



CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions and other coverage documents. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Telemedicine Medical Services and Telehealth Services - Additional Information for COVID-19

Policy Number: TXCPCP01

Version 4

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Effective Date: May 10, 2020 (Blue Cross and Blue Shield of Texas Only)

Telemedicine and Telehealth Coverage Expansion in Response to COVID-19

For temporary modifications to payment and coding policies relating to telehealth or telemedicine in response to COVID-19, see:

https://www.bcbstx.com/provider/pdf/tx_using_telemed_telehealth_covid19.pdf

Description

Qualified physicians and health professionals licensed in Texas have the option to provide telemedicine medical services and telehealth services to their patients to strengthen provider/patient relationships and encourage continuity of care with the same provider.

Pursuant to Texas Insurance Code Chapter 1455, telemedicine medical services and telehealth services or procedures are covered for certain insured PPO and HMO plans (other than small group plans) when rendered by a network provider licensed in the state of Texas. Medical policies, member benefits and eligibility are determining factors in reimbursement. Blue Cross and Blue Shield of Texas (BCBSTX) network physicians and qualified healthcare professionals can provide telemedicine medical services and telehealth services to their BCBSTX patients subject to their applicable contract(s) with BCBSTX. The purpose of the Telemedicine Medical Services and Telehealth Services policy is to provide guidance on payment and coding for services that are provided by an in-network healthcare provider to a patient when neither is present at the same physical location. These services can be performed through various interactive telecommunication or information technology devices.

Telemedicine medical service - A health care service delivered by a physician licensed in Texas, or a health professional acting under the delegation and supervision of a physician licensed in Texas and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

Telehealth service - A health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology. All telehealth services must be provided in compliance with the standards that are established by the licensing or certifying board of the health professional providing the services.

Physician - A person who is licensed to practice medicine in the state of Texas under Subtitle B, Title 3, Occupations Code.

Health professional - A physician or an individual who is licensed or certified in the state of Texas to perform a health care service; and is authorized to assist a physician in providing a telemedicine medical service that is delegated and supervised by the physician or a licensed or certified health professional acting within the scope of the license or certification who does not perform the telemedicine medical service.

Communication Services:

Interactive electronic telecommunications equipment includes, audio and video equipment permitting two-way, or live video interactive communication between the patient and physician or practitioner.

- Live video, two-way interaction (**Synchronous**)- Live interaction between the patient and the qualifying healthcare professional using audiovisual telecommunication technology.
- Store and Forward (**Asynchronous telecommunication**) - technology that stores and transmits or grants access to a person's clinical information for review by a health professional at a different physical location than the person.



Location/Sites

Originating Sites are defined as a location where the patient received a telehealth service by a qualifying healthcare professional. Originating Sites can include, but are not limited to, the following:

- The offices of physicians or practitioners
- Hospitals (inpatient or outpatient services)
- Critical Access Hospitals (CAH)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital based or CAH based Renal Dialysis Centers (including satellites)- Independent Renal Dialysis Facilities are not eligible
- Skilled Nursing Facilities (SNF)
- Community Mental Health Centers (CMHC)
- The patient's residence

Distant Sites are defined as a location where a qualifying healthcare professional, licensed in TX, is offering telehealth services to a patient receiving services at an Originating Site.

Reimbursement Information:

For insured plans subject to Texas Insurance Code Chapter 1455, a covered service or procedure provided to a member by an in-network healthcare professional cannot be excluded from coverage solely because it was not provided through an in-person consultation. The patient's plan may require a copayment, coinsurance or deductible for covered telemedicine medical services or telehealth services or procedures provided by a contracted healthcare professional. The amount of the copayment, coinsurance or deductible cannot exceed the amount that would be provided through an in-person consultation. The following requirements must be met to be eligible for reimbursement unless otherwise agreed upon:

- The network healthcare professional must maintain complete and accurate medical records determined by the Texas Administrative Code including but not limited to start and end times of the telemedicine medical service or telehealth service
- Ensure adequate measures are implemented for patient communications, recordings and patient's records are protected consistent with Federal and State privacy laws
- Qualified physicians providing telemedicine services must possess a full Texas medical license when treating residents of Texas

Telemedicine medical services and telehealth services may be eligible for reimbursement when a qualified physician or healthcare professional appropriately utilizes the communication services described within this policy.



