BlueCross BlueShield of Vermont
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TELEMEDICINE PAYMENT POLICY
Corporate Payment Policy
APPROVED 08.31.2017

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Document Precedence

The Blue Cross and Blue Shield of Vermont (BCBSVT) Payment Policy Manual was developed to provide guidance for providers regarding BCBSVT payment practices and facilitates the systematic application of BCBSVT member/employer contracts, provider contracts, BCBSVT corporate medical policies, and McKesson's ClaimCheck logic. Document precedence is as follows:

1) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the member contracts or employer benefit documents, the member contract/employer benefit document language shall take precedence.
2) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and provider contract language, the provider contract language shall take precedence.
3) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and corporate medical policy, the corporate medical policy shall take precedence.
4) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the McKesson's ClaimCheck audit solution, the McKesson's ClaimCheck audit solution shall take precedence.

Description

Vermont law requires health insurance plans to provide coverage for health care services delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent that the health insurance plan would cover the services if they were provided through in-person consultation.[1]

Vermont law defines the following terms as noted below:

"Telemedicine" means "the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile."[2] Applications such as Skype or FaceTime do not satisfy HIPAA requirements.

"Distant site" means "the location of the health care provider delivering the services through telemedicine at the time the services are provided."[3]

"Health care facility" is defined by 18 V.S.A. §9402(6).[4]

"Health care provider" means "a person, partnership, or corporation, other than a facility or institution, that is licensed, certified, or otherwise authorized by law to provide professional health care services in this State to an individual during that individual's medical care, treatment, or confinement."[5]

"Originating site" means "the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient's workplace."[6]

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[1] 8 V.S.A. § 4100k(a).
[2] 8 V.S.A. § 4100k(h)(7).
[3] 8 V.S.A. §4100k(h)(1).
[4] 8 V.S.A. §4100k(h)(3) (""Health care facility" shall have the same meaning as in 18 V.S.A. §9402."); 18 V.S.A. §9402(6) (""Health care facility" means all institutions, whether public or private, proprietary or nonprofit, which offer diagnosis, treatment, inpatient, or ambulatory care to two or more unrelated persons, and the buildings in which those services are offered. The term shall not apply to any facility operated by religious groups relying solely on spiritual means through prayer or healing, but includes all institutions included in subdivision 9432(8) of this title, except Health Maintenance Organizations."); 18 V.S.A. §9432(8) (listing hospitals, including general hospitals, mental hospitals, chronic disease facilities, birthing centers, maternity hospitals, and psychiatric facilities including any hospital conducted, maintained, or operated by the state of Vermont, or its subdivisions, or a duly authorized agency thereof, as well as nursing homes, home health agencies, outpatient diagnostic or therapy programs, kidney disease treatment centers, mental health agencies or centers, diagnostic imaging facilities, independent diagnostic laboratories, cardiac catheterization laboratories, radiation therapy facilities, or any inpatient or ambulatory surgical, diagnostic, or treatment center).
[5] 8 V.S.A. §4100k(h)(4).
[6] 8 V.S.A. §4100k(h)(5).

"Store and forward" means "an asynchronous transmission of medical information to be reviewed at a later date by a health care provider at a distant site who is trained in the relevant specialty and by which the health care provider at the distant site reviews the medical information without the patient present in real time."[7]

BCBSVT may contract with a telehealth vendor for the provision of telemedicine services to Plan members. Under this arrangement, the telehealth vendor supplies a network of health care providers that BCBSVT members access through the vendor's HIPAA-compliant communications system. The vendor submits claims to BCBSVT directly for services rendered.

Policy

BCBSVT will reimburse an in-network health care provider, located at a distant site, for health care services delivered through telemedicine to the extent the health care services are:

- covered by the member's benefit plan;
- clinically appropriate for delivery through telemedicine, as defined by any applicable laws, rules, or policies; and
- delivered through the use of live interactive audio and video over a secure connection that complies with the requirements of HIPAA.

A provider must comply with any state or local licensing rules that apply to the delivery of telemedicine services.[8] Plan reserves the right to deny a claim if the provider has not satisfied applicable licensing requirements. In addition, for the treatment of substance use disorder when the originating site is an in-network health care facility, Plan will reimburse both the health care provider at the distant site and the health care facility at the originating site for the services rendered unless the health care providers at both the distant and originating sites are employed by the same entity.[9]

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[7] 8 V.S.A. §4100k(h)(6).

