

**BlueCross BlueShield
of North Dakota***An independent licensee of the
Blue Cross & Blue Shield Association***Corporate Medical Policy****Telemedicine****Medical Policy #433.2****Effective Date:** October 24, 1996**Reviewed:** June 17, 2008**Description**

Telemedicine is the use of interactive video equipment to link practitioners and patients in different sites.

Policy/Criteria

1. To qualify as a professional service, actual visual contact (face to face) must be maintained between physician and patient. No Provider-to-Provider consultations, such as telephone consultations, will be reimbursed.
2. Reimbursable services are those professional office or outpatient services such as Evaluation and Management services, psychiatric diagnostic interviews, individual psychotherapy services, diabetes education and speech therapy services listed in the Current Procedural Terminology (CPT®) of the American Medical Association. Only those services currently reimbursable in an office or outpatient setting will be allowed for payment. Reimbursement will be based on the current fee schedule in place at the time services are rendered.
3. All services provided must be medically appropriate and necessary. Documentation to support the service must be included in the clinical record.
4. Originating and distant sites of telemedicine services shall not be in the same facility or community, and the distant site 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 term originating site means the location of an eligible member at the time the service is being provided via a telecommunications system.

The term distant site means the site where the practitioner providing the professional service is located.

5. A designated room with appropriate equipment, including camera(s), lighting, transmission and other needed electronics and the appropriate medical office amenities, shall be established in both the originating and the distant site. An on-site visit may be made to the originating telemedicine facility to address quality issues.
6. Reimbursement will be provided only to the consulting physician during the telemedicine session. No benefits will be available to a provider if his/her sole function is presentation of the patient to the consultant via telemedicine.

Reimbursement will be provided to the originating facility when HCPCS Q3014 (telehealth originating site facility fee) is billed. There will be no additional reimbursement for equipment, technicians or other technology or personnel utilized in the performance of the telemedicine service.

Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information.

Coding/Billing Information

Providers should use the modifier GT to identify a service as being performed via telemedicine.

Institutional providers should use revenue code 510 when billing HCPCS Q3014.

CPT® Modifier GT Via interactive audio and video telecommunications system

HCPCS Q3014 Telehealth originating site facility fee

Source

HealthCare News. Telemedicine. Blue Cross Blue Shield of North Dakota 2001. Issue 215:3.

American Speech-Language and Hearing Association. Telepractices and ASHA: Report of the Telepractices Team. December 2001.

Krizner K. Telemedicine still looks for inroads to total acceptability. Managed Healthcare Executive. May 2002. 44-45.

Telemedicine for the Medicare Population. Summary, Evidence Report/Technology Assessment: Number 24. AHRQ Publication Number 01-E011, February 2001. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/epcsums/telemedsum.htm> (Last accessed 12/19/2002)

BlueCross BlueShield Association. Telemedicine Issue Brief. 1/30/1998.

Committee Review:

Internal Medical Policy Committee: 7/31/03 (Added speech therapy), 7/16/02, 6/26/07 (annual review - no changes)

Medical Claims Review Advisory Committee: 8/28/96, 10/8/96

Central Professional Services Committee: 4/14/98, 10/24/96

Policy Disclaimer:

Current Company medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Company Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving and the Company reserves the right to review and update medical policy periodically.

Noridian Mutual Insurance Company

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