

Corporate Reimbursement Policy

Telehealth

File Name:	telehealth
Origination:	11/1997
Last Review	4/2021
Next Review:	12/2021

Temporary Expansion of Reimbursement for Telehealth Services:

In response to the recent coronavirus (COVID-19) outbreak, Blue Cross Blue Shield of North Carolina is expanding reimbursement for ALL services delivered through telehealth that meet the criteria outlined below. The expansion supports diagnosis and treatment of COVID-19, as well as minimizes unnecessary exposure to individuals needing medical care for other conditions. Reimbursement for the expanded set of services delivered through telehealth will be in effect during the COVID-19 pandemic effective from March 6, 2020 through December 31, 2021. We will reevaluate if an additional extension is needed as we approach December 31.

In some settings, video capability may not be available, or the member may ask to discontinue the video. Telehealth consultations during this temporary expansion may be performed telephonically. To report audio/telephonic only modalities, append modifier -CR (Catastrophe/disaster related) to the applicable service code, and indicate Place of service -02. These changes will be in effect during the COVID-19 pandemic effective from March 6, 2020 through December 31, 2021. We will reevaluate if an additional extension is needed as we approach December 31.

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) promote 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.

Definition of services:

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.

The terms "**telemedicine**" and "**telehealth**" are often used interchangeably, although "telehealth" is intended to include a broader range of services such as videoconferencing, remote monitoring, online

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digital evaluation and management services, and transmission of still images. The main proposed advantage of telehealth is the capability of delivering medical services to distant areas with low access to medical specialists. For the purposes of this policy, “**telemedicine**” refers specifically to the subset of telehealth represented by the delivery of clinical services via synchronous, interactive audio and video telecommunications systems.

There has been interest on behalf of patients and providers to use electronic means to manage common medical conditions in lieu of a formal office visit. Online digital evaluation and management services using Internet resources is a subset of telehealth that gives health providers the ability to interact with patients through a secured electronic channel. For the purposes of this policy, online digital evaluation and management services may include communication by any secured electronic channel. Online digital evaluation and management services are non-face-to-face evaluation and management (E/M) services by a physician or other non-physician qualified health care professional, typically in response to a patient’s online inquiry, and are used to address non-urgent ongoing or new symptoms.

Professional Oversight and Regulation:

North Carolina has enacted Senate Bill 780 which requires that non-resident physicians who treat patients through the use of electronic or other media shall be licensed in this state and shall be subject to reasonable regulations by the North Carolina Medical Board. This bill went into effect September 17, 1997.

According to the November 2014 North Carolina Medical Board (NCMB) position statement for telemedicine, licensees practicing via telemedicine will be held to the same standard of care as licensees employing more traditional in-person medical care. A failure to conform to the appropriate standard of care, whether that care is rendered in-person or via telemedicine, may subject the licensee to potential discipline by NCMB. There is not a separate standard of care applicable to telemedicine. Telemedicine providers will be evaluated according to the standard of care applicable to their area of specialty. Additionally, telemedicine providers are expected to adhere to current standards for practice improvement and monitoring of outcomes.

The American Medical Association (AMA) has issued policy H-160.937, titled, “The Promotion of Quality Telemedicine.” This policy includes three principles, summarized below, for responsible use of electronic communication in providing healthcare.

1. The physician is responsible for supervising the safety and quality of services provided to patients by non-physician providers through telemedicine.
2. Supervising physicians are required to visit sites where patients receive care from non-physician providers. They must also have knowledge of the non-physicians qualifications and should be able to contact those providers as necessary. Both supervising providers and non-physician providers must conform to the applicable medical practice act in the state where the patient receives services.
3. Providers who utilize telemedicine systems, must maintain recording,* reporting and supervision of patient care and conform to confidentiality and privacy principles.

The North Carolina Board of Pharmacy (NCBOP) has published rules regarding the appropriate handling of prescriptions. Telemedicine providers are expected to adhere to the NCBOP rules as outlined regarding prescriptions. These rules are available at:

<http://www.ncbop.org/LawsRules/Rules.pdf>

*BCBS NC interprets this statement to refer to medical record documentation.

