Blue Cross Blue Shield of Michigan

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Blue Cross Blue Shield of Michigan
Medical Policy

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Enterprise:	Blue Cross Blue Shield of Michigan
Department	Medical Affairs
Effective Date:	January 1, 2016
Next Review Date	4th Quarter of 2016

Telemedicine

Background:

Telehealth and telemedicine are terms that are frequently used interchangeably. For this policy, Telehealth is an umbrella term used to describe all the possible variations of healthcare services and health care education using telecommunications. Telehealth allows for health care services such as telemedicine, telemonitoring, store and forward in addition to healthcare education for patients and professionals, and related administrative services.

Telemedicine, a subset of telehealth, is the use of telecommunications technology for real time, medical diagnostic and therapeutic purposes when distance separates the patient and healthcare provider. Many have advocated the use of telemedicine to improve health care in rural areas, in the home and in other places where medical personnel are not readily available. Telemedicine may substitute for a face-to-face, hands-on encounter between a patient and the healthcare provider when using the appropriate technology.

The use of telecommunications to support a clinical decision can incorporate patient data collected and reviewed immediately, such as clinician interactive, or reviewed later when the patient is no longer available such as telemonitoring or store and forward.

- **Clinician Interactive** – An electronically based, real time clinician-patient encounter where the patient and healthcare provider are in different locations. This virtual encounter can either be audio only or audio visual. The virtual encounter can also be hosted. A hosted visit is a virtual consult with a remote health care provider hosted by a provider who is face to face with the patient. Certain clinical scenarios will dictate the use of a hosted visit, so as to minimize risk to the patient and maximize the clinical outcome. For example, when a patient presents to the emergency room with acute stroke symptoms and the neurology specialist is not on site, the emergency room physician hosts a consult with the remote neurologist in a real time encounter.

An online visit is a type of low complexity clinician interactive visit that requires an audio visual online communication. The patient initiates the medical **or behavioral health** evaluation. The visit is typically straight forward decision making that addresses urgent but not emergent clinical conditions. At the point of making decisions regarding diagnosis and/or treatment, the provider does not require face to face contact to make an optimal decision. **It is not anticipated that a follow-up encounter is required.**

Examples of an online visit would include, but are not limited to:
Upper respiratory infections such as colds, sore throat runny nose, sinus congestion; ear aches; gastrointestinal mild distress such as GERD, diarrhea, nausea, constipation; skin disorders such as itching, rash, limited cuts; joint irritations such as aches, stiffness; headaches that are simple and uncomplicated; seasonal allergies, hay fever; urinary tract infections; acute situational anxiety.

- **Store and Forward** - The asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site. A store and forward process eliminates the need for the patient and clinician to be present at the same time and place. Data that is sent to a remote clinician and interpreted in real time is not store and forward. For example, a radiologist reading a study for the emergency room remotely is not considered store and forward since the clinical decision is occurring in real time.

- **Telemonitoring** - Services that enable providers to monitor test results, images and sounds that are usually obtained in a patient's home or a care facility. Post-acute care patients, patients with chronic illnesses and patients with conditions that limit their mobility often require close monitoring and follow-up. These types of programs use various strategies to monitor patients while reducing the need for face-to-face visits. An example is remote blood pressure monitoring in the home reported electronically to the provider. Telemonitoring is considered an asynchronous encounter.

Telehealth that is not delivered real time such as store and forward and telemonitoring is out of scope for this policy.

Medical Policy Statement:

The safety and effectiveness of telemedicine has been established. It may be considered a useful diagnostic and therapeutic option when indicated. The restriction limiting the originating site to a rural health professional shortage area or in a county outside of a metropolitan statistical area is no longer required.

Inclusion Criteria:

- The provider must be licensed, registered, or otherwise authorized to perform service in their health care profession in the state where the patient is located. The provider is not required to be located in the state of Michigan. Services must fall within their scope of practice.

- Telemedicine delivered services are available to all clinicians, however, it may not be the preferred method of delivery in certain clinical scenarios, for example chronic suicidal ideation or unstable angina. A hosted visit may be necessary due to the complexity of the clinical situation.

- Telemedicine delivered services for ongoing treatment of a condition that is chronic and/or is expected to take more than 5 sessions before the condition resolves or stabilizes may require a hosted visit or a face-to-face encounter during the active treatment period and should not be considered for an “on line visit”. The clinician providing telemedicine services cannot be considered the host. The clinician providing the telemedicine services can provide the face to face encounter.

- An online visit must meet all of the following:
    - An audio visual online communication
    - The patient initiates the medical or behavioral health encounter
    - A low complexity, straight forward decision making encounter that addresses urgent but not emergent clinical conditions
    - It is not anticipated that a follow-up encounter is required

- The service must be conducted over a secured channel with provisions described in Policy Guidelines.

