TELEHEALTH

File Name: telehealth_MA
Origination: 12/2022
Last Review: 11/2023
Next Review: 12/2023

Description

Telehealth is a potentially useful tool that, if employed appropriately, can provide important benefits to patients, including: increased access to health care, expanded utilization of specialty expertise, rapid availability of patient records, and the reduced cost of patient care.

Centers for Medicare and Medicaid Services (CMS) promotes telemedicine as beneficial and useful to improve primary and preventative care to Medicare beneficiaries who live in underserved and rural areas. CMS states that telemedicine provides remote access for face-to-face services such as consultations, office visits, preventative care, and mental health services. Telemedicine, the use of telecommunications technology to deliver medical diagnostic, monitoring, and therapeutic services when health care users and providers are geographically separated, offers great promise for reducing access barriers for chronically ill Medicare beneficiaries.

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

Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) will provide reimbursement for Telehealth services according to the criteria outlined in this policy.

Reimbursement Guidelines

Blue Cross NC follows CMS guidance for telehealth billing and reimbursement, unless otherwise stated.

All codes on the CMS covered telehealth list will be eligible for reimbursement, including the expanded code list in effect during the public health emergency (PHE).

When a hospital provides telehealth services to a registered outpatient, only HCPCS code Q3014, representing the originating site facility fee is eligible for reimbursement.

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see www.bcbsnc.com.

Modifier usage and place of service (POS) requirements will follow CMS instructions:

"During the PHE providers are allowed to submit the POS had the service been performed face to face. Modifier 95 would then be added to indicate the service was telehealth. Alternatively, providers are allowed to submit with a telehealth POS 02 or 10."

POS Code / Modifier	Description
POS 02	Telehealth Provided Other than in Patient's Home
POS 10	Telehealth Provided in Patient's Home
Modifier 95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Related policy

n/a

References

CMS Covered Telehealth Services PHE
https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes

CMS Provider Toolkit Reference
https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf

Billing and coding Medicare Fee-for-Service claims

https://telehealth.hhs.gov/providers/billing-and-reimbursement/billing-and-coding-medicare-fee-for-service-claims/

History

12/31/2022	New policy developed. Medical Director approved. (cjw)
11/1/2023	Removed language regarding codes 99381-99397. Medical Director approved. **Notification on 11/1/2023 for effective date 1/1/2024.** (tlc)

Application

These reimbursement requirements apply to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services.

This policy relates only to the services or supplies described herein. Please refer to the Member's Evidence of Coverage (EOC) for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.