

## NETWORK REIMBURSEMENT POLICY

<b>POLICY TITLE</b>	<b>Telehealth Services</b>
<b>POLICY NUMBER</b>	NR- 30.026

*Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.*

Original Issue Date (Created):	<b>11/21/2019</b>
Most Recent Review Date (Revised):	<b>03/18/2020</b>
Effective Date:	<b>03/18/2020</b>

[DESCRIPTION/BACKGROUND](#)  
[EXCLUSIONS-YES](#)

[DEFINITIONS](#)  
[VARIATIONS](#)

[POLICY](#)  
[REFERENCES](#)

### I. DESCRIPTION/BACKGROUND

[TOP](#)

This policy addresses the methodology applied to reimbursement for Telehealth Services when provided by a participating provider with Capital BlueCross.

**Due to COVID-19 pandemic, Capital BlueCross is temporarily modifying this Network Reimbursement Telehealth Services Policy through April 30, 2020. Capital will continue to evaluate the ongoing impact of the COVID-19 pandemic and, if warranted, adjust the time-period that this adjusted policy is in effect. Any temporary adjustments within this policy are marked within brackets [].**

### II. DEFINITIONS

[TOP](#)

**American Medical Association (AMA)** – An organization whose missions is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patients and the nation’s health and exercises a strong advocacy agenda on behalf of patients and providers. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research and education.

**Centers for Medicare and Medicaid Services (CMS)** –The current name of the government agency which administers Medicare.

## NETWORK REIMBURSEMENT POLICY

<b>POLICY TITLE</b>	<b>Telehealth Services</b>
<b>POLICY NUMBER</b>	NR- 30.026

**Current Procedural Terminology (CPT)** – A set of codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other health care professionals. Each procedure or service is identified with a five-digit code. The use of CPT codes simplifies the reporting of procedures and services.

**Healthcare Common Procedure Coding System (HCPCS)** - A national standard, alphanumeric coding system established by the Centers for Medicare and Medicaid Services. It standardizes billing and payment for certain covered services (e.g. medical supplies, prosthetics and durable medical equipment). HCPCS Level I codes are copyrighted by the American Medical Association (CPT). Level II codes are five-position alphanumeric codes maintained jointly by the Alpha-Numeric Panel (consisting of the Centers for Medicare and Medicaid Services (CMS), the Health Insurance Association of America, and the BlueCross and BlueShield Association). The American Dental Association copyrights the D-code series in Level II HCPCS.

**Modifier** – A two-digit numeric, alphanumeric or alphabetic code appended to a CPT or HCPCS code, which indicates that a service or procedure has been altered by some specific circumstances but not changed in its definition or code. This information is important because it provides payors with additional information to process a claim. There are three levels of modifiers: Level I (CPT) modifiers are developed by the American Medical Association; Level II (HCPCS) modifiers are developed by the Centers for Medicare and Medicaid Services; Level III modifiers are unique to each Medicare Part B carrier and begin with an alpha prefix of S, W, X, Y or Z.

**Allied Health Professional** – For purposes of this policy, an individual non-physician professional health care provider duly licensed in the Commonwealth of Pennsylvania, including, without limitation, a physician assistant (PA), certified registered nurse practitioner (NP, licensed dietitian-nutritionist, Nurse- midwives, and Clinical registered nurse anesthetist (CRNA) or other applicable non-physician provider of health services approved by the Plan.

**Distant Site** -The location where the licensed qualified health care provider is rendering services by means of telecommunication system.

**Place of Service 02** – The location where health services and health related services are provided or received, through a telecommunication system.

**Telehealth** - Telehealth is the practice of delivering clinical health services by means of Telecommunications, such as audio-visual and other electronic communications.

## NETWORK REIMBURSEMENT POLICY

<b>POLICY TITLE</b>	<b>Telehealth Services</b>
<b>POLICY NUMBER</b>	NR- 30.026

### III. POLICY

Capital BlueCross reimburses for eligible Telehealth services when performed at a distant site where a licensed qualified health care professional is furnishing the remote service to a member via an interactive audio and or video telecommunication system.