Policy

BCBSNC will provide reimbursement for Telehealth services as outlined in the Reimbursement Guidelines listed below.

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Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Most member benefit booklets exclude services for telephonic (audio only) evaluation and services that are primarily educational or administrative. Some member benefits may offer additional telehealth access through specialized vendor services.

Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

Reimbursement Guidelines

Services using telemedicine technologies between a provider in one location and a patient in another location, may be reimbursed when **all** of the following conditions are met:

- The patient is present at the time of service;
- All services provided are covered benefits under the member certificate of coverage/benefit booklet, and are eligible for separate payment when performed face to face;
- All services provided are medically appropriate and necessary;
- A service provided to a member located in North Carolina is rendered by a provider licensed to practice independently in the state of North Carolina;
- 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 service takes place via an interactive audio and video telecommunications system. Interactive telecommunications systems must be multi-media communication that, at a minimum, includes audio and video equipment permitting real-time consultation among the patient, consulting practitioner, and referring practitioner (as appropriate);

Note in response to the COVID-19 outbreak: To report audio/telephonic only modalities, append modifier -CR (Catastrophe/disaster related) to the applicable service code, and indicate Place of service -02. These changes will be in place starting March 6, 2020 through December 31, 2021. We will reevaluate if an additional extension is needed as we approach December 31.

- The service is conducted over a secured channel with provisions described in Policy Guidelines;
- A permanent record of online communications relevant to the ongoing medical care and follow-up of the patient is maintained as part of the patient's medical record;
- The extent of any evaluation and management services (E/M) provided over the Telemedicine technology includes at least a problem focused history and straight forward medical decision making, as defined by the current version of the Current Procedural Terminology (CPT®) manual.

Telemedicine services **are not reimbursed** for the following:

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- Services performed via asynchronous communications systems, except for online digital evaluation and management services.
- Services performed via telephonic (audio only) consultations for evaluation and services that are primarily educational or administrative.
(See Section “Benefits Application” regarding availability of member benefits for telephonic services.)
- Triage to assess the appropriate place of service and/or appropriate provider type.
- Patient communications incidental to E/M, counseling, or medical services covered by this policy, including, but not limited to:
 - Reporting of test results;
 - Provision of educational materials.
- 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.

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Telehealth is an effective means of providing healthcare to patients with accessibility problems, including living in isolated communities, physical disabilities or chronic illnesses. Telehealth has become increasingly important in the healthcare community and general population. In light of the capabilities offered by electronic communication and care, the North Carolina General Assembly issued a requirement to study an expansion of Telehealth. The intent of the General Assembly was to improve healthcare access for the underserved patients of the state.

<http://www.ncleg.net/Sessions/2013/Bills/Senate/PDF/S533v1.pdf>

Security and Confidentiality

Providers who utilize telemedicine systems must consider security, patient confidentiality, and privacy. A secured electronic channel is required to be utilized by a telemedicine provider. The electronic channel must be secure, encrypted, and include and support all of the following:

- A mechanism to authenticate the identity of correspondent(s) in electronic communication and to ensure that recipients of information are authorized to receive it.
- The patient’s informed consent to participate in the consultation, including appropriate expectations, disclaimers and service terms, and any fees that may be imposed. Expectations for appropriate use must be specified as part of the consent process including: use of specific written guidelines and protocols, avoiding emergency use, heightened consideration of use for highly sensitive medical topics, relevant privacy issues.
- An established turnaround time for responses from the provider. The system should alert the physician or practice that there is an outstanding request for an e-visit.
- Structured symptom assessment and risk reduction features. (i.e., patients are directed to contact the practice and/or emergency room if certain symptoms are reported).
- An electronic communication system that generates an automatic reply to acknowledge receipt of messages or indicates that the provider is unable to respond.
- The name and patient identification number.

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- A standard block of text contained in the provider's response that displays the physician's full name, contact information and reminders about security and the importance of alternative forms of communication for emergencies.
- No inclusion of third party advertising and the patient's information is not to be used for marketing.
- Payment Card Industry Data Security Standard (PCI-DSS) compliant.