Billing/Coding

Place of Service (POS) Code 02- (Telehealth) Location where health services and health related services are provided or received through a telecommunication system.

POS 02 does not apply to originating site facilities when billing a facility fee.

Modifier GQ: Via asynchronous telecommunications system.

Modifier 95: Synchronous telemedicine services rendered via real-time interactive audio and video telecommunications system.

Modifiers GQ and 95 are used to describe the technology that was used during the telemedicine medical service and telehealth service. One of these modifiers must accompany the HCPCS or CPT code when the claim is submitted.

Modifier 95 is applicable to certain codes that can be found in AMA, CPT documents. Check your most current CPT documents for the appendix on **CPT Codes That May Be Used for Synchronous Telemedicine Services**. These procedure codes are billed when electronic communication using interactive telecommunications equipment include, at a minimum, audio and video. In addition, codes that are appropriate for use with modifier 95 are indicated with a star (★) throughout the AMA, CPT codebook.

Time-based coding should be submitted with supporting documentation of start and stop times. If appropriate coding and billing guidelines are not followed, the plan reserves the right to review a claim and request supporting documentation that may result in a denial or reassigned payment rate. Claims may be reviewed on a case by case basis.

Out-of-State Telemedicine Licenses

Additional information for Out-of-State Telemedicine Licenses can be located under the TAC Rule §172.12

An out-of-state telemedicine license can be obtained to provide services in a state other than Texas, but is limited to:

- the interpretation of diagnostic testing and reporting results to a fully licensed Texas physician that is located in the state of Texas; or
- for follow-up care of patients where the majority of care was rendered in another state and the license holder practices medicine in a manner that complies with all other statutes and laws governing the practice of medicine in the state of Texas. A license holder of an out-of-state telemedicine license is not authorized to physically practice medicine in the state of Texas pursuant to Texas Administrative Code (TAC), Title 22, Chapter 172 and the provisions of the Medical Practice Act, Chapter 155.



Telemedicine and Telehealth Services - Not Covered Services

The following telemedicine and telehealth services are not Covered Services (list may not be all inclusive):

- Telemedicine medical services and telehealth services used to treat chronic pain with scheduled drugs
- Patient education materials
- Telemedicine medical service or telehealth service provided via synchronous or asynchronous audio interaction including the following:
 - Text only email message
 - a fax transmission
 - an audio-only telephone consultation

For additional reimbursement information on telehealth or telemedicine services or procedures please contact your [Network Management Office](#).

For additional information on applied behavior analysis, refer to the most current version of [CPCP011 Applied Behavior Analysis](#).

References:

[MLN Booklet Telehealth Services](#)

[Centers for Medicare & Medicaid Services, Telehealth](#)

[Texas Insurance Code, Title 8, Subtitle F, Chapter 1455 Telemedicine and Telehealth](#)

[Texas Occupations Code, Title 3, Subtitle A, Chapter 111 Telemedicine and Telehealth](#)

[Senate Bill 1107](#)

[Texas Administrative Code, Title 22, Part 9, Chapter 172, Subchapter C](#)

[Texas Administrative Code, Title 22, Part 9, Chapter 174, Subchapter A](#)

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Policy Update History:

Approval Date	Description
03/29/18	New policy
10/26/18	Remove Consumer Choice Plans from Description
1/30/19	Revised Title; Added additional definitions; Added out of state telemedicine license verbiage; Updated references
02/18/20	Annual review; Updated policy disclaimer language; Updated references

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