[8] Section 4 of the Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine, adopted by the Vermont Board of Medical Practice on May 6, 2015, available at http://www.healthvermont.gov/sites/default/files/documents/2016/12/BMP_Policies_Vermont%20Telemedicine%20Policy_05062015%20.pdf, states: "A physician must be licensed, or under the jurisdiction, of the medical board of the state where the patient is located. The practice of medicine occurs where the patient is located at the time telemedicine technologies are used. Physicians who treat or prescribe through online services sites are practicing medicine and must possess appropriate licensure in all jurisdictions where patients receive care." Although the policy only explicitly refers to physicians, Vermont law defines "health care provider" in the context of telemedicine, to be a "person, partnership, or corporation, other than a facility or institution, that is licensed, certified, or otherwise authorized by law to provide professional health care services in this State to an individual during that individual's medical care, treatment, or confinement," 8 V.S.A. §4100k(h)(4).

[9] See 8 V.S.A. §4100k(g) ("In order to facilitate the use of telemedicine in treating substance use disorder, when the originating site is a health care facility, health insurers . . . shall ensure that the health care provider at the distant site and the health care facility at the originating site are both reimbursed for the services rendered, unless the health care providers at both the distant and originating sites are employed by the same entity.")

Plan reserves the right to request from the provider evidence of the member's informed consent to receive services via telemedicine technology.[10]

For telemedicine services delivered to Plan members through a Plan-contracted telehealth vendor, Plan will reimburse the vendor according to the contract between Plan and vendor. The health care services must be covered by the member's benefit plan and clinically appropriate for delivery through telemedicine. The services may be provided to a Plan member located outside of Vermont at the time of service so long as the vendor ensures the rendering provider complies with any applicable local or state licensing rules.[11] The services must be delivered through the use of live interactive audio and video over a secure connection that complies with the requirements of HIPAA. In situations where a Plan member accesses telemedicine services for substance use disorder through a Plan-contracted telehealth vendor while the Plan member is located in an in-network health care facility, Plan will reimburse the health care facility at the originating site only where (1) the telehealth vendor's provider is not employed by the same entity as the health care facility at the originating site and (2) the health care facility at the originating site facilitated the Plan member's use of the telehealth vendor's services by supplying equipment to access the telehealth vendor's technological platform.

Not Eligible for Payment

The terms telemedicine and telehealth are often used interchangeably. However, telehealth is a broader term which can include the provision of remote access to services such as medical information, health assessments, general self-care instructions and transmission of still images. The broader services considered telehealth are not eligible for payment.

Services rendered via audio-only telephone, e-mail, Skype, FaceTime or facsimile are not eligible for payment.

Installation or maintenance of any telecommunication devices or systems is not eligible for payment.

Telehealth transmission (HCPCS Code: T1014) is not eligible for payment because it is considered inclusive to the services being provided and should not be separately reported and billed.

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[10] 18 V.S.A. 9361 requires a provider delivering health care services through telemedicine to obtain and document a patient's oral or written informed consent for the use of telemedicine technology prior to delivering the services to the patient.

[11] Section 4 of the Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine, adopted by the Vermont Board of Medical Practice on May 6, 2015, available at http://www.healthvermont.gov/sites/default/files/documents/2016/12/BMP_Policies_Vermont%20Telemedicine%20Policy_05062015%20.pdf, states: "A physician must be licensed, or under the jurisdiction, of the medical board of the state where the patient is located. The practice of medicine occurs where the patient is located at the time telemedicine technologies are used. Physicians who treat or prescribe through online services sites are practicing medicine and must possess appropriate licensure in all jurisdictions where patients receive care." Although the policy only explicitly refers to physicians, Vermont law defines "health care provider" in the context of telemedicine, to be a "person, partnership, or corporation, other than a facility or institution, that is licensed, certified, or otherwise authorized by law to provide professional health care services in this State to an individual during that individual's medical care, treatment, or confinement," 8 V.S.A. §4100k(h)(4).