Note in response to the COVID-19 outbreak:

To report audio/telephonic only modalities, append modifier -CR (Catastrophe/disaster related) to the applicable service code, and indicate Place of service -02. These changes will be in place starting March 6, 2020 through December 31, 2021. We will reevaluate if an additional extension is needed as we approach December 31. Encryption is not required for telephonic modalities.

Effective 3/17/20, the Office of Civil Rights (OCR) issued notice of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency.

Available at: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

This notice states:

"A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers."

Note that this list of popular applications may not be all inclusive. These changes will be in effect until further notice by OCR.

Licensing

The practice of medicine is deemed to occur in the state in which the patient is located. Therefore, any provider using telemedicine to provide medical services to patients located in North Carolina should be licensed to practice medicine in North Carolina. North Carolina licensees intending to practice medicine via telemedicine technology to treat or diagnose patients outside of North Carolina should check with other state licensing boards. Most states require physicians to be licensed, and some have

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enacted limitations to telemedicine practice or require or offer a special registration. A directory of all U.S. medical boards may be accessed at the Federation of State Medical Boards website: http://www.fsmb.org/directory_smb.html.

The provider using telemedicine should verify the identity and location of the patient and should be prepared to inform the patient of the provider's name, location and professional credentials.

Note in response to the COVID-19 outbreak:

On 3/25/2020, the Federation of State Medical Boards (FSMB) updated a summary guide of states waiving licensure requirements in response to COVID-19 declared public health emergencies. To see current guidance for North Carolina and other states, please visit: <https://www.fsmb.org/advocacy/covid-19/>

Prescribing of Controlled Substances

It is the position of the North Carolina Medical Board that prescribing controlled substances for the treatment of pain by means of telemedicine is not consistent with the standard of care. Providers prescribing controlled substances for other conditions by means of telemedicine within North Carolina should follow all relevant federal and state laws, and are expected to participate in the Controlled Substances Reporting System.

Note in response to the COVID-19 outbreak:

The U.S. Drug Enforcement Administration (DEA) has issued guidance supporting practice patterns that enable safe access to appropriate medications and controlled substances during the COVID-19 pandemic. For information regarding the practice of telemedicine please visit the DEA COVID-19 Information Page at:

<https://www.deadiversion.usdoj.gov/coronavirus.html>

and press release at:

<https://www.dea.gov/press-releases/2020/03/20/deas-response-covid-19>

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Telehealth services must be reported with place of service code 02.

Applicable service codes and modifiers for telehealth services:

Note in response to the COVID-19 outbreak: In response to the recent coronavirus (COVID-19) outbreak, Blue Cross Blue Shield of North Carolina is expanding reimbursement for ALL services delivered through telehealth that meet the criteria outlined under Reimbursement Guidelines. Applicable service codes, diagnostic codes, modifiers, and units should be reported, with Place of Service -02 to indicate a telehealth service.

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Modifier GQ— (Via asynchronous telecommunications systems). Service codes will not be allowed when modifier –GQ is appended. (See the member’s benefit booklet regarding availability of member benefits for asynchronous telehealth services. Some member benefits may offer additional telehealth access through specialized vendor services.)

Use of Modifier GT (Via interactive audio and video telecommunications systems) and Modifier 95 (Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system) are optional. (CMS no longer recognizes GT modifier.)

See also Corporate Reimbursement Policy titled, "Modifier Guidelines "

Online evaluation and management services:

Online digital evaluation and management services are patient initiated, and include multiple and mixed telecommunications modalities, such as live audio visual (synchronous), asynchronous, telephonic, and other digital or online communication via electronic medical record portal or secure email. They may also include cumulative service time reported by more than one provider in a group practice responding to the same patient. These services do not include nonevaluative communications and administrative matters, such as scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.