This policy excludes geographic limitations for Metropolitan Statistical Area (MSA) and Health Professional Shortage Area (HPSA).

Physicians will be reimbursed at one hundred percent of the professional fee facility rate. The telehealth service must be submitted with the appropriate CPT and or HCPCS code on a CMS 1500 claim form. When reporting a telehealth service there are no billing requirements for the utilization of modifiers.

Allied Health Professional listed in this policy will be considered for reimbursement at their standard professional rate for the facility discounted rate when the service is performed in accordance with applicable requirements under State Law. Once the AHP meets those requirements, services should be reported identifying the AHP as the performing provider of record.

### IV. Eligible Providers

Capital BlueCross recognizes the list of CMS practitioners eligible to be reimbursed for Telehealth Services as follows:

- Physicians
- Physician Assistants (PAs)
- Certified Nurse Midwives (CNMs)
- Clinical Nurse Specialist (CNA)
- Certified Registered Nurse Anesthetists (CRNAs)
- Clinical Social Workers (CSWs)
- Clinical Psychologist (CPs)
- Registered dietitian or nutrition professional
- Nurse Practitioners (NPs)
- Licensed Professional Counselors (LPCs)
- Licensed Marriage and Family Therapist (LMFTs)

## NETWORK REIMBURSEMENT POLICY

<b>POLICY TITLE</b>	<b>Telehealth Services</b>
<b>POLICY NUMBER</b>	NR- 30.026

### V. Eligible medical services

The Plan will consider for reimbursement Telehealth services recognized on the most current published Centers for Medicare and Medicaid Services (CMS) list of covered services, excluding provider consultation services. From time to time CMS may update the published list of covered Telehealth services.

Place of service code 02 is for use by physicians or practitioners furnishing telehealth services from a distant site. When billing telehealth services, providers must bill with place of service code 02.

**[For the period between 3/18/20 and 4/30/20, Capital BlueCross is adding the following services to be included under this telehealth service and any provider who would be eligible for reimbursement for services were the service to be performed in an onsite visit, including any variations of bill types such as an UB04:**

- **Applied Behavioral Analysis (ABA) when billed with CPT Codes 97155 and 97156**
- **Intensive Outpatient Program (IOP)**
- **Partial Hospitalization Program (PHP)]**

Please refer to the following Professional Network Reimbursement Policies for additional information:

NR-30.021 Reimbursement of Services Performed by Allied Health Professionals  
 NR-30.003 Reimbursement of Services Performed by Certified Nurse Midwives  
 NR-30.009 Reimbursement of Mental Health Services

## NETWORK REIMBURSEMENT POLICY

<b>POLICY TITLE</b>	<b>Telehealth Services</b>
<b>POLICY NUMBER</b>	NR- 30.026

### VI. EXCLUSIONS

Rural Health Clinics (RHC) – CHIP

Federal Qualified Health Clinics (FQHC)- CHIP

Providers rendering care to a Medicare Advantage member are not subject to the provisions set forth within the Telehealth Services Reimbursement Policy. **[This exclusion is being suspended from 3/18/2020 through 4/30/2020]**

### VII. VARIATIONS

[TOP](#)

The existence of this reimbursement policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. This reimbursement policy is intended to serve as a guide, other factors may influence reimbursement and in some cases may supersede this policy. The Provider should consult their Capital Provider Agreement for further details of their contractual obligations.

### VIII. REFERENCES

Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual Chapter 12, Section 190

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html>

CPT 2020, Professional Edition  
American Medical Association

HCPCS Level II 2019, Professional

## NETWORK REIMBURSEMENT POLICY

<b>POLICY TITLE</b>	<b>Telehealth Services</b>
<b>POLICY NUMBER</b>	NR- 30.026

Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual  
Chapter 12, Section 190

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html>

CPT 2020, Professional Edition  
American Medical Association

HCPCS Level II 2019, Professional

**NETWORK REIMBURSEMENT POLICY**

<b>POLICY TITLE</b>	<b>Telehealth Services</b>
<b>POLICY NUMBER</b>	NR- 30.026