



**BlueCross BlueShield  
of Alabama**

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**Name of Policy:**

**Telehealth and Remote Access Telemedicine**

**Effective Date:** December 2015

**Last Updated:** November 2022

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**Description:**

This policy addresses the services that may be delivered via telecommunications and claim submission requirements.

For the purpose of this policy, telehealth and remote, HIPAA-compliant telemedicine access services are categorized separately. Telehealth and telemedicine are NOT used synonymously in this policy and have unique requirements and conditions.

Remote, HIPAA-compliant telemedicine access is a specialized program through Blue Cross and Blue Shield of Alabama in which providers give remote medical care to patients who may otherwise lack access to a provider. Telemedicine involves using an eligible referring provider site (called an originating site) and an eligible consulting provider site (called a distant site) via two-way, real-time, interactive, secured and HIPAA-compliant electronic audio and video telecommunications systems. Refer to the telemedicine section for special instruction regarding behavioral health. A physician providing healthcare services by telemedicine shall be held to the same standards of practice and conduct as in-person health care services.

**Policy Statement:**

Blue Cross and Blue Shield of Alabama provides reimbursement for certain telehealth and remote, HIPAA-compliant telemedicine access services. All services are subject to the member's contract benefits, deductibles and copayments when applicable.

*Note: Information in this policy does not guarantee reimbursement.*

*(Continued on next page.)*

## Telehealth Services:

### Telehealth Provider Requirements

- Services rendered via telecommunication system must be provided by a provider who is licensed, registered or otherwise authorized to engage in his or her healthcare profession in the state where the patient is located.
- Services must be within the provider's scope of license.
- Only the provider rendering the services via telehealth may submit for reimbursement for services.
- Providers must identify themselves to the member with their credentials and name at the time of service.
- Excluded Provider Types:
  - Blue Cross and Blue Shield of Alabama has determined that it is not medically appropriate or reasonable for the following provider types to provide telehealth services. *Exceptions may be permitted in the event of a public health emergency however separate guidance would be issued in such cases.*
    - Acupuncture
    - Ambulance service
    - Chiropractors
    - Durable medical equipment supplier
    - Home infusion
    - Laboratory
    - Pathology
    - Physical Therapy
    - Occupational Therapy

### Telehealth Equipment Requirements:

- Telehealth services conducted with video must be provided via HIPAA-compliant telecommunications equipment.
- For eligible audio-only services, please refer to our [Telehealth Billing Guide for Providers](#) on *ProviderAccess*.

### Telehealth Claims Submission

- Telehealth claims should be submitted with place of service 10 (telehealth rendered in the patient home setting).
- For telehealth services, Blue Cross and Blue Shield of Alabama maintains a list on *ProviderAccess*. Visit the [Telehealth Billing Guide for Providers](#) to review the approved telehealth services.

## Remote, HIPAA-Compliant Telemedicine Access:

### Telemedicine Provider Requirements

- Telemedicine is a type of remote HIPAA-compliant access to care which requires enrollment and approval for participation in the program. For clinicians interested in providing these types of telemedicine services to their patients, Blue Cross and Blue Shield of Alabama has a Telemedicine Program with equipment standards for telemedicine services.
  - Both distant and originating site providers must [attest to meeting all Blue Cross and Blue Shield of Alabama telemedicine criteria](#).

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- Services must be within the provider's scope of license.
- Only the provider rendering the services via telehealth may submit for reimbursement for services.
- Providers must identify themselves to the member with their credentials and name at the time of service.

### Telemedicine Equipment Requirements

- Telemedicine should be conducted via interactive audio and video telecommunications system that permits **real-time** communication between the approved Blue Cross network provider at the distant site, and the patient at the originating site.
  - Please refer to our [Equipment Standards for Telemedicine](#) guide on *ProviderAccess*.

### Telemedicine Originating Site Requirements

- The originating site is the place where the patient is located at the time of the telemedicine service.
- The originating site may bill HCPCS code Q3014 for each encounter.
  - The originating site service (Q3014) should be billed using a place-of-service code to indicate where the patient was physically located.
  - In order for the originating site to bill Q3014, an appropriately trained staff member or employee familiar with the patient's treatment plan must be immediately available in-person to the patient.
- If a provider from the originating site performs a medically necessary, separately identifiable service for the member on the same day as a telemedicine service, both services are eligible for reimbursement with the proper use of modifier 25. Documentation for both services must be clearly and separately identified in the member's medical record.
- Originating site providers must be enrolled as an originating site provider, have a signed a [Telemedicine Attestation](#), meet all telemedicine credentialing, equipment and personnel standards necessary to provide services that are HIPAA-compliant, equivalent to a face-to-face visit, and utilize only approved Blue Cross and Blue Shield of Alabama network providers as distant site practitioners.
- **Note:** For behavioral health providers in the Blue Choice or Expanded Psychiatric Services networks only, the patient's home (POS 10) may qualify as a valid originating site if telecommunication method is HIPAA-compliant. Please see the [New Directions Provider and Facility Manual](#) for more information on the New Directions Behavioral Health Telemedicine policy.

