



**BlueCross BlueShield  
of Alabama**

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**Name of Policy:**

**Telemedicine**

Effective Date: December 2015

Last Updated: **November 2018**

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**Telemedicine**

Telemedicine provides medical care to patients by utilizing an eligible referring provider site (originating site) and an eligible consulting provider site (distant site) via two-way, real-time (synchronous), interactive, secured and HIPAA compliant, electronic audio and video telecommunications systems. The use of these interactive telecommunication devices, together with the input of the intervening healthcare provider, is sufficient to provide the same information to the practitioner diagnosing or treating patients as if their examinations had been conducted in-person.

**Services eligible for coverage when delivered via an appropriately secure telecommunications system**

Services are eligible for claim processing if the service can be appropriately performed using approved telemedicine processes and equipment and meets policy and member benefit criteria. As a condition of payment, providers must use an interactive audio and video telecommunications system that permits real-time communication between the consulting provider at the distant site, and the beneficiary at the originating site. Both distant and originating site providers must attest to meeting all BCBSAL telemedicine criteria.

**Requirements**

- The consultation must take place via a secure and HIPAA compliant interactive audio and video telecommunications system. Interactive telecommunications systems must be multi-media communication that, at a minimum, include audio and video equipment permitting real-time consultation among the patient, consulting practitioner, and referring practitioner (as appropriate).
- The patient and an intervening healthcare provider must be present when a remote practitioner provides a consultation.
- The medical examination of the patient must be under the control of the consulting practitioner.
- All services provided must be medically appropriate and necessary.

- Services rendered via an interactive telecommunication system must be provided by a healthcare provider who is licensed, registered or otherwise authorized to engage in his or her healthcare profession in the state where the patient is located.
- Only a licensed healthcare provider who has completed specialized training appropriate to the condition of referral may provide consulting care via telemedicine.
- Appropriate consent is obtained and includes all of the information that applies to routine office visits, as well as a description of the potential risks, consequences and benefits of telemedicine.
- A permanent record of online communications relevant to the ongoing medical care of the patient should be maintained as part of the patient's medical record by the provider performing the services.

### **Services not considered appropriate for telemedicine**

- Facsimile transmission
- Telephone conversations
- Email messages
- Video cell phone interactions
- Internet based audio-video communication that is not secure or HIPAA compliant (e.g., Skype, FaceTime)
- Installation or maintenance of any telecommunication devices or systems
- Software or other applications for management of acute or chronic disease
- Provider-to-provider consultations when the member is not present
- Appointment scheduling
- Refilling or renewing existing prescriptions without substantial change in clinical situation
- Scheduling diagnostic tests
- Reporting normal test results
- Updating patient information
- Providing educational materials
- Brief follow-up of a medical procedure to confirm stability of the patient's condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up
- Brief discussion to confirm stability of the patient's chronic condition without change in current treatment
- When information is exchanged and further evaluation is required such that the patient is subsequently advised to seek face-to-face care within 48 hours
- A service that would similarly not be charged for during a regular office visit
- Reminders of scheduled office visits
- Requests for a referral

- Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
- Clarification of simple instructions

The list above is not an exhaustive list of services not appropriate for telemedicine but rather consists of a subset of common examples.

**Credentialing/Eligibility**

**Originating Site Provider**

All approved telemedicine originating site providers are/will:

- Meet all telemedicine credentialing, equipment and personnel standards as defined by Blue Cross and Blue Shield of Alabama
- Enrolled as an originating site provider with Blue Cross
- Utilize only approved Blue Cross network providers as distant site practitioners

**Distant Site Practitioners**

All licensed independent practitioners who are responsible for Blue Cross member care, treatment and services via telemedicine link are/will:

- Members in good standing in the Blue Cross network
- Credentialed and approved to provide telemedicine services by Blue Cross
- Sign a Blue Cross Telemedicine Attestation if applicable

**Billing/Reimbursement**

Inclusion of a procedure code and/or modifier in this section does not guarantee reimbursement. Professional services rendered via an interactive telecommunication system from the distant site are only eligible for reimbursement for the provider rendering the telemedicine services. Reimbursement to the provider rendering the telemedicine services from the distant site is the same as equal to the current fee schedule amount for the services provided. A provider rendering in-person services at the originating site should report the appropriate code for the in-person services. All services are subject to a member’s contract benefits, deductibles and copayments when applicable.

To address the administrative burden associated with the coordination and implementation of a live audio/video telemedicine consultation, the originating site may bill HCPCS code Q3014 for each encounter.

If a provider from the originating site performs a separately identifiable service for the member on the same day as telemedicine, both services are eligible for reimbursement with the proper use of modifier 25. Documentation for both services must be clearly and separately identified in the member’s medical record.

The following office visit CPT codes are appropriate for use at the distant site by the specialist:

Consultations	99241-99245 (office/outpatient)
	99251-99255 (inpatient)
New patient office visit	99201-99205
Established patient office visit	99211-99215
Initial or subsequent hospital care	99221-99236

Psychiatric consultation	90785, 90832-90838, 90863
Ultrasound for MFM only	76801-76828, 76830, 93325
Annual Wellness Visits (AWV)	G0402, G0438 and G0439 (Place of Service 31 or 32 only)

The following modifiers must be used in conjunction with the distant site billing codes to annotate these encounters are live video telemedicine consultations. By coding and billing the “GT” modifier with a covered telemedicine procedure code, the provider at the distant site is certifying that the member was present at the originating site when the telemedicine service was furnished.

**Prior to January 1, 2017:**

GT via interactive audio and video telecommunications systems

**Effective January 1, 2017:**

Modifier “95” or the “GT” modifier may be used.

95 synchronous telemedicine service rendered via a real-time audio and video telecommunications system

GT synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system

CPT	Current Procedural Terminology, CPT codes, descriptions and data copyright ©2016 American Medical Association
EICU	Electronic Intensive Care Unit
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
MFM	Maternal-Fetal Monitoring