*Online evaluation and management (online digital evaluation and management) services for **new** patients should be reported with an unlisted evaluation and management code (CPT® 99499) appended with modifier -GT, and place of service code 02 to indicate the telehealth service. Please note that CPT® 99421-99423 for online digital evaluation and management service and G2061-G2063 for nonphysician professional online assessment should be reported only for **established** patients.*

Note in response to the COVID-19 outbreak: To report online digital evaluation and management services involving audio/telephonic only modalities, append modifier -CR (Catastrophe/disaster related) to the applicable service code, and indicate Place of service - 02. Report 99499-GT with modifier -CR in the second position and place of service 02 for telephonic only NEW patient digital evaluation and management encounters. For telephonic only digital evaluation and management encounters for ESTABLISHED patients, report CPT® 99421-99423 or G2061-G2063 with modifier -CR and place of service 02. These changes will be in place starting March 6, 2020 through December 31, 2021. We will reevaluate if an additional extension is needed as we approach December 31.

Per CMS interim rule 85 FR 19230, effective April 6, 2020, E/M level selection furnished via telehealth can be based on medical decision making (MDM) or time, with time defined as all of the time associated with the E/M on the day of the encounter. Any requirement regarding documentation of history and/or physical exam in the medical record is removed.

For more information related to CMS interim rule 85 FR 19230 visit:

<http://www.federalregister.gov/d/2020-06990>

For preventive and wellness services (CPT 99381-99397 and HCPCS G0438-G0439) the provider may determine the need for an age and gender appropriate history and physical exam based upon the member’s circumstances. Documentation of specific elements of a physical examination is not required.

These changes will be in place effective April 6, 2020 through December 31, 2021. We will reevaluate if an additional extension is needed as we approach December 31.

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Incidental services:

The transmission of digitalized data is considered integral to the procedure being performed and is not reimbursed separately.

HCPCS Q3014 (Origination fee) is considered non-covered.

Online digital evaluation and management services and telemedicine services billed within the post-operative period of a previously completed major or minor surgical procedure will be considered part of the global payment for the procedure and not paid separately.

Eligible providers: *Providers performing and billing telehealth services must be eligible to independently perform and bill the equivalent face to face service.*

Scientific Background and Reference Sources

1997 North Carolina Senate Bill 780

Medical Policy Advisory Group - 12/99

Medical Policy Advisory Group - 3/1/2001

Specialty Matched Consultant Advisory Panel - 9/2002

Medical Policy Advisory Group - 10/2003

Medical Policy Advisory Group - 9/2005

Agency for Healthcare Research and Quality (AHRQ). Telemedicine for the Medicare Population: Update. Evidence Report/Technology Assessment Number 131. Rockville, MD: AHRQ; February 2006. Use update from AHRQ <http://www.innovations.ahrq.gov/content.aspx?id=2847>

Specialty Matched Consultant Advisory Panel- 2/2012

Centers for Medicare and Medicaid Services. Available online at <http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/>

Centers for Medicare and Medicaid Services. Telehealth Services. Available online at www.cms.gov/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf . Last accessed February 2013.

North Carolina General Assembly. Telemedicine. Available online at: www.ncga.state.nc.us. Last accessed February 2013.

North Carolina General Assembly. <http://www.ncleg.net/Sessions/2009/Bills/House/PDF/H1189v3.pdf>

Dixon BE, Hook JM, McGowan JJ. Using Telehealth to Improve Quality and Safety: Findings from the AHRQ Portfolio (Prepared by the AHRQ National Resource Center for Health IT under Contract No. 290-04-0016). AHRQ Publication No. 09-0012-EF. Rockville, MD: Agency for Healthcare Research and Quality. December 2008. Available at https://digital.ahrq.gov/sites/default/files/docs/page/Telehealth_Issue_Paper_Final_0.pdf. Last accessed February 2013.

Specialty Matched Consultant Advisory Panel- 2/2013

American Medical Association Policy H-160.937 The Promotion of Quality Telemedicine.

