

Payment Policy

Telehealth Services	
Original effect date:	Revision date:
01/01/2012	01/01/2022

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This payment policy is intended to serve as a general overview and does not address every aspect of the claims reimbursement methodology. This information is intended to serve only as a general reference regarding Blue Shield’s payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions and limitation of an individual member’s programs benefits.

Application

Telehealth means the mode of delivering health care services remotely through information and communication technologies. These communications must be synchronous, with the patient present at the originating site and in direct communication with the distant site provider, or asynchronous utilizing “store and forward” technologies, with no real-time interaction between the patient and the distant site provider. These services are intended to facilitate the diagnosis, consultation, treatment, education, care management and self-management of the patient’s health care and care giver support.

Providers must determine that the service or benefit being delivered via telehealth:

1. Meets the procedural definition and components of the CPT or HCPCS code(s)
2. Meets their Scope of Licensure defined by state laws

Providers should submit claims for telehealth services using the appropriate CPT/HCPCS and Place of Service Codes: 02 and 10.

Policy

Blue Shield provides reimbursement for telehealth services delivered remotely through information and communication technologies. These communications can be synchronous, with the patient present at the originating site and in direct communication with the distant site provider, or asynchronous utilizing “store and forward” technologies, with no real-time interaction between the patient and the distant site provider. These services are intended to facilitate the diagnosis, consultation, treatment, education, care management and self-management of the patient’s health care and caregiver support.

Telehealth Services:

Blue Shield of California will consider the following for reimbursement of telehealth services (including but not limited to):

1. Services recognized by CMS as Telehealth
2. Services published by AMA as Appendix P of the CPT Book

POS Code:

Blue Shield of California requires the correct usage of Place of Service Codes to report telehealth services:

- 02 Place of Service (POS) code 02 for reporting Telehealth services rendered by a physician or practitioner from a Distant Site
- 10 Place of Service (POS) 10 for reporting Telehealth services provided in Patient’s home.

Modifiers:

Blue Shield of California encourages the correct usage of modifiers to report telehealth services; however, they are not required.

- 95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
- GT Telehealth services via interactive audio and video telecommunication systems
- GQ Telehealth services via asynchronous telecommunications system (AL & HI)
- G0 Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

Telehealth Facility Fee:

An originating site may bill the facility fee using code Q3014. If the originating site is the home, no facility fee may be billed.

In accordance with CMS guidelines, Rural Health Clinics and Federally Qualified Health Centers are not allowed to bill for distant site telehealth services; however, they can serve as telehealth Originating Sites and may bill the Q3014 facility fee.

- Revenue code 0780 (Telemedicine - General Classification) is used to bill for the

telehealth originating site facility fee. Use of HCPCS code Q3014 in addition to the revenue code (0780) is required to indicate the facility fee is being billed.

If the originating site is the home, no facility fee may be billed.

Telehealth Non-Payable Services:

In alignment with CMS guidelines, Blue Shield of California will not allow reimbursement for Telehealth transmission, per minute, professional services bill separately, reported with HCPCS code T1014. This is a non-reimbursable code according to the CMS Physician Fee Schedule (PFS) and is considered included in Telehealth services.

Rationale

The use of an interactive audio and video telecommunications system permits real-time or store and forward communication between physicians or other qualified healthcare providers and the patient to improve patient's health by permitting two-way interaction.

The telehealth services are based on the recommendations from Centers for Medicare & Medicaid Services' (CMS), National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines. Claims should be submitted with valid CPT, HCPCS, and/or modifiers for the professional service for telehealth services.

Reimbursement Guideline

Blue Shield of California recognizes federal and state mandates regarding telehealth and will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS), National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines, as coding standards for adjudication of professional claims and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Resources

- **American Medical Association**
<https://www.ama-assn.org/ama>
CPT Book – Appendix P [Telemedicine Services]
- **Centers for Medicare & Medicaid Services**
- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
01/1/2012	New Policy Adoption	Payment Policy Committee
01/1/2016	Maintenance	Payment Policy Committee
7/8/2017	Maintenance	Payment Policy Committee
01/01/2018	Maintenance	Payment Policy Committee
08/03/2018	Maintenance	Payment Policy Committee
04/01/2020	Updated the Policy to add coding details	Annual Maintenance
01/01/2021	Policy updated to identify Telehealth non-payable services, Procedure code T1014	Payment Policy Committee
01/01/2022	Added POS 10	Annual Maintenance

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.