

Corporate Medical Policy

Telemedicine

File Name:	telemedicine
Origination:	11/1997
Last CAP Review:	2/2012
Next CAP Review:	2/2013
Last Review:	2/2012

Description of Procedure or Service

Telemedicine is defined as the exchange of medical information between sites via electronic communication for the purpose of transmitting clinical information. The terms "telemedicine" and "telehealth" are often used interchangeably, although "telehealth" is intended to include a broader range of services such as videoconferencing 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.

Some systems allow remote assessment and monitoring of patient status. The devices collect physiological data through medical peripherals (blood pressure/pulse meter, ECG lead, thermometer, weight scale, pulse oximeter, glucose meter and PT/INR device) and transmit the information to an agency over telephone lines or wireless computer networks. These medical services do not involve direct, in-person patient contact.

Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technologies. This may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.

E-visits (email, online medical evaluations) refer to the ability for health providers to interact with patients through a secured electronic channel. This is specifically addressed in a separate policy "E-visits (Online Medical Evaluation)".

North Carolina has enacted Senate Bill 780 which requires that nonresident 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.

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

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.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's

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Benefit Booklet 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 medical policy.

When Telemedicine is covered

Interpretation of covered laboratory or radiology services by providers who are licensed in the state of North Carolina may be considered medically necessary.

Evaluation and management and consultation services using Telemedicine or Telehealth technologies may be considered medically necessary under the following conditions:

- The patient must be present at the time of 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.
- The distant site of the services shall be of a sufficient distance from the originating site to provide services to patients who do not have readily available access to such specialty services.
- The consultation must take place via an 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).
- 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.

When Telemedicine is not covered

Telemedicine services are not covered when the criteria listed above are not met.

Interpretation of lab or radiology services by providers who are non-licensed in the State of North Carolina is not covered.

Policy Guidelines

Based on Senate Bill 780, The General Assembly of North Carolina enacts:

Section 1. G.S. 90-18 § **90-18**. *Practicing without license; practicing defined; penalties.*

See: www.ncga.state.nc.us/enactedlegislation/statutes/pdf/bysection/chapter_90/gs_90-18

Billing/Coding/Physician Documentation Information

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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.

Applicable service codes: 90801, 90862, 98966, 98967, 98968, 98969, 99441, 99442, 99443, 99444, 0188T, 0189T, G0108, G0109, G0406, G0407, G0408, G0420, G0421, G0425, G0426, G0427

Modifier GQ--Via asynchronous telecommunications system will not be allowed specifically with codes 99201-99215 (office or other outpatient services) and 99241-99245 (office or other outpatient consultations)

Modifier GT--Via interactive audio and video telecommunications systems will be allowed with code 99201-99205, 99212-99215 (office or other outpatient services) and 99241-99245 (office or other outpatient consultations).

See also Corporate Payment Policy titled, "Modifier Guidelines "

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

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

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. Available at: <http://www.ahrq.gov/downloads/pub/evidence/pdf/telemedup/telmedup.pdf>

www.ofr.gov/OFRUpload/OFRData/201027969 PI.pdf

www.cms.gov/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf

www.ncga.state.nc.us/enactedlegislation/statutes/pdf/bysection/chapter_90/gs_90-18.pdf

Specialty Matched Consultant Advisory Panel- 2/2012

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.

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- 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.
- 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:

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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)

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.