<https://ssl3.ama-assn.org/apps/ecomm/PolicyFinderForm.pl?site=www.ama-assn.org&uri=%2fresources%2fhtml%2fPolicyFinder%2fpolicyfiles%2fHnE%2FH-160.937.HTM>

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North Carolina Medical Board (NCMB). Position Statement: Telemedicine. 11/2014.
<https://www.ncmedboard.org/resources-information/professional-resources/laws-rules-position-statements/position-statements/telemedicine>

North Carolina Medical Board (NCMB). Position Statement: The physician-patient relationship. 7/2012. https://www.ncmedboard.org/resources-information/professional-resources/laws-rules-position-statements/position-statements/the_physician-patient_relationship

http://www.cms.gov/Medicare/Demonstration-Projects/DemoProjectsEvalRpts/Downloads/IDEATel_FirstReport.pdf

AMA Guidelines for Physician-Patient Electronic Communications. <https://www.ama-assn.org/delivering-care/ethics/electronic-communication-patients>

The AMA Code of Medical Ethics Opinion 5.026: The Use of Electronic Mail. <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion5026.page>

Council on Ethical and Judicial Affairs Report 3-1-02: Ethical Guidelines for the Use of Electronic Mail between Patients and Physicians, adopted December 2002.
<http://ppmedmn.com/AMA%20Council%20on%20Ethical%20and%20Judicial%20Affairs%20-%20June%20%2703.doc.pdf>

H-478.997 Guidelines for Patient-Physician Electronic Mail
http://hosted.ap.org/specials/interactives/_documents/patient_physician_email.pdf

General assembly of North Carolina. Session 2013. Senate bill 533. Study Telemedicine & Health Home Initiatives.
<http://www.ncleg.net/Sessions/2013/Bills/Senate/PDF/S533v1.pdf>

American Telemedicine Association. What is Telemedicine?
http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#.VIrUb_lDUVc

North Carolina Board of Pharmacy (NCBOP). Rules, Statutes, Board Policies. 1/2015.
<http://www.ncbop.org/LawsRules/Rules.pdf>

Medical Director review 12/2014

Centers for Medicare & Medicaid Services (CMS). Claims Processing Manual 2015 for Telemedicine (190-190.5). <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

American Medical Association (AMA). Chicago. Current Procedural Terminology (CPT) 2015.

Medical Director review 7/2015

U.S. Department of Health & Human Services. *Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency*. HHS, 2020, <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>. Accessed 18 Mar. 2020

American Medical Association. *The Promotion of Quality Telemedicine H-160.937*. AMA, 2016, <https://policysearch.ama-assn.org/policyfinder/detail/THE%20PROMOTION%20OF%20QUALITY%20TELEMEDICINE%20H-160.937?uri=%2FAMADoc%2FHOD.xml-0-752.xml>. Accessed 19 Mar. 2020

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Federation of State Medical Boards. *States Waiving Licensing Requirements/Renewals in Response to Covid-19*. FSMB, 23 Mar. 2020, <https://www.fsmb.org/advocacy/covid-19/>. Accessed 25 Mar. 2020