- **Eligible providers may include:**
    - MD/DO
    - Certified nurse midwife
    - Clinical nurse practitioner
    - Clinical psychologist
    - Clinical social worker
    - Physician Assistant

Exclusions:

- Store and Forward
- Telemonitoring
- Email only communication
- Facsimile transmission
- Text only communication
- Request for medication refills
- Reporting of normal test results
- Provision of educational materials
- Scheduling of appointments and other healthcare related issues
- Registration or updating billing information
- Reminders for healthcare related issues
- Referrals to other providers
- Any Online visit resulting in an office visit, urgent care or emergency care encounter on the same day for the same condition
- Any Online visit for the same condition originating from an office visit, urgent care or emergency care encounter within the previous seven days
- Any Online visit occurring during the post-operative period

Established Codes

All codes specific to scope of practice.

Submitted codes must have GT modifier appended. *

GT - Via interactive audio and video telecommunication systems

(Modifier used to indicate synchronous telemedicine services. All telemedicine must be interactive.)

*****The following codes do not require the GT Modifier.

99441 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

99442 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

99443 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

99444 - Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network

98966 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

98967 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

98968 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

98969 - Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network

(Note: The codes listed in this policy are for reference purposes only and is not a guarantee of coverage. This list of codes may not be all inclusive.)

Rationale:

According to the State of Michigan legislative act released in 2012 the definition of telemedicine and associated requirements were established. So, telemedicine means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient via a real time, interactive audio or video or both, telecommunications system and the patient must be able to interact with the off-site health care professional at the time the services are provided.

Michigan, along with almost half of the other states in the country, currently mandates coverage for telemedicine services. Policy makers seek to reduce healthcare delivery problems, contain costs, improve care coordination, and alleviate provider shortages. Many are using telemedicine to achieve these goals.

Since 2012 the number of states with parity laws; those are laws that require private insurers to cover telemedicine in provided services comparable to that of in person, has doubled. Michigan adopted a parity law in 2012. Also, BCBSM has decided to remove the originating site requirement from our telemedicine policy. As a result, providers are eligible to deliver telemedicine services that are consistent with their scope of practice.

Telemedicine enables providers to extend their reach and improve their efficiency and effectiveness while still maintaining high quality care and attention to patient safety. Recognition of both the benefits and inherent limitations of care delivery via telemedicine remains the ultimate responsibility of the provider.

Telemedicine technologies should not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law. Telemedicine supports a consistent standard of care and scope of practice notwithstanding the delivery tool or business method in enabling physician-to- patient communications. For clarity, a physician using telemedicine technologies in the provision of medical services to a patient (whether existing or new) must take appropriate steps to establish the physician-patient relationship and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of telemedicine

technologies as a component of, or in lieu of, in-person provision of medical care, while others are not.

The physician-patient relationship is fundamental to the provision of acceptable medical care. It is the expectation that physicians recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a physician-patient relationship. A physician is discouraged from rendering medical advice and/or care using telemedicine technologies without (1) fully verifying and authenticating the location and, to the extent possible, identifying the requesting patient; (2) disclosing and validating the provider's identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine technologies. An appropriate physician-patient relationship has not been established when the identity of the physician may be unknown to the patient. Where appropriate, a patient must be able to select an identified physician for telemedicine services and not be assigned to a physician at random.

There is evidence that telemedicine technology can work, and can be used beneficially from a clinical and economic standpoint. While there are many promising initiatives underway, there are few mature telemedicine programs and few good scientific evaluations. There is still some need to work collaboratively to identify best practices. For example, even though psychotherapy can be delivered via telecommunications and fit within the definition of an online visit, ongoing psychotherapy may not be a best practice.

Telemedicine services for mental health are one of the most active applications of telemedicine rendered in the United States. Mental health services often rely upon more subtle and detailed observations of speech, behavior and affect and often require, therefore, the most advanced communications and internet technologies for the delivery of care. By using advanced communication technologies, mental health professionals are able to widen their reach to patients in a cost effective manner, ameliorating the maldistribution of specialty care.

Historically, the originating site might include the following:

- Hospital outpatient departments
- Inpatient hospitals
- Physician or practitioner office
- Rural health clinic
- Critical access hospitals
- Federally qualified health centers

When the originating site was required, a medical professional could be present to present the patient to the clinician at the distant site when medically necessary. The determination of medical necessity was made by the clinician at the distant site. With the removal of the originating site requirement, it is possible that there are still clinical scenarios when the clinician may think it is medically necessary to present the patient to

the physician at the distant site. The decision to do this will not be required but it is understood it may occur. For example, certain services, such as psychotherapy or acute life threatening medical conditions, may be restricted to originating clinical sites where the patient can be monitored or assisted by an onsite provider. Mental health services in settings other than an originating site should be limited to stable patients with limited straight forward needs. Patients with acute psychiatric needs may not be candidates for telemedicine. Similarly, patients requiring ongoing psychotherapy beyond crisis resolution are not typically good candidates for telemedicine, at least not without an originating site. Any ongoing psychotherapy (that expected to require more than 5 visits) should be delivered face-to-face whenever possible.