### Telemedicine Distant Site Requirements

- The distant site is the place where the approved Blue Cross and Blue Shield of Alabama network rendering provider is located at the time the service is provided.
- Services eligible for reimbursement to distant site providers include those services which are eligible for professional reimbursement, can be delivered via an appropriately secure telecommunications system, and are performed at the same level of quality and security as an in-person service.
- The distant site service should always be billed with place of service 02 to indicate the services were provided via telemedicine.

- A distant site provider is a Blue Cross and Blue Shield of Alabama network provider in good standing who has enrolled as a distant site provider, signed a [Telemedicine Attestation](#) and meets all telemedicine credentialing, equipment and personnel standards necessary to provide services that are HIPAA-compliant and equivalent to a face-to-face visit.

### Telemedicine Claims Submission

For telemedicine services, the following modifiers must be used in conjunction with the telemedicine distant site billing codes to annotate these encounters are live video telemedicine consultations. By coding and billing the appropriate modifier with a covered telemedicine procedure code, the provider at the distant site is certifying that the member was present at the originating site when the telemedicine service was rendered:

- Effective January 1, 2017, Modifier “95” or “GT” may be used.
  - 95: synchronous telemedicine services rendered via a real-time audio and video telecommunications system
  - GT: synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system

### Additional Requirements

The following sections apply to both telehealth, including audio-only telehealth, and remote, HIPAA-compliant telemedicine access services.

### Documentation Requirements:

- A permanent record of the telecommunications relevant to the ongoing medical care of the patient should be maintained as part of the patient’s medical record by the telehealth provider who is performing the services.
- Documentation should also include but is not limited to:
  - The telehealth delivery mechanism (example: telephone, real time audio-video, etc.)
  - Start and end time of the visit
- All services provided must be medically appropriate and necessary and supported by the medical record documentation.
- The member must be an established patient of the rendering telehealth provider or practice.
- For **behavioral health services**, the member may be new or established.
- For **remote, HIPAA-compliant telemedicine access services**, the member may be new or established.
- Proper consent and notification of the telehealth service must be provided in advance of the service being rendered.
  - A sample telehealth notification and consent form may be found on the [AHRQ website](#).
  - The consent should be updated at least annually.
  - Member consent may be revoked by the member at his or her request.
  - A copy of the member consent should be maintained in the medical record.
- Telehealth services provided to minors under the age of medical consent must have a parent or legal guardian attend the telehealth visit for permission to treat, acknowledgment of out-of-pocket costs and real-time understanding of the visit, diagnosis and treatment plan.

- The telehealth visit must be patient initiated, part of an expected follow-up service that requires medical evaluation and management, or coordinated by a referring provider.
- **Note:** Blue Cross and Blue Shield of Alabama reserves the right to audit medical records as well as administrative records related to adherence to all the requirements of this policy, e.g., to verify the nature of the services provided, the medical necessity and clinical appropriateness to provide such service via telehealth as well the appropriateness of the level of coding. Documentation must contain the details of the provider-patient encounter.

**Services not considered appropriate for telehealth reimbursement:**

The list below is not an exhaustive list of services not appropriate for telehealth but rather consists of a subset of common examples:

- Email and/or text messages
- Facsimile transmission
- Internet based audio-video communication that is not secure or HIPAA-compliant (e.g., Skype, FaceTime)
- Any remote access telemedicine or telephonic encounter conducted by office staff, RNs, LPNs, etc.
- Any proactive outreach to members who are not in active care by the provider
- Installation or maintenance of any telecommunication devices or systems
- Software or other applications for management of acute or chronic disease
- Appointment scheduling
- Refilling or renewing existing prescriptions without substantial change in clinical situation
- Medical cannabis prescription appointments, including refills
- Scheduling diagnostic tests
- Reporting normal test results
- Updating patient information
- Providing educational materials
- Brief follow-up of a medical procedure to confirm stability of the patient's condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up
- Brief discussion to confirm stability of the patient's chronic condition without change in current treatment
- When information is exchanged and further evaluation is required such that the patient is subsequently advised to seek face-to-face care within 48 hours
- A service that would similarly not be charged for during a regular office visit
- Reminders of scheduled office visits
- Requests for a referral
- Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
- Clarification of simple instructions
- Exclusively for the ordering and referring of ancillary services

**Referrals:**

Some telehealth and remote access telemedicine care will require referrals and prior authorizations in accordance with the member's benefit plan. Check eligibility and benefits for each member for details.

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**Coverage:**

Telehealth benefits may vary between groups and contracts. Please check eligibility and benefits via *ProviderAccess* or Provider Customer Service.

CPT	Current Procedural Terminology, CPT codes, descriptions and data copyright ©2021 American Medical Association
EICU	Electronic Intensive Care Unit
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
MFM	Maternal-Fetal Monitoring

**Revision History:**

- January 2022: Policy updated to include telehealth information and revise telemedicine information.
- November 2022: Policy updated to add information about using appropriate place-of-service codes for telemedicine.