Policy Implementation/Update Information

- | | |
|----------|--|
| 11/97 | Original Policy developed. |
| 8/98 | Policy reviewed. Wording corrected in Policy section. |
| 9/99 | Reformatted. Medical Term Definitions added. |
| 12/99 | Medical Policy Advisory Group |
| 3/01 | Medical Policy Advisory Group review. No changes to criteria. Approve. System changes. |
| 2/02 | Coding format change. |
| 10/02 | Specialty Matched Consultant Advisory Panel review. No change in policy. |
| 12/02 | Code Q3014 added to the policy. System coding changes. |
| 11/03 | Medical Policy Advisory Group review. Formatting change. No change to policy statement. |
| 3/04 | Policy Number changed from ADM9110 to MED1395. |
| 10/8/05 | Medical Policy Advisory Group review on 9/8/05. No changes made to policy coverage criteria. MED1395 added as key term. In sections "When Covered" and "When Not Covered," the term Telemedicine replaced "it." These sections also revised to further clarify when Telemedicine is covered and when Telemedicine is not covered. Telemedicine is not a covered service when billed with an Evaluation and Management code. In addition, Telemedicine is not covered when provided by an MD who is not licensed in the state of North Carolina. |
| 7/16/07 | Definition of Telemedicine revised and definition of Telehealth added to Description section. Policy statement revised to read: BCBSNC will provide coverage for Telemedicine or Telehealth services when it is determined to be medically necessary because the medical criteria and guidelines shown below are met. Interpretation of lab or radiology services by providers who are not licensed in the state of North Carolina is not covered. Note added to Benefits Application section: reimbursement for telephone consultations is excluded by most benefit plans. Criteria for coverage of Telemedicine evaluation and management and consultation services added to When Telemedicine is Covered section. Following statement added to When Telemedicine is Not Covered section: BCBSNC does not reimburse for evaluation and management and consultations services provided via telephone, Internet, or other communication network or devices that do not involve direct, in-person patient contact. NC General Statute 90-18 updated to reflect current version. CPT codes updated and the following statement added to Billing/Coding section: The transmission of digitalized data is considered integral to the procedure being performed and is not reimbursed separately. References updated. (adn) |
| 10/22/07 | Specialty Matched Consultant Advisory Panel review meeting 9/20/07. No changes to policy statement or coverage criteria. (adn) |
| 12/31/07 | CPT codes 98966, 98967, 98968, 98969, 99441, 99442, 99443, 99444, added to Billing/Coding section. Removed codes 0074T and T1014. (adn) |
| 2/11/08 | Added information regarding Modifiers GQ and GT to the Billing/Coding section. (adn) |
| 6/30/08 | Added CPT codes 0188T and 0189T to Billing/Coding section. New codes effective 7/1/08. |

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- 01/05/09 Coding update. Added codes G0406, G0407, G0408.
- 6/1/09 Information regarding "E-visits" added to Description section. The following statement was added to the Not Covered section: Telemedicine services are not covered when the criteria listed above are not met. And the following statement was deleted from the Not Covered section: BCBSNC does not reimburse for evaluation and management and consultation services provided via telephone, Internet, or other communication network or devices that do not involve direct, in-person patient contact.
- 10/26/09 Specialty Matched Consultant Advisory Panel review 9/28/09. No change to policy statement or coverage criteria. (adn)
- 1/5/10 HCPCS Codes G0425, G0426, G0427 added to Billing/Coding section.
- 6/22/10 Policy Number(s) removed (amw)
- 4/12/11 Specialty Matched Consultant Advisory Panel Review meeting 3/31/2011. Added HCPCS codes G0420, G0421, G0108, G0109 to Billing/Coding Section. Under "Policy Guidelines": substituted live link: www.ncga.state.nc.us/enactedlegislation/statutes/pdf/bysection/chapter_90/gs_90-18.pdf for the legal insert for practicing without a license. Under "When Covered" section: added bullet: "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." References added. (lpr).
- 3/20/12 Specialty Matched Consultant Advisory Panel review meeting 2/29/2012. No change to policy statement. (lpr)
- 5/15/12 Added CPT codes 90801, 90862 to Billing/Coding section. (UHS Telepsychiatry). (lpr)
- 12/28/12 Deleted CPT code 90862 from Billing/Coding section for effective date 1/1/13. (lpr)
- 4/16/13 Deleted CPT code 90801 from Billing/Coding section for 2013 coding update. (lpr)
- 3/11/14 Specialty Matched Consultant Advisory Panel review meeting 2/25/2014. No change to policy statement. (lpr)
- 7/28/15 Corporate medical policy converted to Reimbursement policy titled "Telehealth." Merged Telemedicine and E-visits corporate medical policies into Telehealth policy. Extensive revisions to entire policy. References added. Specialty Matched Consultant Advisory Panel review meeting 2/2015. Medical Director review 7/2015. (mot)(lpr)
- 12/30/16 Codes G0508, G0509 added to Billing/Coding section. Added **Modifier 95**--*Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System* and **Place of Service 02**--*The location where health services and health related services are provided or received, through a telecommunication system* which are effective January 1, 2017. The following statement regarding place of service was deleted: *Telemedicine and online medical evaluation services without an intervening provider should be submitted with the place of service that would be appropriate if the service had occurred face to face. Telemedicine services with an intervening provider should be submitted with a place of service code to indicate the facility or physical location of the member and intervening provider.* The Telehealth Provider Coding Grid was deleted. (an)
- 8/25/17 Typos corrected. (an)
- 12/29/17 Updates to Billing/Coding section. Telehealth services should be reported with place of service code 02. Use of modifiers GT and 95 are optional. (an)
- 12/31/18 Routine review. Codes 0188T, 0189T deleted. No change to policy. (an)