A distant site health care provider's services are not eligible for payment if that provider has insufficient information to render an opinion.[12]

Eligible Services

The Plan covers Telemedicine services in accordance with 8 V.S.A. § 4100k and reimburses for covered services as outlined in the "Policy" section above. It is important to verify the member's benefits prior to providing the service. The member is financially responsible for services beyond the benefit provided for eligible services.

Benefit Determination Guidance

Payment for Telemedicine services is determined by the member's benefits. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit. The member is financially responsible for services beyond the benefit provided for eligible services.

Eligible Telemedicine services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Inter Plan Programs (IPP): In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (BCBSVT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment it is important to verify the member's benefits prior to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

[12] See 8 V.S.A. § 4100k(f) ("Nothing in this section shall be construed to require a health insurance plan to reimburse the distant site health care provider if the distant site health care provider has insufficient information to render an opinion.").

Provider Billing Guidelines and Documentation

See AMA CPT® Manual (2017), Appendix P (CPT Codes That May Be used for Synchronous Telemedicine Services), which contains a summary of codes that may be used for reporting synchronous (real-time) telemedicine services when appended by modifier -95; the procedures on this list involve electronic communication using interactive communications equipment that includes, at a minimum, audio and video.

Professional Claims

Providers at the *distant site* must submit the appropriate CPT/HCPCS codes (see CPT® Manual (2017), Appendix P) when submitting claims for telemedicine services rendered. Modifier –95 must be appended to all CPT-4 codes (and modifier –GT must be appended to all HCPCS Level II codes) when the service is conducted via interactive audio and video telecommunications system. Plan-contracted telehealth vendors shall submit claims according to the terms of the vendor's contract with Plan.

In cases where the health care provider at a distant site renders telemedicine services to a member as part of treatment for substance use disorder, and the providers at the originating site and distant site are not employed by the same entity, the originating site must submit HCPCS Code Q3014 when submitting claims for the origination site facility fee.

The health care provider at the distant site (including providers offering services under Plan's contract with a telehealth vendor) must obtain consent from the patient, prior to the Telemedicine service being rendered, in accordance with Vermont and national policies and guidelines on the appropriate use of telemedicine within the provider's profession as stated in 18 V.S.A. § 9361. If consent is not obtained, the rendered Telemedicine services are subject to denial.

The health care provider at the distant site (including providers offering services under Plan's contract with a telehealth vendor) must develop a process for obtaining co-payments and deductibles, where applicable per the member's benefit.

Claims for Telemedicine billed by health care providers at the distant site, as well as claims for telemedicine billed by a Plan-contracted telehealth vendor, are only accepted on the CMS-1500 (HIPAA compliant 837P) format for professional claims.

Claims for origination site facility fee (HCPCS Code Q3014) may be billed on the CMS-1500 (HIPPA compliant 837P) format for professional claims or UB (HIPPA compliant 837I) format for institutional claims. For institutional claims HCPCS Code Q3014 is required to be billed in combination with revenue code 0780 (telemedicine general classification).

Claims for Telemedicine services should be billed with POS 02 (telehealth).

Claims for Telemedicine services rendered by providers in a Plan-contracted telehealth vendor's network shall be submitted as required by the vendor's contract with Plan.

Eligible Providers

Qualified healthcare professionals practicing within the scope of their licenses are eligible to bill for Telemedicine services.

Employer Group Exclusion(s):

Rutland Regional Medical Center – American Well services are not covered for RRMC employees (retroactive to 1/1/2017)

Audit Information:

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the payment policy. If an audit identifies instances of non-compliance with this payment policy, BCBSVT reserves the right to recoup all non-compliant payments.

Legislative Guidelines

8 V.S.A 4100k Telemedicine (2017)

Related Policies

Vermont Board of Medical Practice, Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (adopted May 6, 2015), available at http://www.healthvermont.gov/sites/default/files/documents/2016/12/BMP_Policies_Vermont%20Telemedicine%20Policy_05062015%20.pdf (last visited June 23, 2017).

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Policy Implementation/Update Information

This policy replaces CPP_03 Telemedicine Payment Policy approved 01.13.2017, effective date: Part 1 March 1, 2017; Part II effective January 1, 2017.

Approved by
Health & Value Improvement Committee

Date Approved: 8/31/2017

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