

In the event of a conflict between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. Plan documents include but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents.

In the event of a conflict between a Clinical Payment and Coding Policy and any provider contract pursuant to which a provider participates in and/or provides services to eligible member(s) and/or plans, the provider contract will govern.

## **Telemedicine and Telehealth Services**

**Policy Number: TXCPCP01**

**Version 1.0**

**BCBSTX Approval Date: 3/29/18**

**Effective Date: 04/04/2018 (Blue Cross and Blue Shield of Texas)**

### **Description**

Providers are responsible for accurately, completely, and legibly documenting services performed. The billing office is expected to submit claims for services rendered using valid codes from Health Insurance Portability and Accountability Act (HIPAA) - approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: UB Editor, (American Medical Association (AMA), Current Procedural Terminology (CPT), CPT Assistant, Healthcare Common Procedure Coding System (HCPCS), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (CCI) Policy Manual, CCI table edits and other CMS guidelines. Claims are subject to the code auditing protocol for procedures/services billed.

Physicians and health professionals who practice in Texas have the option to provide telemedicine and telehealth services to their patients to strengthen provider/patient relationships and encourage continuity of care with the same provider. Pursuant to Texas Insurance Code Chapter 1455, Telemedicine and Telehealth services and procedures are covered for certain insured PPO and HMO plans (other than small group plans and consumer choice plans) when rendered by a network provider. Medical policies, member benefits, and eligibility are determining factors in reimbursement. Blue Cross and Blue Shield of Texas network physicians and healthcare professionals can provide telehealth services to their BCBSTX patients subject to their applicable contract(s) with BCBSTX.

The purpose of the Telemedicine and Telehealth Services policy is to provide guidance on payment and coding for services that are provided to a patient by a network healthcare provider, not at the same physical location. These services can be performed through various interactive telecommunication or information technology devices.

**"Telemedicine medical service"** means a health care service delivered by a physician licensed in Texas, or a health professional acting under the delegation and supervision of a physician licensed in Texas, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

**"Telehealth service"** means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

### **Communication Services:**

Interactive electronic telecommunications equipment includes, audio and video equipment permitting two-way, or live video interactive communication between the patient and physician or practitioner.

Live video, two-way interaction (**Synchronous**)- Live interaction between the patient and the qualifying healthcare professional using audiovisual telecommunication technology.

Store and Forward (**Asynchronous telecommunication**) - technology that stores and transmits or grants access to a person's clinical information for review by a health professional at a different physical location than the person.

**Texas Occupations Code Section 111.004, provides that the Texas Medical Board may adopt rules related to telemedicine medical services and telehealth services to:**

- Ensure that patients using telemedicine medical services receive appropriate, quality care;
- Prevent abuse and fraud in the use of telemedicine medical services, including rules relating to the filing of claims and records required to be maintained in connection with telemedicine medical services;
- Ensure adequate supervision of health professionals who are not physicians and who provide telemedicine medical services; and
- Establish the maximum number of health professionals who are not physicians that a physician may supervise through a telemedicine medical service

### **Location Guideline**

**Originating sites** are defined as a location where the patient received a telehealth service by a qualifying healthcare professional. Originating sites can include but are not limited to the following:

- ✓ The offices of physicians or practitioners
- ✓ Hospitals
- ✓ Critical Access Hospitals (CAH)
- ✓ Rural Health Clinics
- ✓ Federally Qualified Health Centers

- ✓ Hospital based or CAH based Renal Dialysis Centers (including satellites)- Independent Renal Dialysis Facilities are not eligible
- ✓ Skilled Nursing Facilities (SNF)
- ✓ Community Mental Health Centers (CMHC)
- ✓ The patient's residence

## Reimbursement Information:

For insured plans subject to Texas Insurance Code Chapter 1455, a covered service or procedure provided to a member by an in-network healthcare professional cannot be excluded from coverage solely because it was not provided through an in-person consultation. The patient's plan may require a copayment, coinsurance or deductible for telemedicine or telehealth covered services/procedures provided by a healthcare professional. The amount of the copayment, coinsurance or deductible cannot exceed the amount that would be provided through an in-person consultation. The following requirements must be met for reimbursement unless otherwise agreed upon:

- The network healthcare professional must maintain complete and accurate medical records determined by the Texas Administrative Code
- Ensure adequate measures are implemented for patient communications, recordings and patient's records are protected consistent with Federal and State privacy laws
- Qualified physicians providing telemedicine services must possess a full Texas medical license when treating residents of Texas

Telemedicine may only be reimbursed when using the communication services described within this policy and the qualifying healthcare professional followed the standard of care requirements.

### Billing/Coding

**Place of Service Code 02- Telehealth services must be billed with the place of service code 02**

**Modifiers GQ and 95 are used to describe the technology that was used during the telehealth service. One of these modifiers must accompany the HCPCS or CPT code when the claim is submitted.**

- **Modifier GQ:** Via an asynchronous telecommunications system
- **Modifier 95:** Via a synchronous interactive audio and video telecommunications system

Modifier 95 is applicable to the codes listed in the CPT® codebook. Check your most current CPT® codebook for the appendix on **CPT Codes That May Be Used for Synchronous Telemedicine Services**. In addition, codes that are appropriate for use with modifier 95 are indicated with a star (★) throughout the codebook.

### Not Covered

- Telemedicine cannot be used to treat chronic pain with scheduled drugs.
- BCBSTX will not reimburse providers for patient education materials.

- BCBSTX is not required to provide coverage for a telemedicine or telehealth service that is provided by only a synchronous or asynchronous audio interaction including the following:
  - Text only email message
  - a fax transmission
  - an audio-only telephone consultation

For additional reimbursement information on telehealth or telemedicine services or procedures please contact your [Network Management Office](#).

**References:**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/>

<http://www.statutes.legis.state.tx.us/Docs/IN/htm/IN.1455.htm>

<http://www.legis.state.tx.us/tlodocs/85R/billtext/html/SB01107F.HTM>

**Policy Update History:**

Approval Date	Description
3/29/18	New policy