There is evidence that telemedicine technology can work, and can be used beneficially from a clinical and economic standpoint. While there are many promising initiatives underway, there are few mature telemedicine programs and few good scientific evaluations. There is still some need to work collaboratively to identify best practices.

Policy Guidelines when applicable:

A secured electronic channel must include and support all of the following for audio visual encounters:

1. The electronic channel must be secure, with provisions for privacy and security, including encryption, in accordance with HIPAA guidelines.
2. A mechanism must be in place to authenticate the identity of correspondent(s) in electronic communication and to ensure that recipients of information are authorized to receive it.
3. The patient's informed consent to participate in the consultation must be obtained, including discussing 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 to privacy issues.
4. The name and patient identification number is contained in the body of the message, when applicable.
5. A standard block of text is contained in the provider's response that contains the physician's full name, contact information, and reminders about security and the importance of alternative forms of communication for emergencies, when applicable.
6. A record of online communications descriptive of the online visit should be made available to the patient if requested.

Related Policy:

N/A

Government Regulations:

National: CMS telehealth guidelines indicated as in Appendix A

Local:

There is no local coverage determination for Telemedicine.

Michigan Department of Community Health:

Michigan Medicaid – Appendix B

Appendix A

CY 2015 Medicare Telehealth Services

Service	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150–96154
Individual psychotherapy	CPT codes 90832–90834 and 90836–90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802–97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0396 and G0397
Annual alcohol misuse screening, 15 minutes	HCPCS code G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS code G0443
Annual depression screening, 15 minutes	HCPCS code G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	HCPCS code G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	HCPCS code G0446
Face-to-face behavioral counseling for obesity, 15 minutes	HCPCS code G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	CPT code 99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	CPT code 99496
Psychoanalysis (effective for services furnished on and after January 1, 2015)	CPT codes 90845
Family psychotherapy (without the patient present) (effective for services furnished on and after January 1, 2015)	CPT code 90846

Appendix A (continued)

CY 2015 Medicare Telehealth Services (cont.)

Service	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Family psychotherapy (conjoint psychotherapy) (with patient present) (effective for services furnished on and after January 1, 2015)	CPT code 90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (effective for services furnished on and after January 1, 2015)	CPT code 99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (effective for services furnished on and after January 1, 2015)	CPT code 99355
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit (effective for services furnished on and after January 1, 2015)	HCPCS code G0438
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit (effective for services furnished on and after January 1, 2015)	HCPCS code G0439

For ESRD-related services, a physician, NP, PA, or CNS must furnish at least one "hands on" visit (not telehealth) each month to examine the vascular access site.

