.** This act shall be known as, and may be cited as, the "Telemedicine Coverage Act".

CODING

Commercials Products

The codes in the attached grid are covered as telemedicine and/or telephone services when filed as noted AND the telemedicine criteria set forth in this policy are met.

To ensure correct claims processing:

Claims for **telemedicine services** must be filed with both of the following:

- **Place of Service (POS) 02:** Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology **AND**
- **Modifier 95:** Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Claims for **telephone only** services must only be filed with:

- **Place of Service (POS) 02:** Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology

Note: Any claim filed with a CPT code NOT listed on the attached grid with place of service 02 and/or Modifier 95 will deny as invalid place of service as a provider liability.

For Telephone/Telemedicine codes covered for Commercial Products see below:
2021 Covered Telephone and Telemedicine Codes

RELATED POLICIES
Telemedicine Services Medicare Advantage Plans

PUBLISHED
Provider Update, December 2020
Provider Update, May 2020
Provider Update, January 2019
Provider Update, February 2018
Provider Update, December 2017

REFERENCES
Rhode Island General Laws The Telemedicine Coverage Act
http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-81/INDEX.HTM