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- 2/12/19 Additional to Reimbursement Guidelines: “New and established outpatient E/M and outpatient consultation E/M services performed without an intervening provider present with the patient, except: when reimbursed as online medical evaluations or for behavioral health evaluation and management services.” Revision to Billing/Coding section: “Modifier GQ— (Via asynchronous telecommunications systems). Service codes noted above will not be allowed when modifier –GQ is appended. (See the member’s benefit booklet regarding availability of member benefits for asynchronous telehealth services. Some member benefits may offer additional telehealth access through specialized vendor services.)” Medical Director review 1/2019. (an)
- 12/31/19 Codes 96150, 96151 deleted and replaced with 96156 for health behavior assessment or re-assessment. Deleted codes 98969 and 99444. Added codes 99421, 99422, 99423 for online digital evaluation and management service of an established patient. The following statement added to the Billing/Coding section: Online digital evaluation and management services or assessment by nonphysician health care professionals (98970, 98971, 98972 or G2061, G2062, G2063) are not covered. (an)
- 1/14/20 Correction to the Billing/Coding section: codes 98970, 98971, 98972, G2061, G2062, G2063 added to the list of covered telehealth services. Also adding G2012. Medical Director review 12/2019. (an)
- 3/5/20 Expanded reimbursement of telehealth services in support of the coronavirus outbreak. The expansion is limited to the timeframe outlined in the policy and subject to defined extensions as needed. Medical Director review 3/2020. (kd)
- 3/13/20 Temporary waiver of video requirement for telehealth visit in support of coronavirus outbreak. The waiver is limited to the timeframe outlined in the policy and subject to defined extensions as needed. Medical Director review 3/2020. (kd)
- 3/20/20 “Temporary Expansion of Reimbursement for Telehealth Services” added. “* BCBS interprets this statement to refer to medical record documentation.” Added to Description section. Note added to Policy Guidelines Security and Confidentiality section. “Encryption is not required for telephonic modalities during the temporary COVID-19 expansion of coverage.” Updated Online evaluation and management services in Coding section. Reimbursement and Policy Guidelines updated with “Note in response to the COVID-19 outbreak.” References updated. Medical Director review 3/2020. (eel)
- 3/27/20 Prescriptions for controlled substances and provider licensure requirements updated in policy guidelines related to treatment for COVID-19. (eel)
- 4/3/20 COVID-19 changes were extended for an additional 30-day period starting on April 6, 2020, and will continue to be re-evaluated every 30 days for further extension. (eel)
- 5/1/20 COVID-19 changes were extended until June 5, 2020, and then will be re-evaluated for extension every 30 days thereafter. (eel)
- 5/22/20 COVID-19 changes were extended through July 31, 2020. We will reevaluate if an additional extension is needed as we approach July 31. (eel)
- 6/12/20 CMS interim rule 85 FR 19230 added to Coding section allowing providers to file E/M telehealth visits based on MDM or time. (eel)
- 6/19/20 COVID-19 changes were extended through December 31, 2020. We will reevaluate if an additional extension is needed as we approach December 31. (eel)

Telehealth

- 6/26/20 Coding section updated with preventative and wellness services. (eel)
- 11/20/20 COVID-19 changes were extended through June 30, 2021. We will reevaluate if an additional extension is needed as we approach June 30. (eel)
- 12/31/20 Routine policy review. Medical Director approved 12/2020. References updated. No changes to policy statement. (eel)
- 4/15/21 COVID-19 changes were extended through December 31, 2021. We will reevaluate if an additional extension is needed as we approach December 31. (eel)

Medical 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 BCBSNC reserves the right to review and revise its medical policies periodically.