Appendix B

MDCH
Telemedicine Database
January 2015

Revenue Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
0780	GT	Telemedicine		$0.00	$0.00	
HCPCS Code	**Mod**	**Short Description**	**HCPCS Action Code**	**Non-Fac Fee**	**Fac Fee**	**Comments**
90791	GT	Psych Diagnostic Evaluation	P	$72.31	$70.13	
90792	GT	Psych Diag Eval W/Med Srvc	P	$80.23	$78.05	
90832	GT	Psytx Pt & Family 30 Minutes	P	$36.05	$35.66	
90833	GT	Psytx Pt&/Fam W/E & M 30 Minutes	P	$37.04	$36.65	
90834	GT	Psytx Pt&/Family 45 Minutes	P	$47.35	$46.95	
90836	GT	Psytx Pt&/Fam W/E&M 45 Min		$39.22	$39.22	
90837	GT	Psytx Pt&/Family 60 Minutes	P	$70.13	$69.73	
90838	GT	Psytx Pt&/Fam W/E&M 60 Minutes	P	$60.62	$60.22	
90846	GT	Family psytx w/o patient		$62.01	NA	Coverage added effective 01/01/2015
90847	GT	Family psytx w/patient		$64.16	NA	Coverage added effective 01/01/2015
90951	GT	ESRD Serv 4 Visits P Mo < 2 Yr	P	$524.97	$524.97	
90952	GT	ESRD Serv 2-3 Vsts P Mo < 2 Yr		$357.11	$357.11	
90954	GT	ESRD Serv 4 Vsts P Mo 2-11	P	$457.41	$457.41	
90955	GT	ESRD Srv 2-3 Vsts P Mo 2-11	P	$256.14	$256.14	
90957	GT	ESRD Srv 4 Vsts P Mo 12-19	P	$360.34	$360.34	
90958	GT	ESRD Srv 2-3 Vsts P Mo 12-19	P	$243.27	$243.27	
90960	GT	ESRD Srv 4 Visits P Mo 20+	P	$158.48	$158.48	
90961	GT	ESRD Srv 2-3 Vsts P Mo 20+	P	$133.12	$133.12	
96116	GT	Neurobehavioral Status Exam	P	$51.70	$48.34	
99201	GT	Office/Outpatient Visit New	P	$24.17	$14.86	
99202	GT	Office/Outpatient Visit New	P	$41.40	$27.93	
99203	GT	Office/Outpatient Visit New	P	$60.42	$42.99	
99204	GT	Office/Outpatient Visit New	P	$91.72	$72.50	
99205	GT	Office/Outpatient Visit New	P	$91.72	$72.50	
99211	GT	Office/Outpatient Visit Est	P	$11.09	$5.15	
99212	GT	Office/Outpatient Visit Est	P	$24.17	$14.26	
99213	GT	Office/Outpatient Visit Est	P	$40.41	$28.33	
99214	GT	Office/Outpatient Visit Est	P	$59.63	$43.58	
99215	GT	Office/Outpatient Visit Est	P	$80.82	$62.20	
99231	GT	Subsequent Hospital Care	P	NA	$21.79	
99232	GT	Subsequent Hospital Care	P	NA	$40.41	
99233	GT	Subsequent Hospital Care	P	NA	$58.44	
99241	GT	Office Consultation	P	$27.14	$18.82	
99242	GT	Office Consultation	P	$50.91	$39.22	
99243	GT	Office Consultation	P	$69.53	$54.68	
99244	GT	Office Consultation	P	$102.81	$86.57	
99245	GT	Office Consultation	P	$125.79	$107.57	
99251	GT	Inpatient Consultation	P	NA	$27.54	
99252	GT	Inpatient Consultation	P	NA	$42.20	
99253	GT	Inpatient Consultation	P	NA	$64.38	
99254	GT	Inpatient Consultation	P	NA	$92.91	
99255	GT	Inpatient Consultation	P	NA	$112.32	

MDCH
Telemedicine Database
January 2015

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
99307	GT	Nursing Fac Care Subseq	P	$24.76	$24.76	
99308	GT	Nursing Fac Care Subseq	P	$38.23	$38.23	
99309	GT	Nursing Fac Care Subseq	P	$50.71	$50.71	
99310	GT	Nursing Fac Care Subseq	P	$75.48	$75.48	
99354	GT	Prolonged Service Office		$55.47	$51.51	Coverage added effective 01/01/2015
99355	GT	Prolonged Service Office		$53.69	$49.72	Coverage added effective 01/01/2015
99406	GT	Behav chng smoking 3-10 Min	P	$7.92	$6.93	
99407	GT	Behav chng smoking > 10 Min	P	$15.25	$14.26	
99495	GT	Trans care mgmt 14 day disch	P	$91.13	$61.61	
99496	GT	Trans care mgmt 7 day disch	P	$128.96	$89.34	
G0108	GT	Diab Manage Trn Per Indiv	P	$29.32	NA	
G0109	GT	Diab Manage Trn Ind/Group	P	$7.92	NA	
G0406	GT	Inpt/ tele follow up 15	P	NA	$21.79	Service denied without modifier
G0407	GT	Inpt/ tele follow up 25	P	NA	$40.41	Service denied without modifier
G0408	GT	Inpt/ tele follow up 35	P	NA	$58.44	Service denied without modifier
G0420	GT	Ed Svc Ckd Ind Per Session	P	$60.02	NA	
G0421	GT	Ed Svc Ckd Grp Per Session	P	$13.87	NA	
G0425	GT	Inpt/ED teleconsult 30	P	NA	$56.85	Service denied without modifier
G0426	GT	Inpt/ED teleconsult 50	P	NA	$76.66	Service denied without modifier
G0427	GT	Inpt/ ED teleconsult 70	P	NA	$112.92	Service denied without modifier
G0436	GT	Tobacco-use Counsel 3-10 Min	P	$7.92	$6.74	
G0437	GT	Tobacco-use Counsel > 10 Min	P	$15.65	$14.46	
G0459	GT	Telehealth inpt pharm mgmt	P	NA	$22.78	Service denied without modifier
Q3014	GT	Telehealth Facility Fee	P	$22.84	$22.84	Service denied without modifier

Note: Contract and group coverage may vary. Please check individual contract, certificate and rider for specific coverage information.

Scope:

This policy applies to all Underwritten contracts and Self-funded or ASC contracts will apply, pending customer approval.

BCBSM Policy History

Policy Effective Date	BCBSM Signature Date	Comments
01/01/2016	10/27/2015	BCBSM medical policy established • Telemedicine and online visit policies combined. • JUMP medical policy retired.

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